MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

77408

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77408

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 1

(No. Boise, Idaho. R.# 4)
(If death occurred in a hospital or institution, give its name instead of street and number.)

165

2. FULL NAME Sedgwick Hoover.

(a) Residence. No. Boise, Idaho. R.# 4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lena Hoover.

6. DATE OF BIRTH (month, day, and year) Nov. 1869

7. AGE Years: 62 Months: 2 Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Plasterer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER
13. NAME Dan Hoover.
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Sarah --------
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Harry Hoover. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/6/32, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 1-6, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/4/32 193

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ January 4, 1932 to , 193
I last saw h alive on , 193 ; death is said to have occurred on the date stated above, at 1P m.
The principal cause of death and related causes of importance were as follows: Suicide. Took dose of Strychine Alkaloid.

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E. Summers Coroner Ada County M.D.
(Address) Boise, Idaho.

Reg. D. 80 – P. M. D. 2157 RECEIVED JAN 9 1932 77485

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 8

Township ..... or Village Hope or

City Hope No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Cora Eyke

(a) Residence: No. ..... St., ... Ward. 124

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Eyke

6. DATE OF BIRTH (month, day, and year) Mar. 21, 1876

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Owatona Minn.

FATHER

13. NAME J. C. Ault

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Mathilda Dorn

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT (Address) John Eyke Hope Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Hope Idaho Date Jan 7, 1932

19. UNDERTAKER (Address) L. G. Moon Sandpoint Idaho.

20. FILED Jan 7, 1932 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1926 to Jan. 4, 1932

I last saw her alive on Jan 4, 1932 death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	
Other contributory causes of importance:	
Hemiplegia	1926

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Floyd G Wendle, M. D.

(Address) Sandpoint, Ida

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091 V. S. No. 98

RECEIVED JAN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77549

PLACE OF DEATH
County of Latah
City of Near Harvard
Registration District No.
Primary Registration District No. Local Registrar's No.
(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Mc Ginnis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of N.W.Mc Ginnis

6. DATE OF BIRTH (month, day, and year) Aug. 10. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boone
(State or country) N.C.

FATHER

13. NAME Isaac Green

14. BIRTHPLACE (city or town)
(State or country) N.C.

MOTHER

15. MAIDEN NAME Beth Cornell

16. BIRTHPLACE (city or town)
(State or country) N.C.

17. INFORMENT N.W.Mc.Ginnis
(Address) Harvard Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Garfield Wash Date Jan. 6, 1932

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash.

20. FILED Jan 4th, 1932. J.W. Thompson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 2. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18th, 1931, to Jan 2nd, 1932
I last saw her alive on Dec. 18th, 1932: death is said to have occurred on the date stated above, at 9. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease of Heart.	1921
Other contributory causes of importance:	
Goitre	1915

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify
(Signed) J.W. Thompson, M. D.
(Address) Potlatch -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77555

PLACE OF DEATH

County of Lincoln

City of Shoshone

Registration District No.

Primary Registration District No.

Local Registrar's No. 28

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME May Jackson

99b

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: E. F. Jackson

6. DATE OF BIRTH (month, day, and year): March 10 1886

7. AGE: Years 44 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sherman Texas

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): E. F. Jackson

18. BURIAL, CREMATION, OR REMOVAL Place: Shoshone Ida Date: Jan 9, 1932

19. UNDERTAKER (Address): C. E. Hickok

20. FILED: Jan 9, 1932 J. L. Fuller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1931, to 1-7-, 1932

I last saw her alive on 1-7-, 1932: death is said to have occurred on the date stated above, at 10-8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	

Other contributory causes of importance:

Name of operation: None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Baugh M. D.

(Address) Shoshone Idaho

RECEIVED JAN 11 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77620

PLACE OF DEATH

County of Madison

City of Yellowstone

Highway 3 miles South of Rexburg.

Registration District No. 100

Primary Registration District No. 2778

Local Registrar's No. 66

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lloyd Leroy Soelberg

(a) Residence. No. Lincoln Ida St. 188e

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male.	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Irene Linberg Soelberg

6. DATE OF BIRTH (month, day and year) March 31st 1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32.	9	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming - Ect.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mantua Utah

PARENTS

10. NAME OF FATHER J. C. Soelberg

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark

12. MAIDEN NAME OF MOTHER Helena Anderson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mantua Utah

14. Informant (Address) Earl Soelberg Rexburg Idaho

15. Filed Jan 4, 1932 J R Young Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January (Month) 1st (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

that I last saw h..... alive on ....., 19....

and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

(Broken Neck.) Accidental - (Sleigh loaded with Cattle turned over into Bavopit Pinning Soelberg beneath them.) (duration) ..... yrs. ..... mos. ..... ds.

at about 7 P.M. Jan 1st 1932, 3 1/4 miles

CONTRIBUTORY (Secondary) South west of Rexburg on the Yellowstone Highway (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? (Coroner of Madison County)

What test confirmed diagnosis? .....

(Signed) Vern J. Keller, ~~M. D.~~

Jan 2nd, 1931 (Address) Rexburg Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Ammon Idaho.	Jan 4th 1931

20. Undertaker	Address
Vern J. Keller	Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77660

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Halloway 129

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 78 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stage Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) F. Cummings Grangeville Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville Ida. Date 1-5-, 1932

19. UNDERTAKER (Address) Hancock Mfg Co Grangeville Ida.

20. FILED 1-7-, 1932 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-5- 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to June 4-, 1932
I last saw him alive on Jan 4, 1932: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) B Chipman, M. D.
(Address) Grangeville Ida.

RECEIVED JAN 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77661

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lola Valentine Adamson 62

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10 - 7 - 31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grangeville Idaho

FATHER

13. NAME Jack Adamson

14. BIRTHPLACE (city or town) (State or country) Louisville Kentucky

MOTHER

15. MAIDEN NAME Betsey Jane Ford

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Jack Adamson

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville Ida. Date 12-14-, 1931

19. UNDERTAKER (Address) Hancock Mtd. Co. Grangeville Ida.

20. FILED 1-7-, 1932 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-13 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	

Other contributory causes of importance:

Enlarged Thymus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) B. Chipman, M. D.

(Address) Grangeville Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77681

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

749

2. FULL NAME Malcita J. Wilson
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Wilson
6. DATE OF BIRTH (month, day and year) June 26 - 1886
7. AGE 45 Years Months 6 Days 9 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Logan Utah

PARENTS
10. NAME OF FATHER Albert W. Jones
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Louisa Afflick
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Albert W. Jones
(Address) Montpelier Idaho
15. Filed 1/5/, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 4 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Jan 4, 1932
that I last saw her alive on Jan 4, 1932
and that death occurred, on the date stated above, at 3.30 PM m.
The CAUSE OF DEATH* was as follows:

Apoplexy (duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary)
Hypostatic Pneumonia (duration) yrs. mos. 3 ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) G. P. Gaertner, M. D.
Jan 5, 1931 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pocatello Idaho Date of Burial Jan 6 1931
20. Undertaker [signature] Address Montpelier Idaho

RECEIVED JAN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77700

PLACE OF DEATH
County of Adams
City of Council

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert DeWitt Carlton 1009

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) —

5a. If maried, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 1, 1931

7. AGE Years 1. Months Days 2 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Council Idaho
(State or country)

FATHER
13. NAME Carl Irving Carlton
14. BIRTHPLACE (city or town) Los Angeles Cal.
(State or country)

MOTHER
15. MAIDEN NAME Selma Rebentisch
16. BIRTHPLACE (city or town) Salt Lake City
(State or country)

17. INFORMENT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Idaho Date ....., 193..

19. UNDERTAKER
(Address)

20. FILED Jan 10, 1932 Alvin S Thurston M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1931, to Jan 3, 1932
I last saw him alive on Jan 3, 1932; death is said to have occurred on the date stated above, at 12:15 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Fulminating	
Bronchopneumonia	Jan 2, 1932

Other contributory causes of importance:

Exudative Croup	Dec 4, 1931

Name of operation 0 Date of 0
What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 193..
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Alvin S. Thurston, M. D.
(Address) Council Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7713

PLACE OF DEATH
County of Shoshone
City of Avery

Registration District No. 127
Primary Registration District No. 2400
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John P. McLaughlin

89

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 72 yrs. ... mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna A. McLaughlin

6. DATE OF BIRTH (month, day, and year) May 16-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Locomotive Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Service

10. Date deceased last worked at this occupation (month and year) Jan 7-1932

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Prairie Du Chien
(State or country) Wisconsin

FATHER

13. NAME P. R. McLaughlin

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Ann Patrick

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Mrs. J. P. McLaughlin
(Address) Avery, Idaho

18. BURIAL, ~~CREMATION,~~ OR REMOVAL
Place Pine Tree Cem. Date Jan 11, 1932

19. UNDERTAKER Geo. E. Mitchell
(Address) St. Maries, Idaho

20. FILED Jan. 8, 1932 C. Bracy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 8 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec. January 8, 1932, to ....., 193..
I last saw him ~~alive~~ on January 8, 1932: death is said to have occurred on the date stated above, at abt 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
	Jan 7, 32
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) C. Bracy, M. D.
(Address) Avery - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Baird -

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1118

PLACE OF DEATH

County of Canyon
City of Notus

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mrs Martha L.Porter

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Wm Porter

6. DATE OF BIRTH (month, day and year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER John Roland
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Emaline Humphreys
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Mrs Alma Morris
(Address) Caldwell Ida R F D

15. Filed 1-9- 1932 John S. Meyers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 3-32 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from Sept. 20. 1931, to Jan. 3. 1932 that I last saw h.. alive on Dec. 14. 1931 and that death occurred, on the date stated above, at 6 - m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Malignant Sarcoma of Bones -

(duration) 6 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Pneumonia - Hypos -

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? No. Date of -
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) David E Baird, M. D.
Jan. 6. 1932. (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: Jan 6-32
20. Undertaker: Paul L.Case — Address: Caldwell Ida

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77719

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 1
(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lewis W. Webb

(a) Residence. No. Caldwell Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 27-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Agt.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Portage Center
(State or country) Michigan

PARENTS

10. NAME OF FATHER David Webb.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) England

12. MAIDEN NAME OF MOTHER Eliza James

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) England.

14. Informant Mrs. Ida Skow
(Address) Portland Oregon

15. Filed 1-6-, 1932 John S. Meyers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 2, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the ~~date~~ Probably stated above, at 5 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Suicide - Gunshot wound in head, entering right temple (25 caliber automatic

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. V. Peckham Coroner
Jan 2, 1932 (Address) Caldwell Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Green, Kansas	
20. Undertaker C. V. Peckham	Address Caldwell Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 12 1932

H E Guyett Dr

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77752

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21V-0 Local Registrar's No. 242
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laurane Miller 1619
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 8th 1932

7. AGE

Years	Months	Days	If LESS than 1 day,
0	0	0	one hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley - Idaho

PARENTS

10. NAME OF FATHER Orville Miller
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho
12. MAIDEN NAME OF MOTHER Lora L. Phillips
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Illinois

14. Informant (Address) Orville Miller Shelley Idaho

15. Filed Jan 9, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 8 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932, to Jan 8, 1932
that I last saw her alive on Jan 8, 1932
and that death occurred, on the date stated above, at 10:45 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature delivery and Congenital heart
(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) As above
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Signs
(Signed) H E Guyett, M. D.
Jan 9, 1932 (Address) Shelley Ida

19. Place of Burial, Cremation, or Removal: Shelley Ida
Date of Burial: Jan 9 1932

20. Undertaker: Vern J. Keller
Address: Rexburg Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7753

Local Registrar's No. 243

PLACE OF DEATH
County of Bonneville. Registration District No. 13
City of Idaho Falls Primary Registration District No. 2107
(No. None)
(If death occurred in a hospital or institution, give its name instead of street and number.)

176

2. FULL NAME Edward Carl Hammon.

(a) Residence. No. Bear Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day and year): Nov 9 - 1931
7. AGE: Years: no; Months: 1; Days: 23.; If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

PARENTS
10. NAME OF FATHER: Almy Hammon.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): St. Anthony Idaho
12. MAIDEN NAME OF MOTHER: Florence Halverson.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Pocatello Idaho.

14. Informant: Almy Hammon.
(Address) Idaho Falls. Ida.

15. Filed Jan 3, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January 2 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1931, to Dec. 28, 1931
that I last saw him alive on Dec. 28, 1931
and that death occurred, on the date stated above, at 7.52 P. m.
The CAUSE OF DEATH* was as follows:

Acute Nephritis
Uremia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Harry L. Wilson, M. D.
Jan. 4, 1932 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Idaho Falls Ida.	1/4 1932
20. Undertaker	Address
V. F. M Han	Idaho Falls Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77755

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 245

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME Lilly Gifford

(a) Residence. No. ..... St. Shelley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Henry E. Gifford

6. DATE OF BIRTH (month, day, and year): Dec 4, 1884

7. AGE: Years 47 | Months 0 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: Henry Chaffin
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Letha Crow
16. BIRTHPLACE (city or town) (State or country): United States

17. INFORMENT (Address): Henry E. Gifford, Shelley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Woodville, Idaho Date: Jan 5, 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED Jan 4, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 2, 1932
I last saw her alive on Jan 2, 1932; death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died while having an intravenous (Neo-Sarphenamine) for Infected blood stream from bad pyrorrhea & super imposed trench Mouth.	12-15-31

Other contributory causes of importance:
Hypertrophied toxic thyroid
Hypertrophied dilated heart
Mitral stenosis - Cirrhosed & Cystic Liver
hypertrophied spleen.

Name of operation: Intravenous therapy Date of 1-2-31
What test confirmed diagnosis? Laboratory Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edwin Custer, M.D.
(Address) Box 86 Shelley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77758

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 248
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1014

2. FULL NAME David Capener Hanks
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hulet Hanks
6. DATE OF BIRTH (month, day and year) March 5th 1870
7. AGE Years 61 Months 9 Days 30 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher and
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer for
(c) Name of employer Himself
9. BIRTHPLACE (city or town) (State or country) Park City Utah

PARENTS
10. NAME OF FATHER Ephraim K. Hanks
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Mariah Jane Capener
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant (Address) Mrs. D. C. Hanks Tetonia Idaho
15. Filed Jan 6, 1932 C. W. Finnicum Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 4 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1931, to Jan 4, 1932
that I last saw him alive on Jan 4, 1932
and that death occurred, on the date stated above, at 2:00 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
..... (duration) ..... yrs. ..... mos. 6 ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? Tetonia Idaho
Did an operation precede death? No Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) H. Ray Hatch, M. D.
Jan 5, 1932 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Tetonia Idaho
Date of Burial Jan 7th 1932
20. Undertaker Vern J. Keller
Address Rexburg Ida.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77759

Local Registrar's No. 249

PLACE OF DEATH

County of Bonneville.
City of Idaho Falls.
Registration District No. 73
Primary Registration District No. 7305
(No. L. D. S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

153

2. FULL NAME Curtis R. Jayne.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jayne

6. DATE OF BIRTH (month, day and year) Nov 13 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Pratt Co. Kansas

PARENTS

10. NAME OF FATHER H. C. Jayne
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky.
12. MAIDEN NAME OF MOTHER Vie Murrill.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kentucky.

14. Informant Mrs Mary Jayne.
(Address) Idaho Falls Ida.

15. Filed 1/12, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 7 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Jan 7, 1932
that I last saw h[illegible] alive on ....., 19..
and that death occurred, on the date stated above, at 12. Noon
The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) ..... yrs. 1 mos. 5 ds.
CONTRIBUTORY (Secondary) Left Hemiplegia
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of Jan 5
Was there an autopsy? Yes
What test confirmed diagnosis? .....
(Signed) [signature], M. D.
....., 19.. (Address) .....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Idaho Falls Idaho	1/10 1932
20. Undertaker	Address
V. F. McHan	Idaho Falls Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77760

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 3
Primary Registration District No. 2150
(No. H.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 250

749

2. FULL NAME Hulda Charlotte Peterson
(a) Residence. No. New Sweden District St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carl W Peterson

6. DATE OF BIRTH (month, day and year): Sept 2 - 1876

7. AGE: Years 55, Months 4, Days 5. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Sweden

PARENTS
10. NAME OF FATHER: P. A. Lundblade
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: Katherine Larson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Varland Sweden

14. Informant: Carl W Peterson
(Address) Idaho Falls Idaho

15. Filed Jan 8, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to Jan 7th, 1932
that I last saw her alive on Jan 7, 1932
and that death occurred, on the date stated above, at 11 30 A m.
The CAUSE OF DEATH* was as follows:
apoplexy
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) [signature], M. D.
Jan 8, 1932 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Idaho Falls Ida. Date of Burial: 1/11 1932

20. Undertaker: V. F. McHan Address: Idaho Falls Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77761

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 251

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ladd 131

(a) Residence. No. ..... St. Shelley #2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Theodore G. Ladd
6. DATE OF BIRTH (month, day, and year) April 8, 1866
7. AGE Years 65 Months 8 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME David Hallgrath
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Mary Bontie
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Ratchet Ladd Shelley, Rt 2
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Idaho Date Jan 7, 1932
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho
20. FILED 1/9, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 4 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Jan 4, 1932
I last saw her alive on Jan 2, 1932 death is said to have occurred on the date stated above, at Midnight
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12/22/31
Other contributory causes of importance: Chronic Myocarditis	20 to 30 yrs ago.

Name of operation None Date of
What test confirmed diagnosis Physical Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) H. B. Guyett, M. D.
(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

State File No.

City of Boise Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 3

(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

60 Y

2. FULL NAME WISLER, Charles S.

(a) Residence. No. Rt. 4 St. Caldwell, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Rena Wisler

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME xx N. K.

14. BIRTHPLACE (city or town) (State or country) xx

MOTHER

15. MAIDEN NAME xx

16. BIRTHPLACE (city or town) (State or country) xx

17. INFORMENT (Address) L.H. BEAMAN V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Canyon Hill. Caldwell, Ida. 1-10, 1932

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 1-9, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1932, to Jan. 8, 1932

I last saw him alive on Jan. 8, 1932: death is said to have occurred on the date stated above, at 12.35 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyroiditis acute necrotic	

Other contributory causes of importance:

Myocarditis acute	

Operation: Incision & drainage abscess — Date of operation: 1-7-32 11.00 am

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F.C. SMITH, Reg. Med. Officer, M. D.

(Address) V.A., BOISE, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

77771

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
77771
State File No.

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 13

133

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Pauline Johnson.

(a) Residence. No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of August Johnson

6. DATE OF BIRTH (month, day, and year) Feb. 9-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin, Germany

FATHER

13. NAME -----Luinsk.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Pauline -------

16. BIRTHPLACE (city or town) (State or country) Germnay.

17. INFORMENT (Address) Fern Fletcher. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn, Nampa, Ida. Date 1/15/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-14, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/11/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to 1/16, 1932
last saw her alive on 1/11, 1932; death is said to have occurred on the date stated above, at 4:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria	

Other contributory causes of importance:

Surgical Operation (Relief of Cholecystitis)

Name of operation Removal Gall Bladder

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred A Pettengill, M. D.
(Address) Boise, Idaho.

77772 ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77772

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 11

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Isabella Allan Hayes

(a) Residence. No. 1802 St. North 7th.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Hayes

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1877

7. AGE Years 54 Months 10 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Keith, Scotland
(State or country)

FATHER
13. NAME ~~Isabel~~ Robert Henderson
14. BIRTHPLACE (city or town) Keith, Scotland
(State or country)

MOTHER
15. MAIDEN NAME Isabella Allan ~~Not obtainable~~
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMENT J. H. Hayes
(Address) McCall, Ida.

18. BURIAL, CREMATION, OR REMOVAL Mori Hill
Place Boise, Idaho Date Jan. 12, 1932

19. UNDERTAKER Schreiber & McLann
(Address) Boise, Ida.

20. FILED 1-12, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/9 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1931, to 1/9, 1932
I last saw her alive on 1/8, 1932; death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Emolus.	

Other contributory causes of importance:
Hysterectomy
(Uterine Fibroid)
Removal of Uterine Fibroid.

Name of operation Hysterectomy Date of 12/30/3
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A. Lowry, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Pittenger

Duplicate of 77883

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77773

77773

PLACE OF DEATH
County of Bonneville
City of Ucon

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Coop Ritchie

(a) Residence. No. Ucon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

132

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Grace Maud Ritchie

6. DATE OF BIRTH (month, day, and year) May 9, 1890

7. AGE Years 41 Months 8 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ucon Idaho

FATHER
13. NAME John James Ritchie
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Harriett Ann Coop
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. J. C. Ritchie Ucon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Jan 28 1932

19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 25 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poison	

Other contributory causes of importance:

Mylitis, Compression
Dorsal Vertebrae
Complete paralysis below waist

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. paralysis total since operated on at Veterans Hospital at Boise (History)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Dutton, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 5 1932

DO NOT WRITE IN THIS SPACE

State File No. 77775

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 406

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Staker

10 1a

(a) Residence. No. St. Anthony, Idaho. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. x mos. xx ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
(or) WIFE of Elizabeth Staker

6. DATE OF BIRTH (month, day, and year) June 15th, 1837

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
94	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Kirtland
(State or country) Ohio

FATHER

13. NAME Nathan Staker

14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER

15. MAIDEN NAME Jane Richman

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMENT Mrs David Larsen
(Address) Ashton, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Price, Utah Date Jan. 19, 1932

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED Jan. 16, 1932 W. M. Hansen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2nd, 1932, to Jan. 14, 1932

Last saw him alive on Jan. 13, 1932: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 9
Senile Gangrene	Dec. 12 '31

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193..

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ....

(Signed) Peter Keller, M. D.

(Address) St. Anthony, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 77776

CERTIFICATE OF DEATH

77776

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 4
(No. 89)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Glen Dawson

(a) Residence. No. Rupert Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant O G Boyd
(Address) Caldwell Idaho

15. Filed 1-17-, 1932 - John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 16 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Jan 16, 1932 that I last saw him alive on Jan 15, 1932 and that death occurred, on the date stated above, at 5a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Endocarditis

(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Flu + Sinus infection
(duration) yrs. mos. 20 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Symptoms
(Signed) [illegible], M. D.
1-17, 1932 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Rupert, Idaho	
20. Undertaker C. V. Peckham	Address Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 3 1932

77777

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77777

PLACE OF DEATH
County of Adams
City of New Meadows

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred B. Meyer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Clara Meyer

6. DATE OF BIRTH (month, day, and year) May 18-1879

7. AGE Years 55 Months 9 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer & Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wis.

FATHER
13. NAME Phillip Meyer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Laura Jaungman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Gus Meyer New Meadows

18. BURIAL, CREMATION, OR REMOVAL Place Appleton Wis Date Jan 26, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Ida

20. FILED Feb. 2, 1932 Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/23 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ 1/23, 1932, ~~to~~ after death 1/23
~~I last saw h..... alive on~~ ....., 193.....; death is said to have occurred on the date stated above, at 11 15 a m.
The principal cause of death and related causes of importance were as follows: Heart disease - myocarditis.

Date of onset

Other contributory causes of importance: Arteriosclerosis & H. B. P.

Name of operation none Date of —
What test confirmed diagnosis? Ex ans Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wm S Thurston, M. D.
(Address) McCall, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77779

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 16

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Irene S. Pike.

44

(a) Residence. No. Eagle, Idaho. R. #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Daniel W. Pike.

6. DATE OF BIRTH (month, day, and year) May 17- 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berksville, Ky.

FATHER

13. NAME James Miller.

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME ------Roe.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Daniel W. Pike. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1-16-32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-16, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/15/32 193

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 193 1, to Jan. 15, 193 32

I last saw her alive on Jan. 14th, 193 2: death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other contributory causes of importance:	

Name of operation Laparatomy Date of Nov. 17/31

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) J. D. Springer, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Goodfellow

PLACE OF DEATH

County of Ada.

City of Boise,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77780

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 12

(No. 2515 Woodlawn)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Howard Hedrick.

(a) Residence. No. 2515 Woodlawn St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Emma Hedrick

6. DATE OF BIRTH (month, day, and year): Jan. 14-1874

7. AGE: Years 57 Months 11 Days 26 If LESS than ~~1 day, — hrs.~~ or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington.

FATHER

13. NAME: Marion Hedrick.

14. BIRTHPLACE (city or town) (State or country): Iowa.

MOTHER

15. MAIDEN NAME: Nancy Jane Heinzman.

16. BIRTHPLACE (city or town) (State or country): Ind.

17. INFORMENT (Address): Mrs. Frank Hedrick. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cem. Date 1/13/32 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 1-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/10/32 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 193, to Jan 10th, 1932

I last saw h alive on Jan 9th, 1932; death is said to have occurred on the date stated above, at 6:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestinal	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77781

PLACE OF DEATH

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1024
Local Registrar's No. 18
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. **FULL NAME** Herman Walter Oberndorf.

(a) Residence. No. Parma, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 11 - 1892.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	3	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ofean Ind.

PARENTS

10. NAME OF FATHER Charles C. Oberndorf
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Hunger
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ind.

14. Informant (Address) Otto C. Oberndorf Parma Ida R#1

15. Filed 1-18, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 13 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 5, 1933, to Jany 13, 1933
that I last saw him alive on Jany 13, 1933
and that death occurred, on the date stated above, at 11:55 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Mesenteric Post Operative [redacted] Embolus - [illegible] to Liver
(duration) yrs, mos. 3 ds.
CONTRIBUTORY (Secondary) Post Operative Hernia and Chronic Appendicitis.
(duration) yrs. mos. 8 ds.

18. Where was disease contracted if not at place of death? Parma Ida
Did an operation precede death? Yes Date of 1-5-33
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy findings
(Signed) Samuel Hayward, M. D.
Jany 16, 1933 (Address) Boise Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Ofean Ind.	1-17 1933
20. Undertaker C. V. Peckham	Address Caldwell Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77782

PLACE OF DEATH
County of Ada.
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 14
(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME William Ernest Oliver.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Maude Oliver.

6. DATE OF BIRTH (month, day, and year) Oct. 11-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hotel Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belmond, Iowa.

FATHER

13. NAME Bruce Oliver.

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Emily Dunlap.

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. A. H. Pelton. Ustick, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/16/32, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 1-15, 1932 W. E. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/14/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1931, to Jan 14, 1932

I last saw him alive on 1-14, 1932; death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the lung (left)	
Kind of the peritoneum	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Draper, M. D.

(Address) Boise, Idaho.

RECEIVED FEB 1 0 1932

Dr West

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7783

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 3

(No.) 589
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jo Mary Carson.

(a) Residence. No. 722. Fort Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Felame	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fred. M. Carson.

6. DATE OF BIRTH (month, day, and year) Dec. 11. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Eben Pinkham.

14. BIRTHPLACE (city or town) (State or country) Maine,

MOTHER

15. MAIDEN NAME Mary Secord.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Fred. M. Carson. 722. Fort Street, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date Jan. 3. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1 - 4, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 — 1 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1931, to death, 1932

I last saw h alive on 12-28, 1931: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anaemia.	Unknown

Other contributory causes of importance:

Cachexia-Broncho-pneumonia.

Name of operation None. Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) L. F. West M. D.

(Address) 315 Eastman Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77785

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 15
(No.) Near Corner 3rd and Bannock Street.
(If death occurred in a hospital or institution, give its name instead of street and number.)

741

2. FULL NAME Arthur G. Fletcher.
(a) Residence. No. 1707 Warm Springs Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Helen Fletcher.

6. DATE OF BIRTH (month, day, and year) Oct. 25-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Jobbers of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas and Oil.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME George W. Fletcher.
14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER
15. MAIDEN NAME Jeanette, Steen
16. BIRTHPLACE (city or town) (State or country) New Brunswick, Canada.

17. INFORMENT (Address) Mrs. B. W. Tillotson. La Grande, Ore.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 1/15/32 193
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.
20. FILED 1-15, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/12/32 193
22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ Jan. 12, 1932 to Saw ~~193~~
~~last saw h alive on , 193 ; death is said~~ to have occurred on the date stated above at About 7 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy, Found dead	
Coroner Physicians say deceased and said that	
Other contributory causes of importance: Apoplexy Was Cause of death.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E Summers Coroner Ada County
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77786

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 4
(No. St. Alphonsus Hospital) 889
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgia Bell Guay
(a) Residence. No. 401 So. 10th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug. 14, 1902
7. AGE: ~~29~~ Years: 29 Months: 4 Days: 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME George Guay
14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER
15. MAIDEN NAME Della Bruaaw
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Mrs. Mark Hanford Route 5

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1-4, 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida

20. FILED 1-7, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-1 1932

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1931, to January 1, 1932
I last saw her alive on January 1, 1932; death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia (Leucopenia)	
Arthritis Deformans complicated with Erysipelas (Fascial) and Endocarditis	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Lab. Test Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) Dr. Jos. M. Davis, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Brayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77787

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 10
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME August Zimmer
(a) Residence. No. R. F. D. Boise Dry Creek
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jarnett Zimmer
6. DATE OF BIRTH (month, day, and year) May 2-1863
7. AGE Years 68 Months 8 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Hamburg Germany

FATHER
13. NAME William H. Zimmer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Augusta ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Otto C Zimmer Boise
18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 1-11, 1932 Morris Hill
19. UNDERTAKER (Address) Schreiber & McCann Boise, Ia
20. FILED 1-12, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932, to Jan 8, 1932
I last saw him alive on Jan 8, 1932: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease & Chronic Myocarditis	Years ago.
Other contributory causes of importance: Mesenteric Thrombosis	Jan 7th

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. H. Brayton, M. D.
(Address) Boise Idaho

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7778S

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 8

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME William Tolmie.

(a) Residence. No. 1003 N. 8th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Oct. 22-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ---- min.
72	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER
13. NAME John Tolmie.
14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER
15. MAIDEN NAME Nancy McDonald.
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Luella Hutchings. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pioneer Cemetery. Date 1/12/32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 1-11, 1932 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/10/32 193

22. I HEREBY CERTIFY, That I attended deceased from 1/9, 193 2, to 1/10, 193 2
I last saw h[illegible] alive on 1/10, 193 2: death is said to have occurred on the date stated above, at 11:30 A.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
Coronary thrombosis	
Myocarditis	?

Other contributory causes of importance:

arterio Sclerosis	

Name of operation None. Date of
What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. J. Coats, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77789

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 7

(No. 89)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Moses Alexander

(a) Residence. No. 304 Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helena Alexander

6. DATE OF BIRTH (month, day, and year) Nov. 13 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oberhessen
(State or country) Germany

FATHER

13. NAME Johnathan Alexander

14. BIRTHPLACE (city or town) Pfungstadt
(State or country) Hessen

MOTHER

15. MAIDEN NAME Philippina Franscal

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Wm Simmons
(Address) 1014 N. 9th - Boise

18. BURIAL, CREMATION, OR REMOVAL Jewish Cemetery
Place Boise Date Jan 6, 1932

19. UNDERTAKER Schreiber & Williams
(Address) Boise Ida

20. FILED 1-8, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-4 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1931, to Jan 4, 1932

I last saw him alive on Jan 4, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Collins, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77790

Registration District No. 3
Primary Registration District No. 1004 Local Registrar's No. 17

(No.) 95
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Cohn

(a) Residence. No. 1111 St. Hays
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of — Peter Cohn

6. DATE OF BIRTH (month, day, and year) 11-18-1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plesten — Germany

FATHER

13. NAME — Heppner

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME ~~Elizabeth Heppner~~ unknown William Stark

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) 1111 Hays

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1-17, 1932 Jewish Sec.

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 1-18, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932 to Jan 14, 1932
I last saw her alive on Jan 14, 1932: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemaplegia	Jan 12, 1932
Other contributory causes of importance: Influenza Flue	Jan 9, 1932

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Anderson, M.D.
(Address) Boise Idaho

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77791

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Richard Moland 99 b

(a) Residence. No. 1605 North 10th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Felicie Moland

6. DATE OF BIRTH (month, day, and year) Sept. 16-1860

7. AGE Years 70 Months 3 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL Place Boise Ida Date 1-11, 1932 Morris Hill

19. UNDERTAKER (Address) Schreiber & Mc Cann Boise Ida

20. FILED 1-12, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-8 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1930, to Jan 8, 1932
I last saw h..... alive on Dec 1, 1931: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Chronic bronchitis known as "Miners Consumption"

Other contributory causes of importance:
Hard arteries

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
yes If so, specify mining
(Signed) W. L. Frazier, M. D.
(Address) 415 Eastman Bldg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Frazier

Jack.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77792 v

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 6

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clinton Fritz. 119

(a) Residence. No. Grand Hotel. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. COLOR OR RACE White.

5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 16.1855.

7. AGE Years 76 Months 2 Days 20. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME Joseph Fritz.

14. BIRTHPLACE (city or town) (State or country) New York. N.Y.

MOTHER

15. MAIDEN NAME Mary Jayne.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) L.N. Massey. 1706. W. Jefferson St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Jan. 8.1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 1-8, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 6. 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/21, 1931, to 1/6, 1932

I last saw him alive on 1/6, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas bacillus infection	Jan 6-32 (About)

Other contributory causes of importance:

Diabetic gangrene	12/1-32 About

Name of operation Amputation left leg at knee Date of 1/4-32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph Fast, M. D.

(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77794

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 22

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs. Sarah Culver.

(a) Residence. No. 1502 Broadway. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Culver.

6. DATE OF BIRTH (month, day, and year) Nov. 22-1850

7. AGE Years 81 Months 1 Days 29 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria, Ill.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Wm. E. Culver. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/23/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 1-22, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/21/32 193

22. I HEREBY CERTIFY, That I attended deceased from 12/31, 1931, to 1/21/32, 193
I last saw her alive on 1/21/32, 193 : death is said to have occurred on the date stated above, at 1150 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Phy findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred Budge Jr. M.D., M. D.
(Address) Boise, Idaho.

RECEIVED FEB 10 1932

V

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77795

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 3

Primary Registration District No. 1004 Local Registrar's No. 19

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Alfred Henry Fullerton.

(a) Residence. No. 114 South 16th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Aug. 7-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Lew Fullerton.

14. BIRTHPLACE (city or town) (State or country) Neb.

MOTHER

15. MAIDEN NAME Frances Fullerton.

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMENT (Address) Lew Fullerton. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/12/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-20, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/10/32 193

22. I HEREBY CERTIFY, That I attended deceased from 1-10-32, 193, to 1-10, 193 2.

I last saw him alive on 1-10, 1932: death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

General infection
Malignant Glands
Gen. Tox. Post Cervical
Colibacillus Meningitis
Injected thru Gums

Date of onset 1-9-32

Other contributory causes of importance:

Injected thru Gums at time of teething

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. V. Boone M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1 1932

V

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77796

Registration District No. 3

Primary Registration District No. 1004

Local Registrar's No. 20

124

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amos Milton Buchanan.

(a) Residence. No. ..... St. Roseberry, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 8. 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME William. N. Buchanan.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Diana Southerland.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Edgar. A. Buchanan. Roseberry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Roseberry Idaho. Date Jan. 21 193 2

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-20, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 - 18 1932

22. I HEREBY CERTIFY, That I attended deceased from January 14, 193.., to January 18, 1932.

I last saw him alive on January 18, 1932.; death is said to have occurred on the date stated above, at 8.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stone in Common duct	Dec. 1, 1931

Other contributory causes of importance:

Hepatitis	

Name of operation Gall Bladder drainage Date of 1/18/32

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no

(Signed) Harold W Stone, M. D.

(Address) Boise.

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77797

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 28

2. FULL NAME Wyna Mae Fostick

(a) Residence. No. 101 St. Emmett, Ida
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white	Child

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 25 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	1	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Emmett Idaho

PARENTS

10. NAME OF FATHER Joseph Fostick
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Poland
12. MAIDEN NAME OF MOTHER Celia Bilbrey
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Emmett Idaho

14. Informant Celia Fostick
(Address) Emmett Idaho

15. Filed 1-29, 1932 W. H. Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 28 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Jan 28, 1932
that I last saw h[illegible] alive on Jan 28, 1932
and that death occurred, on the date stated above, at 6:30 P m.
The CAUSE OF DEATH* was as follows:
Pneumonia -
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Ruptured appendix -
(duration) yrs. 1 mos. 28 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Dec 1 & Jan 23
Was there an autopsy? no
What test confirmed diagnosis? Physical findings
(Signed) [illegible], M. D.
1/29, 1932 (Address) Boise Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Ida	1/30 1932
20. Undertaker C. D. Buckmun	Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Burial

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 7779S

Local Registrar's No. 8

1019

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Franklin Thode.

(a) Residence. No. 2 Miles South of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bessie Thode.

6. DATE OF BIRTH (month, day, and year) July. 13. 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53.	6	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc & Dairyman.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria, Ill.

FATHER

13. NAME John Thode.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Louise Metzher.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Mrs. W. F. Thode. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Jan. 31. 32

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-29, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1932, to 1-28, 1932

I last saw him alive on 1-28, 1932; death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Krebs M. D.

(Address) 202-203 R. Noble Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77799

PLACE OF DEATH

County of Ada
City of Boise
Registration District No. St Alphonsus Hospital
Primary Registration District No. 1004 Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Delwin Adair Futcher

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 17, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Ida

FATHER

13. NAME Ben Futcher

14. BIRTHPLACE (city or town) (State or country) Powersville Mo.

MOTHER

15. MAIDEN NAME Katheryn Wick

16. BIRTHPLACE (city or town) (State or country) Scotdale Georgia

17. INFORMENT (Address) Ben Futcher Meridian Ida RFD

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Ida Date Jan 25 1932

19. UNDERTAKER B. W. Robison (Address) Meridian Idaho

20. FILED 1-27, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 23 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1932, to 1-23, 1932

I last saw him alive on 1-22, 1932; death is said to have occurred on the date stated above, at 4:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Meek, M. D.

(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77800

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 4
(No. 93)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellis Campbell. outside city

(a) Residence. No. Bobs Tourist Cabins, South Capital Blvd. Parma Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 45 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 27. 1914.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17.	8	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Johnson County.
(State or country) Arkansas

FATHER

13. NAME Tom. C. Campbell.

14. BIRTHPLACE (city or town) Wayne County.
(State or country) Indiana.

MOTHER

15. MAIDEN NAME Emma Wagner.

16. BIRTHPLACE (city or town) Benton County.
(State or country) Arkansas.

17. INFORMENT Tom. C. Campbell.
(Address) Bobs Tourist Park, Boise.

18. BURIAL, CREMATION, OR REMOVAL
Place Boswell Cemetery. Date Jan. 14. 1931

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED Jan 13, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 12 1932

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1931, to January 12, 1932

I last saw h- alive on Jan. 12, 1932; death is said to have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phlebitis, Anasarca	

Other contributory causes of importance:

Predisposing Cause Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. R. Dwain M.D.

(Address) 244 Sonna Bldg Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPA

State File No. 77801

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christian Erastus Diehl. 89

(a) Residence. No. 611. Grove Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 25. 1860

7. AGE: Years 71. Months 10 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME Christian Diehl.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Anna Marie Good.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) S.G. Diehl. Filer, Idaho. R.D. # 1.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Idaho. Date 1-28, 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED Jan 27, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/25 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/23, 1932, to 1/25, 1932

I last saw him alive on 1/24, 1932: death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris
arteriosclerosis

Date of onset ?

Other contributory causes of importance:

Chronic
Interstitial
Nephritis

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. J. Coats M. D.

(Address) Boise, Ida

RECEIVED FEB 1[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77802

PLACE OF DEATH
County of Ada
City of Kuna

Registration District No. 124
Primary Registration District No. 2202
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 211

4 D

2. FULL NAME Ollie Myrtle Hobbs
(a) Residence. No. Kuna, Idaho. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Filer Hobbs

6 DATE OF BIRTH (month, day and year)

7 AGE: Years 41 | Months 5 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pettigrew Arkansas.

PARENTS
10 NAME OF FATHER: Jess Briant
11 BIRTHPLACE OF FATHER (city or town) (State or country): Pettigrew Arkansas.
12 MAIDEN NAME OF MOTHER: Jane Wilson.
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Stone Co. Missouri

14 Informant: Thomas Filer Hobbs
(Address): Kuna, Idaho.

15 Filed Jan 16, 1932 Mary T. Coleman Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 15 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from — —, 19..., to — —, 19...,
that I last saw her alive on Jan. 14, 1932,
and that death occurred, on the date stated above, at 7 30 A m.
The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) F. J. Coleman, M. D.
Jan. 16, 1932 (Address) Kuna Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Kuna Cemetery
Date of Burial: Jan. 16 1932
20. Undertaker: Fred K. Robinson
Address: Nampa Id.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Place statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 1 1932

V

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77803

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 24

(No. 1805 N. 21st Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie W. Lake.

90

(a) Residence. No. 1805 N. 21st Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Goldie Lake

6. DATE OF BIRTH (month, day, and year) Moh. 9-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER

13. NAME Silas T. Lake.

14. BIRTHPLACE (city or town) (State or country) Devonshire, Eng.

MOTHER

15. MAIDEN NAME Anna E. Anderson.

16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

17. INFORMENT (Address) Mrs. Goldie Lake. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 1/24/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-25, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/22/32 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1931, to Jan 22, 1932

I last saw he alive on Jan 22, 1932: death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Irregular heart	
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) O H Parker, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

Dr Budge.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77804

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 21

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Mabel Ann Hammond.

(a) Residence. No. 2224. West Idaho Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19. 1910

7. AGE Years 21. Months 9 Days 1. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Links Business College.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell, Idaho.

FATHER

13. NAME Henry. G. Hammond.

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Margaret. B. Look.

16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMENT (Address) Henry. G. Hammond. 2224. W. Idaho. St. Boise.

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell, Idaho Date Jan. 22 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 1-21, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 20 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to Jan 19, 1932

I last saw her alive on Jan 19, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma

Date of onset

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? Phy Exam Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alfred Budge Jr. M. D.

(Address) Boise Idaho

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77805

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 23

(No. St. Alphonsus) 44

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Ryska

(a) Residence. No. (Usual place of abode) St. Kuna Ida.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ryska

6. DATE OF BIRTH (month, day, and year) Sept 7 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shenova Bohemia

FATHER

13. NAME Joseph Ryska

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Gayosky

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMENT (Address) William Ryska Kuna Ida R. 1.

18. BURIAL, CREMATION, OR REMOVAL Place Kuna Cemetery Date 1-24, 1932

19. UNDERTAKER Schreiber & McCaw (Address) Boise, Ida

20. FILED 1-23, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-21 1932

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1931, to January 21, 1932

I last saw him alive on January 11, 1932, death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation Exploration Date of Oct. 24, 31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Harold W. Stone, M. D.

(Address) 317 Eastman Bldg, Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Braptan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77806

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 6

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-9

2. FULL NAME William Cayton.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 18-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Don't Know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Don't Know.

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Pearl Allen, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place County Cemetery Date 1/16/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-21, 193 W. H. Rhode Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/14/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932, to Jan 14, 1932, last saw h alive on , 193 : death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 11

Other contributory causes of importance:

Respiratory Paralysis.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Braptan, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77807

Registration District No. 8
Primary Registration District No. 3004 Local Registrar's No. 7

(No. 3rd and Garden)
(If death occurred in a hospital or institution, give its name instead of street and number.)

589

2. FULL NAME Mrs. Denie Dunbar.

(a) Residence. No. 3rd and Garden Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of R. C. Dunbar

6. DATE OF BIRTH (month, day, and year) Mch-29-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasco, Mo.

FATHER

13. NAME E. L. Price.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Mary Morrison.

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs. Nora Lawson. Meridian, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Nevada, Mo. Date 1/27/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-25, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/24/32 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 193[illegible], to Jan 24, 193[illegible]

I last saw h[illegible] alive on Jan 24, 193[illegible] death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Agnes Gudgeon M.D., M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77809

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 5

(No. V.A., Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME MC NAMAR, Floyd D.

(a) Residence. No. 1022 7th St. St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Mabel Mc Namar

6. DATE OF BIRTH (month, day, and year) June 26, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Saw filer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. xx

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME xx M. W.

14. BIRTHPLACE (city or town) (State or country) xx

MOTHER

15. MAIDEN NAME xx

16. BIRTHPLACE (city or town) (State or country) xx

17. INFORMENT (Address) L.H. BEAMAN V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Shipped Date 1-15-32, 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 1-15, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1932, to Jan. 14, 1932

I last saw him alive on Jan. 14, 1932: death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary,	
chronic, active.	

Other contributory causes of importance:

Tuberculous meningitis.	

Name of operation none Date of

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F.C. SMITH, Reg. Med. Officer, M. D.

(Address) V.A., Boise, Idaho

RECEIVED FEB 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77810

PLACE OF DEATH
County of Ada
City of Star.

Registration District No. 9+10
Primary Registration District No. 9+10
Local Registrar's No. ✓

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

9D

2. FULL NAME William Franklin Ryals.

(a) Residence. No. ..... St. Star Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Annie. C. Ryals.

6. DATE OF BIRTH (month, day, and year) Sept. 21. 1847

7. AGE: Years 84, Months 3, Days 23. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minister.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Marion County. Arkansas.

FATHER
13. NAME William Ryals.
14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER
15. MAIDEN NAME Vina Ely.
16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) Mrs. Annie. C. Ryals. Star, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Star Cemetery. Date Jan. 17 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 1-17, 1932 [signature] Registrar. Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 14 1932.

22. I HEREBY CERTIFY, That I attended deceased from ..... 1925, to July 14, 1932.
I last saw h..... alive on Dec. 20, 1931: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age - Heart - Asthma + probably Cancer Stomach	

Other contributory causes of importance: No.

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No.
Manner of injury No no
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Star Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77813

PLACE OF DEATH
County of Bannock
City of Downey

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Thomas L. Perkins

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb-11-1872

7. AGE Years 59 Months 11 Days 3 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Section Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayette, Mo.

FATHER
13. NAME Green Perkins
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Milissa ~~Perkins~~ Patrick
16. BIRTHPLACE (city or town) (State or country) Sheridan Co. Mo.

17. INFORMENT (Address) Mrs. T. L. Perkins Downey, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Fayette Mo. Date ....., 193..

19. UNDERTAKER (Address)

20. FILED Feb. 5, 1933 Mary C. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan-8-1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan-6-, 1932, to Jan-8-, 1932
I last saw him alive on Jan-6-, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1-6-32

Other contributory causes of importance:
Arteria Sclerosis.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. J. Hartogsen, M. D.
(Address) Downey, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77815

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 227
(No. 1430 No. 1st Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2059

2. FULL NAME Dora Alice Wesley
(a) Residence. No. 1430 N. 4th Ave. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 24-1931

7. AGE Years | Months 1 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

PARENTS
10. NAME OF FATHER Frank Wesley
11. BIRTHPLACE OF FATHER (city or town) Louisanna
(State or Country)
12. MAIDEN NAME OF MOTHER Elizabeth Thompson
13. BIRTHPLACE OF MOTHER (city or town) Louisanna
(State or County)

14. Informant Frank Wesley
(Address) 1430 N. 4th Ave.

15. Filed 2, 1932 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Probably acute Indigestion
Vomited several times - died
during vomiting all act.
Did not see until after death
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy?
What test confirmed diagnosis?
(Signed) D C Ray, M. D.
1-6, 1932 (Address)

19. Place of Burial, Cremation, or Removal Mt. View Cemetery
Date of Burial 1/7/1932
20. Undertaker H. L. McIlvain
Address Poca. Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77816

Registration District No. 21
Primary Registration District No. 2161 Local Registrar's No. 222

(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Allen Anderson

(a) Residence. No. 1504 South Fourth St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12, 1909

7. AGE 22 Years 8 Months 23 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Lunch

10. Date deceased last worked at this occupation (month and year) Jan., 1932

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Rockland Idaho

FATHER

13. NAME Peter Anderson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Estella Lish

16. BIRTHPLACE (city or town) (State or country) Deer Lodge Montana

17. INFORMENT (Address) Peter Anderson Rockland, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rockland, Idaho Date Jan. 8, 1932

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho

20. FILED Jan. 7, 1932 D. O'Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in head (Suicidal)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W Hall Coroner, M.D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77817

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 224

(No. 825 E. Fremont)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159b

2. FULL NAME Anna May Walker

(a) Residence. No. 825 E. Fremont St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) Jan 7 1932

7. AGE Years Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER
13. NAME John D. Walker
14. BIRTHPLACE (city or town) Mt Pleasant
(State or country) Utah

MOTHER
15. MAIDEN NAME Iona C. Erickson
16. BIRTHPLACE (city or town) Mt Pleasant
(State or country) Utah

17. INFORMENT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Pleasant, Utah Date Jan. 11, 1931

19. UNDERTAKER Schumacher & Beasley
(Address) Pocatello, Idaho

20. FILED 1-11, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/9 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1932, to 1-9, 1932
I last saw her alive on 1-8-, 1932 death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital	
Heart Disease	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. P. Boom, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77818

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 221

(No. 655 North Lincoln Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME George Larkin Thomas

(a) Residence. No. 655 North Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Husband of Jessie Thrush

6. DATE OF BIRTH (month, day, and year) June 25, 1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) R. C. Thomas Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Jan. 5, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Jan. 5, 1932. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to Dec 25 1931

I last saw h alive on 12-31, 1931: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal disease	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D C Ray, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77819

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 225
(No. 243 W. Sherman)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret W. Jenkins 128
(a) Residence. No. 243 West Sherman St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph W. Jenkins
6. DATE OF BIRTH (month, day, and year) Dec 27-1850
7. AGE Years 81 Months — Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paisley, Scotland

FATHER
13. NAME John Wheatherspoon
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Agnes Walker
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs Margaret Hunter Idaho Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Ogden, Utah Date Jan. 13 1932
19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho
20. FILED 1-11, 1932 H. C. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-10 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to 6 Jan 9, 1932
I last saw h..... alive on Jan 8, 1932: death is said to have occurred on the date stated above, at 6 05 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia + Senality	

Other contributory causes of importance:
Myocardial insufficiency
~~Cardiac~~

Name of operation no Date of ✓
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ✓
(Signed) O. F. Leal, M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77820

Registration District No. 26

Primary Registration District No. 2161

Local Registrar's No. 232

(No. Lynn Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Vera Frugoli

(a) Residence. No. 408 N. 6th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
18		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME deceased

14. BIRTHPLACE (city or town)
(State or country) Italy

MOTHER

15. MAIDEN NAME Mary Cardinal

16. BIRTHPLACE (city or town) Genoa
(State or country) Italy

17. INFORMENT (Address) Miss Stella Frugoli Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Cem. Date Jan. 5, 1932

19. UNDERTAKER Schumacher & Beasley
(Address) Pocatello Idaho

20. FILED Jan 15, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 2, 1932

I last saw her alive on Jan 2, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis	

Other contributory causes of importance:

Exposure to cold and wetness

Name of operation — Date of

What test confirmed diagnosis? uremia Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 1932

Where did injury occur? home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. weakness

Manner of injury home

Nature of injury home

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) W. Lynn, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1932

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7782 1

Registration District No. 20
Primary Registration District No. 2161 Local Registrar's No. 239

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

177

2. FULL NAME Claudia Sophia Waylett

(a) Residence. No. Rupert, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of N. B. Waylett

6. DATE OF BIRTH (month, day, and year) May 6, 1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad City, Idaho.

FATHER
13. NAME William Richards
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Margaret Morgan
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Mrs. W. G. Richards Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Malad, Idaho. Date Jan. 27, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Jan. 25, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 23, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Jan 23, 1932
I last saw h alive on Jan 23, 1932; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	1925
Other contributory causes of importance:	
Paralytic ileus	Jan 20 1932

Name of operation Cholecystectomy Date of Jan 19
What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. W. Brothers M.D.
(Address) Pocatello, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 12 1937

DO NOT WRITE IN THIS SPACE
State File No. 77822

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 220
(No. Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Winslow Hunt
(a) Residence. No. 308 So. 9th St.
(Usual place of abode.)
Length of residence in city or town where death occured 24 yrs. 9 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 16 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	9		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Surveyor's asst.
(b) General nature of industry, business, or establishment in which employed (or employer) County Surveyors
(c) Name of employer

9. BIRTHPLACE (city or town) Edgard
(State or country) Nebraska

PARENTS
10. NAME OF FATHER W. S. Hunt
11. BIRTHPLACE OF FATHER (city or town) Salt Lake
(State or Country) Minnesota
12. MAIDEN NAME OF MOTHER Marie E. Hall
13. BIRTHPLACE OF MOTHER (city or town) Salt Lake
(State or County) Utah

14. Informant Mother, Mrs. Wm. S. Hunt
(Address) 308 So. 9th St.

15. Filed 1-2 1937 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 2 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1931 to Jan. 2 1932
that I last saw him alive on Jan 1 1932
and that death occurred, on the date stated above, at 12 46 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Gangrenous Appendicitis

(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) General peritonitis
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes No Date of Dec 31 1932
Was there an autopsy?
What test confirmed diagnosis? Clinical Laboratory and Surgical findings
(Signed) William T. Howard M.D.
Jan. 7 1932 (Address) Pocatello Idaho

19. Place of Burial, Cremation, or Removal Pocatello, Idaho — Date of Burial 1/4/1932
20. Undertaker H. L. McKean — Address Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1182

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 2161 Local Registrar's No. 242
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 9

2. **FULL NAME** Ruth Lee Bender

(a) Residence. No. 642 N. Harrison St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 8-1930

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

PARENTS

10. NAME OF FATHER Vern. Bender
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Washington
12. MAIDEN NAME OF MOTHER Lillian Cruse
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant Vern Bender
(Address) 642 N Harrison

15. Filed 1-27, 1932 DC Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 23, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932 to Jan 23, 1932
that I last saw h-l alive on Jan 23, 1932
and that death occurred, on the date stated above, at 11 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Influenza c.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible], M. D.
1/26/, 1932 (Address) Pocatello

19. Place of Burial, Cremation, or Removal: Mt. View cemetery — Date of Burial: 1/26 1932
20. Undertaker: H. L. McMunn — Address: Pocatello, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7782-1

Registration District No. 28
Primary Registration District No. 2164 Local Registrar's No. 24-31

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

885

2. FULL NAME Martha Little

(a) Residence. No. 340 North Tenth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widow of Mike Little

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Haddam

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Burton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) J. H. Overy 105 Roosevelt Ave. Poca. Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Jan. 29, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Jan. 28, 1932. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 26, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Jan 26, 1932
I last saw her alive on Jan 26, 1932; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs.
Auricular Fibrillation	3 days

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Not
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Gardner M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 12 1932

DO NOT WRITE IN THIS SPACE

State File No. 77825.

Registration District No. 20

Primary Registration District No. 2161 Local Registrar's No. 247

889

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clella Criddle

(a) Residence. No. Quinn Apartments, Poca., St. Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wife of Henry LeRoy Criddle

6. DATE OF BIRTH (month, day, and year) April 10, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Teton, Idaho.

FATHER

13. NAME Samuel Henderson

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Isabell McKinley

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs. Don C. Miner, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Feb. 3, 1932.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Feb. 2, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to Jan 31, 1932, last saw her alive on Jan 31, 1932: death is said to have occurred on the date stated above, at 6 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease; Chronic endocarditis	9 yrs. ago
Other contributory causes of importance: Pulmonary embolism	4 hours before death

Name of operation None Date of None

What test confirmed diagnosis? Phys. examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 193.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. P. Howard, M.D. M. D.

(Address) Pocatello, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7826

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 223
(No. 516 So 8th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

744

2. **FULL NAME** Inez L. Hammer

(a) Residence. No. 516 So 8th St.
(Usual place of abode.)
Length of residence in city or town where death occured. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 20 / 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Helping Her Daughter
(c) Name of employer

9. BIRTHPLACE (city or town) Montura
(State or country) Ohio

PARENTS

10. NAME OF FATHER Ozia Mitchell
11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Conn.
12. MAIDEN NAME OF MOTHER Olive May
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) New York State

14. Informant C. C. Williams
(Address) 516 So. 8th

15. Filed 1-7, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 7 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
12-28, 1931, to 1-7, 1932
that I last saw h[illegible] alive on 1-5, 1932
and that death occurred, on the date stated above, at 6 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings
(Signed) [illegible] M. D.
1-8, 1932 (Address) Pocatello

19. Place of Burial, Cremation, or Removal	Date of Burial
Omaha Neb.	1/11/32 19

20. Undertaker H. L. McHan — Address Poca. Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77827

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 228

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James P. Jensen

(a) Residence. No. 1329 North Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Annie Christensen

6. DATE OF BIRTH (month, day, and year): Sept. 1, 1858.

7. AGE: Years 73, Months 4, Days 9; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Car inspector Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: O.S.L.R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Ole Jensen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Benta Olsen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Peter H. Jensen, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Ida. Date: Jan. 12, 1932.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Jan. 11, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 10, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1932, to 1-10, 1932

I last saw her alive on 1-10, 1932: death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature] M.D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77828

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 233
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Eli Jacob Dolbeer
(a) Residence. No. Marsh Center Tri. W. St. Arimo
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mrs. E. J. Dolbeer

6. DATE OF BIRTH (month, day and year) Feb. 24-1864

7. AGE Years 67 Months Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired R. R. Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9. BIRTHPLACE (city or town) Mendon Morne Co.
(State or country) N. Y.

PARENTS
10. NAME OF FATHER Henry Dolbeer
11. BIRTHPLACE OF FATHER (city or town) Eas Mendon Co.
(State or Country) N. Y.
12. MAIDEN NAME OF MOTHER Lizetta Sickler
13. BIRTHPLACE OF MOTHER (city or town) Rega
(State or County) New York

14. Informant (Address) E. J. Dolbeer
Lan

15. Filed 1-15, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to Dec 25, 1931
that I last saw him alive on Dec 25, 1931
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy
(duration) ..... yrs. 1 mos. ..... ds.
CONTRIBUTORY (Secondary) Hypertension
(duration) 5 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) W. W. Brothers, M. D.
1-15, 1932 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Mt View Cemetery
Date of Burial 1/17/1932
20. Undertaker H. L. McHan Address Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77829

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2164 Local Registrar's No. 237
(No. Lynn Brothers Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Lydia Taylor Faber

(a) Residence. No. 236 North 11th., Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of H. B. Faber

6. DATE OF BIRTH (month, day, and year) April 21, 1860.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME R. B. Taylor
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Martha Jane Kirby
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) H. B. Faber Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Jan. 23, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Jan. 23, 1932. D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 21, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Jan 21, 1932.
I last saw h[illegible] alive on Jan 21, 1932: death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
Other contributory causes of importance:	
agt	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. Lynn, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77830

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 229
(No. 322 So. Lincoln)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. Albert Wagner 44
(a) Residence. No. 322 So. Lincoln St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Wm. A. Wagner

6. DATE OF BIRTH (month, day and year) Nov. 6 1851

7. AGE Years 80 Months 2 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9. BIRTHPLACE (city or town) (State or country) Unknown, Penn

PARENTS
10. NAME OF FATHER Wm. B. Wagner
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown Maryland Penn
12. MAIDEN NAME OF MOTHER Barbara Ame
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown Maryland

14. Informant (Address) John Wagner 322 So. Lincoln

15. Filed 1-11-, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 11 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1-, 1932 to Jan 11, 1932
that I last saw him alive on Jan 11, 1932
and that death occurred, on the date stated above, at 3 9. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis?
(Signed) C P Gross, M. D.
1/11, 1932 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Black Foot. Ida. Date of Burial 1/13 1932

20. Undertaker H. L. McHan Address Poca. Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77831

PLACE OF DEATH
County of Bannock R.
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 234
(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mariah C. Bennett

(a) Residence. No. 737½ So Harrison Ave Pocatello Ida
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): April 6 1846

7. AGE: Years 87, Months 9, Days 4, If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired lived
(b) General nature of industry, business, or establishment in which employed (or employer): with son
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Hamilton Village New York State

PARENTS

10. NAME OF FATHER: Hamilton Casey
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Vermont
12. MAIDEN NAME OF MOTHER: Catherine Casey
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Vermont

14. Informant (Address): G. H. Bennett Pocatello Idaho

15. Filed Jan 13, 1932 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 13 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cancer of Stomach

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) Arthur W Hall Coroner
....., 19..... (Address) Pocatello

19. Place of Burial, Cremation, or Removal: Ogden Utah — Date of Burial: Jan 14 1932

20. Undertaker: L. L. McClain — Address: Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1153

PLACE OF DEATH
County of Bannock
City of Pocatello Registration District No. 2 8
Primary Registration District No. 2161 Local Registrar's No. 240
(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** George Howard Woodard

(a) Residence. No. 121 Wilson Ave St. 41
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 8/1925

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

PARENTS

10. NAME OF FATHER H. W. Woodard
11. BIRTHPLACE OF FATHER (city or town) Hodgeo
(State or Country) Mexico
12. MAIDEN NAME OF MOTHER Vivian Wilcox
13. BIRTHPLACE OF MOTHER (city or town) Montpelier
(State or County) Idaho

14. Informant (Address) H. W. Woodard 121 Wilson Ave.

15. Filed 1-26, 1937 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 22 1937
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
January 16, 1937, to January 22, 1937
that I last saw h... alive on 1-22, 1937
and that death occurred, on the date stated above, at 11:50 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Streptococci
Septicemia

(duration) yrs. mos. 9 ds.
CONTRIBUTORY (Secondary) Scarlet Fever
(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) D C Ray M. D.
1-26, 1937 (Address) Pocatello

19. Place of Burial, Cremation, or Removal	Date of Burial
Mt. View Cemetery	1/29/1937
20. Undertaker H. L. McNash	Address Paca. Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 7783

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 243
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel Deloras Robinson.

(a) Residence. No. 1214 So. 2nd Ave St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): July 19, 1931

7. AGE — Years: — Months: 6 Days: 7 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Pocatello Ida

PARENTS

10. NAME OF FATHER: Whit Robinson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Kansas
12. MAIDEN NAME OF MOTHER: Luella Wood
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Colorado

14. Informant (Address): Luella Robinson

15. Filed Jan 26 1932 W C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 26, (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932, to Jan 26, 1932
that I last saw h.er alive on 1-26- 1932
and that death occurred, on the date stated above, at 12 45 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Streptococcic Septicemia
Streptococcic meningitis

(duration) ... yrs. ... mos. 3 ds.
CONTRIBUTORY (Secondary): Erysipelas
(duration) ... yrs. ... mos. 10 ds.

18. Where was disease contracted if not at place of death? home
Did an operation precede death? no Date of —
Was there an autopsy? no What test confirmed diagnosis? Laboratory & Clinical
(Signed) ... M. D.
1-26, 1932 (Address) Pocatello

19. Place of Burial, Cremation, or Removal: Pocatello Ida. Date of Burial: Jan 28 1932
20. Undertaker: H. L. McClain Address: Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77834

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 244

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Lillian Emma Hughart

(a) Residence. No. 547 South Ninth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wife of H. H. Hughart

6. DATE OF BIRTH (month, day, and year) July 12, 1892.

7. AGE: Years 39 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis Missouri.

FATHER
13. NAME Edward H. Hengelsberg
14. BIRTHPLACE (city or town) (State or country) St. Louis Missouri.

MOTHER
15. MAIDEN NAME Emlie F. Bostert
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Dr. H. H. Hughart Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Jan. 29, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Jan. 28, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 27, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932, to Jan, 1932
I last saw her alive on Jan 26, 1932: death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Septicemia, Staphylococcic infection, Otitis origan.

Date of onset

Other contributory causes of importance:

Name of operation Mastoid Date of 1/14/32
What test confirmed diagnosis? Culture Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) F. H. Crawshaw, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77835

Registration District No. 2 0
Primary Registration District No. 2 1 6 1 Local Registrar's No. 2 3 6

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Gus Staropoulos

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. C. S. L.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Freight House

10. Date deceased last worked at this occupation (month and year) June

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Spiro Starpoulos

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Parasueir Starpoulos

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMENT (Address) John Chilpos Louvre Cafe, Pocatello

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain View Date Jan. 17, 1932

19. UNDERTAKER Johnson Mortuary & Beasley
(Address) Pocatello, Idaho

20. FILED 1-18, 1932 D. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Jan 12, 1932
I last saw him alive on Jan 12, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	
T.B. Spine -	
Myocarditis	
Coronary Sclerosis	

Other contributory causes of importance:

Pulmonary Tbc.	
Tbc - T Spine 11 & 12 Dorsals	
Coronary Sclerosis.	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) J. H. Young, M. D.
(Address) Pocatello

RECEIVED FEB 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77836

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 241
(No. Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosabell Dawson Aldrich 31
(a) Residence. No. 328 N. 3rd. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Aldrich
6. DATE OF BIRTH (month, day and year)
7. AGE Years 40 Months 8 Days 11 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Idaho.

PARENTS
10. NAME OF FATHER Pete Chambers
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ida. Falls Idaho
12. MAIDEN NAME OF MOTHER Mary Ann Pugmire
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) J. H. Gellispie
15. Filed 1-26, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 25 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 25, 1932
that I last saw her alive on Jan 24, 1932
and that death occurred, on the date stated above, at 7a m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) [illegible], M. D.
1-26, 1932 (Address) Pocatello Ida

19. Place of Burial, Cremation, or Removal Mt. View Cemetery Date of Burial 1/25 1932
20. Undertaker H. L. McVan Address Poca. Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
RECEIVED FEB 12 1932
State File No. 77837

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 20
Primary Registration District No. 2061 Local Registrar's No. 250

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Smith

31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single (?)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Gen. Hosp. Pocatello, Idaho
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Jan. 26, 1932

19. UNDERTAKER Schumacher & Beasley
(Address) Pocatello Idaho

20. FILED Feby 4, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	40 yrs ago.

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) W. W. Brother M. D.
(Address) Pocatello Idaho
Brothers

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77838

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 230
(No. St Anthony's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

24

2. FULL NAME James Bartlette Kite
(a) Residence. No. 296 Monroe ave St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day and year): April 16, 1890.
7. AGE Years: 42 Months: 8 Days: 26 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Service St. owner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Tennessee

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Tennessee.
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Tennessee

14. Informant (Address): Mrs. J. B. Kite Pocatello Ida
15. Filed Jan 12, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 11 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 1-10, 1932 to 1-11, 1932
that I last saw her alive on 1-11, 1932
and that death occurred, on the date stated above, at 6 m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Meningitis
Pneumococcus
Allergy Flu.
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary): Otitis media
(duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. H. Loom, M. D.
, 19 (Address) Pocatello

19. Place of Burial, Cremation, or Removal: Pocatello Ida
Date of Burial: Jan 14 1932
20. Undertaker: H. L. McHan
Address: Pocatello

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 12 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77839

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 231

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fern Fenwick

(a) Residence. No. 254 Taft Ave. St. 119
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1931.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Thomas Fenwick

14. BIRTHPLACE (city or town) (State or country) Montana.

MOTHER

15. MAIDEN NAME Ila Curtis

16. BIRTHPLACE (city or town) (State or country) Downey, Idaho.

17. INFORMENT (Address) Thomas Fenwick Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Jan. 14, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Jan. 14, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 13, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Baby died befor they reach a Doctor

Influenza of Intestines

Hemorage of bowels

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Arthur W Hall, Coroner, ~~M.D.~~

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 77840

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 261 Local Registrar's No. 235
(No. 816 So. 3rd Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Yolanna Aldrich 119
(a) Residence. No. 816 So. 3rd Ave. Pocatello Ida.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 12-1929

7. AGE Years 3 Months 9 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

PARENTS

10. NAME OF FATHER Marian Aldrich
11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Utah
12. MAIDEN NAME OF MOTHER Mary Turpin
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County) Utah

14. Informant (Address) M. A. Aldrich

15. Filed Jan 17, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to Jan 14, 1932
that I last saw her alive on Jan 14, 1932
and that death occurred, on the date stated above, at 10 30 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Colitis

(duration) ..... yrs. ..... mos. 2 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) F. Sicilia, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal Mt. View Cemetery Date of Burial 1/16 1932

20. Undertaker H. L. McHan Address Poca. Ida

RECEIVED FEB 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77841

PLACE OF DEATH
County of Bear Lake
City of St. Charles

Registration District No.
Primary Registration District No. 55
Local Registrar's No.

(No. 1019)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kate Cornelia Evans Baker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 49 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lashbrook Baker

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 23, 1931

11. Total time (years) spent in this occupation all of Life

12. BIRTHPLACE (city or town) (State or country) Morgan Utah

FATHER

13. NAME Cornelius Evans

14. BIRTHPLACE (city or town) (State or country) Bristol England

MOTHER

15. MAIDEN NAME Catherine Patten

16. BIRTHPLACE (city or town) (State or country) Bristol England

17. INFORMENT (Address) St Charles Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place St. Charles Ida. Date Jan. 8. 1932

19. UNDERTAKER (Address) Dan Price Paris Idaho

20. FILED Feb 5, 1932 Hannah J. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1931, to Jan. 6, 1931

I last saw her alive on Jan. 6, 1931: death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	
(Lobar, lower lobe of left Lung)	

Other contributory causes of importance:

Cardiac Decompensation	
(Cardiac hypertrophy, Irregular irregularly, dependent edema	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Spencer H. Peck, M. D.

(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77842

PLACE OF DEATH
County of Bear Lake
City of Liberty

Registration District No. 53
Primary Registration District No.
Local Registrar's No. Three

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Mannaman Hymas 84

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma J. Lyon

6. DATE OF BIRTH (month, day, and year) Oct. 21st 1867

7. AGE: Years 64 | Months 3 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Liberty
(State or country) Idaho

FATHER
13. NAME John A. Hymas
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Mary Ann Pittman
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Mrs. Vivian Nye
(Address) Paris Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Liberty Date Jan 28th 1932

19. UNDERTAKER T. L. Austin
(Address) Liberty Idaho

20. FILED Feb. 1st, 1932 Dr. C. O. Moore
Registrar.

Per. Mrs. A. Hess.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~Jan~~ Nov 29 1931, to Jan 25, 1932
I last saw him alive on Jan 24, 1932: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Left parietal region	
Type Undetermined	

Other contributory causes of importance:
Influenza - 10 days

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. O. Moore M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77843

PLACE OF DEATH
County of Bear Lake
City of Lanark

Registration District No. 53
Primary Registration District No.
Local Registrar's No. two

(No. 178)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vera L Passey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 8, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lanark Idaho

FATHER
13. NAME Clarence Passey
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Naomi Bunn
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Clarence Passey Dvid. Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lanark Date Jan 11th, 1932

19. UNDERTAKER
(Address)

20. FILED Jan 11th, 1932 Dr C O Moore Registrar.
Per. Mrs. A. Hess.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Jan 9, 1932
I last saw her alive on Jan 9, 1932: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis - following Scarlet Fever - 3 days duration.	
Other contributory causes of importance: Scarlet Fever	

Name of operation None Date of —
What test confirmed diagnosis Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C O Moore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 5 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77844

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.
Local Registrar's No. One

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME John Bird

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ann Russell.

6. DATE OF BIRTH (month, day, and year) Aug. 7, 1841

7. AGE Years 90 Months 4 Days 30 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1908 Retired
11. Total time (years) spent in this occupation all of life up to 1908

12. BIRTHPLACE (city or town) (State or country) Birmingham England.

FATHER
13. NAME John Bird
14. BIRTHPLACE (city or town) (State or country) Birmingham England

MOTHER
15. MAIDEN NAME Ann Whitehead
16. BIRTHPLACE (city or town) (State or country) Birmingham England.

17. INFORMENT (Address) Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date Jan. 8 1932

19. UNDERTAKER (Address) Edwin T. Shepherd Paris Idaho.

20. FILED Jan 30th, 1932 Dr. C. O. Moore Registrar.

Per. Mrs. A. Hess.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from I did not, 193, to , 193
I last saw h alive on see him, 193: death is said to have occurred on the date stated above, at 8:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Debility	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: No
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Spencer H. Rich, M. D.
(Address) Paris Idaho

RECEIVED FEB 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 77845

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Benewah
City of ~~Benewah~~ St. Maries
Registration District No. 32
Primary Registration District No. 2049
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 1

205-b

2. FULL NAME Tallulala Yvonne Hosfeld

(a) Residence. No. 2038 Idaho Ave ~~St.~~
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Jan. 28 / 32 Prem.

7 AGE Years Months Days If LESS than 1 day, 16 hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Maries Ida Benewah

PARENTS

10 NAME OF FATHER Richard H. Hosfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montana

12 MAIDEN NAME OF MOTHER Esther Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wilbur Washington

14 Informant Richard H. Hosfeld
(Address) St Maries, Idaho.

15 Filed Feb. 6, 1932 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 (Month) 19 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932, to Jan 29, 1932, that I last saw her alive on on Jan 28, 1932, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

do not know exact cause of death. Was difficult to reprimate after birth (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Owen D Platt, M. D.
Jan 31, 1932 (Address) St Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal St. Maries, Ida Woodlawn
Date of Burial Jan 31 1932

20. Undertaker Geo E. Mitchell
Address St Maries Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77846

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 17
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Reese Fackrell
(a) Residence. No. Thomas Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 3 yrs. 4 mos. 13 ds. How long in U. S. if of foreign birth? yrs mos. ds.

205 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) September 12-28

7. AGE Years: Three Months: 4 Days: 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Thomas Idaho

PARENTS
10. NAME OF FATHER Parley P. Fackrell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Orderville Kane Co Utah
12. MAIDEN NAME OF MOTHER Rachel Reese
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Cedar City Utah

14. Informant (Address) Parley P. Fackrell Blackfoot Idaho R F D #2

15. Filed Jan. 25, 1932. Mr. Walter E. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) ~~24~~ 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932, to Jan 25, 1932
that I last saw him alive Did not see case, 19....
and that death occurred, on the date stated above, at 7 00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
I did not see child and death occured suddenly while parents that he was improving (duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (Secondary) Child vomited for one day. (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Do not know cause of death
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) W W Beck, M. D.
1/25, 1932 (Address) Blackfoot, Idaho

19. Place of Burial, ~~Cremation~~, or ~~Removal~~: Thomas Kniesick
Date of Burial 19

20. Undertaker: E J Peck
Address: Blackfoot Idaho

RECEIVED FEB 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77847

PLACE OF DEATH
County of Bingham
City of Shelley, Rd

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. FULL NAME Darwin Christensen

(a) Residence. No. Goshen, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 10 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelley, Ida, Rd
(State or country)

FATHER
13. NAME Leland C. Christensen
14. BIRTHPLACE (city or town) Shelley Ida Rd
(State or country)

MOTHER
15. MAIDEN NAME Reta H. Jones
16. BIRTHPLACE (city or town) Price Utah
(State or country)

17. INFORMENT Leland C. Christensen
(Address) Shelley Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Goshen Ida Date Jan 16, 1932

19. UNDERTAKER None
(Address)

20. FILED Feb 5, 1932 Mrs Walter E. Patrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 16, 1932
I last saw him alive on Jan 16, 1932; death is said to have occurred on the date stated above, at 7:10 AM
The principal cause of death and related causes of importance were as follows:
Premature delivery at 5-6 Month

Date of onset

Other contributory causes of importance:
None

Name of operation None Date of .....
What test confirmed diagnosis? Physical Sign Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) H E Guyett M. D.
(Address) Shelley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77848

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159 B

2. FULL NAME Stella Findaly

(a) Residence. No. Blacfkoot, Idaho Route 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Nov. 28, 1931

7. AGE Years | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

FATHER
13. NAME Arch A. Findlay
14. BIRTHPLACE (city or town) (State or country) Layton, Utah

MOTHER
15. MAIDEN NAME Rosaland B. Capson
16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMENT (Address) Father Arch A. Findlay Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place I.C. Cem. Blackfoot Date Jan. 21, 1932

19. UNDERTAKER (Address) E. J. Park Blackfoot Idaho

20. FILED Jan 20 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from On Jan. 19, 1932, to X, 193

I last saw her alive on Jan. 19, 1932: death is said to have occurred on the date stated above, at 4:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Aortic Stenosis	since birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. O. Humphries M. D.
(Address) Blackfoot Ida

12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77850

PLACE OF DEATH
County of Bingham
City of Blackfoot Rt. 1
Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 18.
(No.) 113
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gene Alma Vetters

(a) Residence. No. Route 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Nov. 23, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc X
9. Industry or business in which work was done, as silk mill, saw mill, bank etc X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho County Idaho

FATHER
13. NAME Bert Almex Vetters
14. BIRTHPLACE (city or town) (State or country) Madison County Montana

MOTHER
15. MAIDEN NAME Erma Bradley
16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMENT (Address) Bert A. Vetters Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Date Jan 29 1932

19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho

20. FILED Jan 28, 1932. Miss Mattie E. Petrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased- , 193
I last saw him alive on after death , 193 : death is said to have occurred on the date stated above, at about 6:30AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
According to parents statements the baby had severe colic during night and found it dead about six-Thirty A. M. The probable cause of death was acute Gastritis.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. D. Hunsaker M.D.
(Address) Blackfoot Idaho
County Physician

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77851

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 8
(No. Dipple Addition No number.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clifford C Badger

(a) Residence. No. Dipple Addition St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Pansy Badger

6. DATE OF BIRTH (month, day, and year) July 27 1908

7. AGE Years 23 Months 5 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riverdale Utah

FATHER
13. NAME Peter Badger
14. BIRTHPLACE (city or town) (State or country) Cashvalley Utah

MOTHER
15. MAIDEN NAME Pearl Thompson
16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMENT (Address) D. O. Fraker Blackfoot R F D 1

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Fruit Idaho Date Jan 7th 1932

19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho

20. FILED Jan 5, 1932. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1932, to Jan 4, 1932.
I last saw ~~he~~ alive on Jan 4th, 1932: death is said to have occurred on the date stated above, at 6 45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 1st 32

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. E. Roberts, M. D.
(Address) Shelley Ida

RECEIVED FEB 8 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77852

PLACE OF DEATH

County of Bingham

City of Firth

Registration District No. 121

Primary Registration District No. 214A

Local Registrar's No. 14

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Peter William Wernette

(a) Residence. No. Firth, Idaho St. 1019

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) March 28 1844

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	9	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Waoster Ohio

PARENTS

10. NAME OF FATHER: Chas. Francis Wernette

11. BIRTHPLACE OF FATHER (city or town) (State or Country): France

12. MAIDEN NAME OF MOTHER: Mary, Rome

13. BIRTHPLACE OF MOTHER (city or town) (State or County): France

14. Informant (Address): Laura Jane Wernette, Firth, Idaho

15. Filed Jan. 16, 1932. Mr. Walter E. Patrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 15 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 15, 1932

that I last saw him alive on Jan 15, 1932

and that death occurred, on the date stated above, at 2 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

Influenza (duration) ..... yrs. ..... mos. 7 ds.

18. Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) W. K. Eagan, M. D.

Jan. 16, 1932 (Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal: Grove City Cemetery

Date of Burial: Jan 18 1932

20. Undertaker: E. S. Peck

Address: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77853

PLACE OF DEATH
County of BINGHAM
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2174
Local Registrar's No. 16

(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 D-9

2. FULL NAME JOHN LARSEN

(a) Residence. No. ..... St. Salmon, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 32 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Do not know

7. AGE Years about 80 | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do not know
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) (State or country) do not know Norway

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Asylum Cemetary Date ....., 1931

19. UNDERTAKER (Address) Marian Adams K Blackfoot Idaho

20. FILED Jan. 23, 1932 Mrs Helen E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932, 193..., to Jan. 22, 1932, 193...
I last saw him alive on Jan 22, 1932, 193...: death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PNEUMONIA -Bronchial.	1-20-32

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

No 336

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO 8 193?
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77854

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 13

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

77

2. FULL NAME JOHN T. HEATH

(a) Residence. No. St. Buhl, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sage Heath

6. DATE OF BIRTH (month, day, and year) March 1, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Farmington Utah

FATHER

13. NAME John R. Heath

14. BIRTHPLACE (city or town) (State or country) ~~do not know~~ Russia

MOTHER

15. MAIDEN NAME Caroline ~~Graves~~ Evans

16. BIRTHPLACE (city or town) (State or country) ~~Do not know~~ Ills.

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place Shelton Way Date 1-18, 193 2

19. UNDERTAKER (Address) G. J. Peck Blackfoot

20. FILED Jan 18, 1932 Mrs. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-14-32 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1931, 193, to Jan 14, 1932, 193

I last saw him alive on Jan 14, 1932: death is said to have occurred on the date stated above, at 10:45PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	

Other contributory causes of importance:

Excessive use of alcahal before admission

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury, 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) Chas. R. Lowe, M. D.

(Address) Blackfoot, Ida.

RECEIVED FEB 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77855

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 7

76

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Allen Arnold Dean

(a) Residence. No. Shelley, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Joseph Henry Dean

6. DATE OF BIRTH (month, day, and year) Dec 13, 1854

7. AGE Years 77 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Herriman, Utah

FATHER
13. NAME Henry Arnold
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Emma Farmer
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. R. E. Dinwoody Salt Lake, Utah

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake Date Jan 5, 1932

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls, Idaho

20. FILED Jan 5, 1932 Mrs. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1930, to 12-31, 1931

I last saw her alive on 12-31-, 1931: death is said to have occurred on the date stated above, at 4459 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis - over entire left side eventually Extending to bowells	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Edwin Cutler M.D.
(Address) Box 86 - Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77856

PLACE OF DEATH
County of BINGHAM
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 11

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME P. A. (PETE) HARTVIGSEN

(a) Residence. No. ..... St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, and year) --

7. AGE 60 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Do not know

12. BIRTHPLACE (city or town) Hyrum (State or country) Utah

FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) do not know (State or country)

MOTHER
15. MAIDEN NAME Do not know
16. BIRTHPLACE (city or town) Do not know (State or country)

17. INFORMENT Records of State Hosp South (Address)

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Hyrum, Utah. Date 1-12-, 1932

19. UNDERTAKER Modern Mortuary (Address) Blackfoot, Ida.

20. FILED Jan 11, 1932 Mrs. Walter E. Pa[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1931, 193..., to Jan 10, 1932, 193...
I last saw him alive on Jan 10, 1932, 193...: death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL PARALYSIS OF THE INSANE	4-2-27

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Blood Wassermann Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury -, 193..
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77857

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 9

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME A. M. BONEWITZ

(a) Residence. No. ..... St. NOTUS idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, and year) --

7. AGE 58 Years | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation do not know

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Asylum Cem Date Jan-11, 1932

19. UNDERTAKER (Address) Acting Warren Clark Blackfoot Idaho

20. FILED Jan-11, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15th, 1931, 193..., to Jan 10, 1932, 193...
I last saw him alive on Jan 10, 1932, 193...: death is said to have occurred on the date stated above, at 8:55A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL ARTERIO SCHLEROSIS	8-13-13

Other contributory causes of importance:
PARALYTIC for four years.

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193..
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?
If so, specify --
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77858

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 12

(No. City Jail)
(If death occurred in a hospital or institution, give its name instead of street and number.)

66

2. FULL NAME Max Pauly

(a) Residence. No. East Center St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, and year) ---

7. AGE Years: About 58 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Don't Know
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) A. J. Davis Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Grove City Cem. Date Jan. 16, 1932

19. UNDERTAKER (Address) E. J. Beck Blackfoot, Idaho

20. FILED Jan 16, 1932 Max Walter E. Pakree Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-14 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193..., death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute methyl alcohol poisoning.	1-14-32

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. O. Hampton, M. D.
(Address) Blackfoot Ida

RECEIVED FEB 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77860

PLACE OF DEATH
County of Bingham
City of Blackfoot.

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Lila Mattie DeMordaunt
(a) Residence. No. Bills Apts. Cor. Broadway & Pacific Sts.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Paul DeMordaunt

6. DATE OF BIRTH (month, day, and year) 7-Aug-1897.

7. AGE Years 35 Months 5 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hyrum, Utah.

FATHER
13. NAME Chas. E. Liljinquist
14. BIRTHPLACE (city or town) (State or country) Hyrum, Utah.

MOTHER
15. MAIDEN NAME Martha K. Williams
16. BIRTHPLACE (city or town) (State or country) Utah;

17. INFORMENT (Address) Wm Liljinquist Blackfoot, Ida.

18. BURIAL, CREMATION, OR REMOVAL Grove City Cem. Date 2-4-32 193

19. UNDERTAKER (Address) Modern Mortuary Blackfoot, Ida.

20. FILED Feb. 4, 1932 Mrs Walter E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Jan 31, 1932
I last saw her alive on Jan 31, 1932: death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diabetic Coma	Jan 30

Other contributory causes of importance:

Acute Pancreatitis	Jan 29

Name of operation None Date of
What test confirmed diagnosis? Glycosuria Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77861

Registration District No. 124
Primary Registration District No. 1007 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Charity Elizabeth Wright

(a) Residence. No. 427 N. Shilling Ave St (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. X yrs. 8 mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edward Wright

6. DATE OF BIRTH (month, day, and year) June 1, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Attica Iowa

FATHER

13. NAME James Rhamy

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Edward Wright Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Ida. Date 1-12-, 1932

19. UNDERTAKER E. J. Peck (Address) Blackfoot, Idaho

20. FILED Jan 11, 1932. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/10 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1931, to 1/10, 1932

I last saw her alive on 1/10, 1932; death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	about Jan 1, 1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Section from cervix Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W W Beck, M. D.

(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77865

PLACE OF DEATH
County of Bingham
City of Sterling

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adelaide Elizabeth Harris

(a) Residence. No. St. Sterling Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Marcus W. Harris

6. DATE OF BIRTH (month, day, and year) Oct 4, 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Oct 1931

11. Total time (years) spent in this occupation 72

12. BIRTHPLACE (city or town) (State or country) Palmyra Missouri

FATHER

13. NAME Richard Phelps

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Austin

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Lavena Moyer Sterling, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Ida Date Jan 8 1932

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho

20. FILED Jan 6, 1932 M. C. MacKinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6 1932

22. I HEREBY CERTIFY, That I attended deceased from 1 Oct 23, 1931, to Jan 6, 1932

I last saw her alive on Jan 6, 1932: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Capular fracture of the left Humerus	1931 Oct 23
Lobar Pneumonia	Nov 2
Acute Cholecystitis	Dec 16
Acute combined Sclerosis of the Spinal Cord	Dec 22
Other contributory causes of importance: Acute Nephritis with Uraemia	1932 Jan 2

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 23, 1931
Where did injury occur? Sterling Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell on door step
Nature of injury Fracture of Humerus

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. C. MacKinnon, M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116
Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE
State File No. 77866

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Elma Maisch

(a) Residence. No. St. Aberdeen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jun 15 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dietrich
(State or country) Idaho

FATHER

13. NAME John Maisch

14. BIRTHPLACE (city or town) Eureka
(State or country) So, Dakota

MOTHER

15. MAIDEN NAME Pauline Dormier

16. BIRTHPLACE (city or town) Polk
(State or country) So. Dakota

17. INFORMENT (Address) John Maisch Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Idaho Date Jan 15, 1932 burial

19. UNDERTAKER A.W. Davis
(Address) American Falls, Idaho

20. FILED Jan. 14, 1932 M. C. McKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1931, to Jan 12, 1932.
I last saw her alive on Jan 12, 1932: death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsillitis and Nasal Sinusitis	1931 Nov 14
Erysipelas	Nov 24
Pyemia Non Puerperal	Decl
Terminal Pneumonia D1932	Jan 11

Other contributory causes of importance:

Four deep abscesses opened

Name of operation at intervals Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. C. McKinnon, M. D.
(Address) Aberdeen Idaho

RECEIVED FEB 16 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77869

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 1
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Tsatis 47

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Kaught
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary [illegible]
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. H. F. Budwell Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL
Place City Cemetery Date Jan 27, 1932

19. UNDERTAKER Lewis F. Harris
(Address) Hailey Ida

20. FILED 2-13, 1932 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to Jan 21, 1932
I last saw her alive on Jan 21, 1932; death is said to have occurred on the date stated above, at 5:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) E. W. Foot, M. D.
(Address) Hailey, Ida

RECEIVED FEB 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7787O

PLACE OF DEATH

County of Bonner
City of Blanchard
Registration District No. 85
Primary Registration District No. 2185
(No. .....)
Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Leslie Sherman Roberts

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Feb. 15, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Spokane, Wash.

PARENTS

10 NAME OF FATHER Marshall A. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spokane, Wash.

12 MAIDEN NAME OF MOTHER Amelia M. Bergene

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Portland N. Dak.

14 Informant Marshall A. Roberts
(Address) Blanchard, Idaho

15 Filed Jan. 26, 1932 R. E. Wessa Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 23rd 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1932, to Jan. 23, 1932, that I last saw him alive on Jan. 23, 1932, and that death occurred, on the date stated above, at 6:00 A. m.

The CAUSE OF DEATH* was as follows:
Hypertrophic Cirrhosis of the Liver
(duration) 2 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Not known. Probably Tuberculous
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of .....
Was there an autopsy? None
What test confirmed diagnosis? X-rays
(Signed) A. D. Schlotthauer, M. D.
Jan. 23, 1932 (Address) Newport, Wash

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Newport, Wn. | Date of Burial Jan. 26 1932

20. Undertaker Sherman & Davis | Address Newport Wn.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 6 1932

Registration District 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 3

Township ____ or Village ____ 77872 or

City Sandpoint No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Elizabeth Ives. 164

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Erastus Ives

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1857

7. AGE Years 74 Months 2 Days 22 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstock Wisconsin

FATHER

13. NAME Horace Holbrook.

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Butterfield

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Erastus Ives (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pinecrest Cemetery Date Sandpoint Idaho 1/12, 1932

19. UNDERTAKER L. D. Moore (Address) Sandpoint, Idaho.

20. FILED Jan 11, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1931, to Jan. 9, 1932

I last saw her alive on Jan. 9, 1932, death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Dibility	1930
Senility	

Other contributory causes of importance:

Spinal injury from fall.	Oct. 1930

Name of operation ____ Date of ____

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) T. J. Peet D.O.

(Address) Sandpoint Ida.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 77873

Local Registrar's No. 5

144

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Myrtle D. Starr

(a) Residence. No. Kootenai St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Luther E Starr

6. DATE OF BIRTH (month, day, and year) Sept 12, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME John Darrell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Know

17. INFORMENT (Address) Luther E Starr Kootenai, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date Jan 24, 1932

19. UNDERTAKER Turnbull & Co.
(Address) Sandpoint Idaho

20. FILED Jan 23, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to Jan 21, 1932

I last saw h alive on Jan 21, 1932; death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage caused by Placenta Praevia	Jan 20, 1932
Full term	
Other contributory causes of importance:	

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wm F Tyler, M. D.

(Address) Sandpoint, Idaho

RECEIVED FEB 6 1932

Registration District 7078

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 2

Township ____ or Village ____ or

City Sandpoint No. 1184 St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? 45 yrs. ____ mos. ____ ds.

2. FULL NAME Sevald Lokken 90

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Lokken

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1866

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
65	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Bertha Lokken. (Address) Sagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Westmond Ida Date Jan. 8 1932

19. UNDERTAKER L. D. Moon (Address) Sandpoint, Idaho.

20. FILED Jan 6, 1932 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 10:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown chronic heart disease.	

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) L. D. Moon, Coroner

(Address) Sandpoint, Idaho.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

Coroner

Registration District No 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 7

Township ____ or Village ____ 77875 or

City Sandpoint No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? 51 yrs. ____ mos. ____ ds.

885

2. FULL NAME Julia Ann Neer.

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Neer

6. DATE OF BIRTH (month, day, and year) Oct. 10, 1849.

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	82	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME Henry Bates.

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Jane Udell.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Frank Neer. (Address) Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date Jan. 29 1932 Sandpoint Idaho.

19. UNDERTAKER L. E. Moon. (Address) Sandpoint Idaho.

20. FILED Jan 27, 1932 Ursula Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25, 1932.

22. I HEREBY CERTIFY, that I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Interval between onset and death
Natural Causes:	Dec. 31.
History sinking spells.	
Probable Chronic Myocarditis.	

Other contributory causes of importance:

Senility.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) L. E. Moon Coroner M. D.

(Address) Sandpoint, Idaho.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

Registration District No 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner. State IDAHO Registered No. 4

Township _____ or Village Elmira. 77876 or

City _____ No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jessie May Swisher. 88 V

(a) Residence: No. _____ St., _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gene Swisher.

6. DATE OF BIRTH (month, day, and year) August 29-1883

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
48.	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Illinois

FATHER

13. NAME Isaac R. Pinkerton

14. BIRTHPLACE (city or town) (State or country) Chester Illinois

MOTHER

15. MAIDEN NAME Harriet T. Gilchrist

16. BIRTHPLACE (city or town) (State or country) Chester Illinois

17. INFORMANT (Address) Gene Swisher Elmira, Idaho.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Chester, Ill. Date Jan. 20, 1932

19. UNDERTAKER (Address) L. A. Moon, Sandpoint Idaho.

20. FILED Jan. 19, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 14, 1932.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw her alive on January 13, 1932, death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	?

Other contributory causes of importance: Subacute cholecystitis Jan 13-32

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) L. M. Bowell, M. D.

(Address) Bonners Ferry Idaho

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

RECEIVED FEB 6 1932

Registration District No 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

7757

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 1

Township ____ or Village ____ or

City Sandpoint No. Pannell Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME David Hainer

744

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	73	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington County
(State or country) Iowa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Pannell Hospital
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date Jan. 23, 1932

19. UNDERTAKER R. E. Wessa
(Address) Priest River, Idaho.

20. FILED Jan 23, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 5, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1931, to Jan 5, 1932

I last saw him alive on Jan. 4, 1932. death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 29, 1931

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Floyd G Wendle, M. D.

(Address) Sandpoint, Ida.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77880

PLACE OF DEATH
County of Bonneville
City of Iona

Registration District No. 7
Primary Registration District No.
Local Registrar's No. 13

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marten Frandsen

(a) Residence. No. Iona, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Kisten Frandsen

6. DATE OF BIRTH (month, day, and year): August 23 1839

7. AGE: Years 92 Months 5 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Frandsen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Peter Frandsen Iona, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Iona, Idaho Date: Jan 31, 1932

19. UNDERTAKER (Address): Jack G. Wood Idaho Falls, Idaho

20. FILED 1/3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 26 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw h.....alive on ....., 193..: death is said to have occurred on the date stated above, at 6 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown - no medical attendance	

Other contributory causes of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M. D.
(Address) [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77881

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rita Jane Malm

(a) Residence. No. 1407 Sage St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

20 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 19, 1931

7. AGE Years Months 2 Days 21 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Ida.

FATHER
13. NAME George A Malm
14. BIRTHPLACE (city or town) (State or country) Blackfoot Ida.

MOTHER
15. MAIDEN NAME Maxine Grow
16. BIRTHPLACE (city or town) (State or country) Idaho Falls Ida.

17. INFORMENT (Address) George A. Malm Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Jan. 12, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED Jan 12, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Jan 10, 1932
I last saw her alive on ✓, 193...: death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:
don't know
child died while asleep. Was well at 2 A.M. Dead when seen at 5 A.M. 1/10 32

Date of onset

Other contributory causes of importance:
none

Name of operation none Date of .....
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E A Cantonwein, M.D.
(Address) Idaho Falls Ida

RECEIVED FEB 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77882

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 8

(No. L. H. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

177

2. FULL NAME Anna Emma Nielsen

(a) Residence. No. Idaho Falls Rt #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of June 4, 1902

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 29 Months 7 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Christian Pieper
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Emma Alter
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Christian Pieper Rexburg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Idaho Date Jan 25, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED 1/24, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 21 1932

22. I HEREBY CERTIFY, That I attended deceased from 21 Jan., 1932, to 21, 1932.
I last saw her alive on Jan. 21, 1932 death is said to have occurred on the date stated above, 1:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Turpentine poison taken to produce abortion	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) R. Sutton, M. D.
(Address) Idaho Falls.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 16 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77884

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. ..... Local Registrar's No. 4

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

127

2. **FULL NAME** Lenora Davis

(a) Residence. No. Rigby Ida St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of H. A. Davis

6. DATE OF BIRTH (month, day and year) Aug 30th 1889

7. AGE: Years 42 | Months 4 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER J. W. Jakeman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Payson Utah

12. MAIDEN NAME OF MOTHER Mary Peer

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Michigan ~~Not Known~~

14. Informant (Address) H. A. Davis Rigby Route #1.

15. Filed 1/20 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 23, 1932

that I last saw her alive on Jan 18, 1932

and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows: Cholecystitis Chronic

..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) [signature] M. D.

1-23, 1932 (Address) Rigby Ida

19. Place of Burial, Cremation, or Removal: Rigby Ida | Date of Burial: Jan 26 1932

20. Undertaker: Vern J. Keller | Address: Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77885

PLACE OF DEATH
County of Bonneville
City of Lincoln

Registration District No. 73
Primary Registration District No. 2 1 J-0
Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME Jose Mondoza

(a) Residence. No. Lincoln, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months 6 | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lincoln, Idaho

FATHER
13. NAME Max Mondoza
14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER
15. MAIDEN NAME Julio Gomez
16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMENT (Address) Max Mondoza Idaho Falls Rt #1

18. BURIAL, CREMATION, OR REMOVAL Place Lincoln Idaho Date Jan 26 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED 1/26, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia following flu	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) R. Sutton, M. D.

(Address) Idaho Falls Idaho

RECEIVED FEB 16 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77886

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 210
Local Registrar's No. 17

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Wright

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 19, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Lorraine Wright

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) L.D.S. Hospital Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Idaho Date Jan 30, 1932

19. UNDERTAKER Jack A. Pfost
(Address) Idaho Falls, Idaho

20. FILED Jan 30, 1932 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932 to Jan 28, 1932
I last saw h[illegible] alive on Jan 28, 1932: death is said to have occurred on the date stated above, at 2:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
& Bowel trouble	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 5 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7788?

PLACE OF DEATH
County of Bonneville. Registration District No. 73
City of Idaho Falls. Primary Registration District No. 21-2 Local Registrar's No. 4
(No. L-D-S Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Henry.
(a) Residence. No. (Usual place of abode) Drummond St. Idaho.
Length of residence in city or town where death occurred. yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Claud Henry.
6. DATE OF BIRTH (month, day and year): July 17-1896
7. AGE: Years 35 | Months 6 | Days 3. | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Liberty Idaho

PARENTS
10. NAME OF FATHER: Chas Nilson.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Denmark.
12. MAIDEN NAME OF MOTHER: Susie Nymas.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Hyde Park. Utah

14. Informant: Claud Henry.
(Address) Drummond Ida.
15. Filed 1/20, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 20 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to Jan 20, 1932, that I last saw her alive on Jan 19, 1932, and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) 1 yrs. mos. ds.
18. Where was disease contracted if not at place of death? No Ashton Idaho
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible], M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Ashton Idaho — Date of Burial: Jan 22 1932
20. Undertaker: V. F. McHan — Address: Idaho Falls Ida.

886

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77888

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 7317-0
Local Registrar's No. 2

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Boistelmann

14a

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 28, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Boistelmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Benecke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Henry Essman Idaho Falls

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Council Bluffs, Iowa Date Jan, 193 2

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Ida.

20. FILED 1/18, 193 2 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 193 2, to Jan. 13, 193 2
last saw h~~im~~ alive on Jan. 13, 193 2; death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy.	1/12/32

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Harry L. Wilkins, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77889

PLACE OF DEATH
County of Bonneville
City of Lincoln

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillie Pearl Gough

(a) Residence. No. Idaho Falls R F D St. 57
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	June 15, 1922

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lincoln Idaho

FATHER

13. NAME Richard Gough

14. BIRTHPLACE (city or town) Leeds (State or country) Eng.

MOTHER

15. MAIDEN NAME Pearl Clift

16. BIRTHPLACE (city or town) Midvale (State or country) Utah

17. INFORMENT (Address) Richard Gough Idaho Falls R F D #1

18. BURIAL, CREMATION, OR REMOVAL. Place Idaho Falls Cem Date Jan 21, 1932

19. UNDERTAKER Jack A. Taylor (Address) Idaho Falls Idaho

20. FILED 1/21, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1932 to Jan. 18, 1932
I last saw her alive on Jan. 18, 1932: death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever (about	1 wk. ago
Other contributory causes of importance:	
Influenza	Jan. 14, 1932

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry L. Willson, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77890

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 4 0
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 7

49

2. FULL NAME Frank Henry Goody.
(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~XX~~ ~~WIFE of~~ Alice Jane Goody.

6. DATE OF BIRTH (month, day and year) May 1, 1876.

7. AGE: Years 55 | Months 8 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Utah

PARENTS

10. NAME OF FATHER: Arthur Joseph Goody
11. BIRTHPLACE OF FATHER (city or town) (State or Country): England
12. MAIDEN NAME OF MOTHER: Julia Alzina Myler.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Utah.

14. Informant Arthur Goody
(Address)

15. Filed 11 21 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 20 (Day) 1932 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to Jan 20, 1932
that I last saw him alive on Jan 20, 1932
and that death occurred, on the date stated above, at 7:35 P m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Recto-Sigmoid
..... (duration) ..... yrs. 48 mos. 17 ds.
CONTRIBUTORY (Secondary) /
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Rigby, Idaho
Did an operation precede death? yes Date of Jan 6, 1932
Was there an autopsy? no
What test confirmed diagnosis? Operation
(Signed) H Ray Hatch, M. D.
Jan 22, 1932 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Lewisville, Idaho. | Date of Burial: 1/ 1932

20. Undertaker: A B Eckersell | Address: Rigby

RECEIVED FEB 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77891

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 2150
Local Registrar's No. 3

(No. L. H. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1-9

2. FULL NAME Luther James Hines

(a) Residence. No. Jefferson St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 21, 1902

7. AGE Years 30 Months 11 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Clay Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

FATHER
13. NAME Charles Henry Hines
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Ruth Nieder
16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT (Address) Mrs. E. H. Nieder Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Jan 19, 1932

19. UNDERTAKER (Address) Jack A. W. Ford Idaho Falls Idaho

20. FILED 1/18, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932, to Jan 16, 1932
I last saw him alive on Jan 15, 1932: death is said to have occurred on the date stated above, at 12:40 a.m.
The principal cause of death and related causes of importance were as follows: Typhoid fever

Date of onset

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77900

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 19
Primary Registration District No. 2156
Local Registrar's No.
(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Nelson
(a) Residence. No. St. Eureka Mont.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 7-1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Mill Mechanic
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Winona, County Minn.

PARENTS
10. NAME OF FATHER John Nelson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Elizabeth Reeves
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Canada

14. Informant Alice Williams
(Address) Eureka, Mont.

15. Filed Feb. 24th, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 28, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20th, 1932, to Jan. 28th, 1932,
that I last saw him alive on Jan. 28th, 1932,
and that death occurred, on the date stated above, at 1:45 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of the rectum.

(duration) yrs. 19 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Eureka, Mont.
Did an operation precede death? Yes. Date of Sept. 1930
Was there an autopsy? No.
What test confirmed diagnosis? History & Supposed Exam.

(Signed) [signature], M. D.
Jan. 24th, 1932. (Address) Bonners Ferry Ida

19. Place of Burial, Cremation, or Removal: Eureka, Mont. Date of Burial: 19
20. Undertaker: A. R. Crouch, Bonners Ferry Ida. Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 77901

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2156 . Local Registrar's No. 1019
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mrs. Elizabeth Phillips Carothers,

(a) Residence. No. St. Montesano, Wash.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb.6,1856.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	11	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Cleveland
(State or country) Ohio.

PARENTS

10. NAME OF FATHER Patrick Phillips
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Bridget Hughes
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant Mrs.L.J.Bogle
(Address) Bonners Ferry, Idaho.

15. Filed Jan. 13 1932. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan.11,1932.
(Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8th, 1932, to Jan. 11th, 1932
that I last saw h alive on Jan. 11th, 1932
and that death occurred, on the date stated above, at 9:05P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Phy. Symp.

(Signed) , M. D.
Jan. 13 1932 (Address) Bonners Ferry, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Montesano, Wash.	
20. Undertaker	Address
H.R.Crouch,	Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 17902

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

N. 4

2. **FULL NAME** Ray M. Hazen

(a) Residence. No. ..... St. Spokane, Wash.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. mos. 3 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Hazen

6. DATE OF BIRTH (month, day and year) Nov. 11, 1885.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	1	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railway Locomotive Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Spokane International Ry.

9. BIRTHPLACE (city or town) ..... (State or country) North Dakota.

PARENTS

10. NAME OF FATHER Arthur H. Hazen

11. BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Rhode Island

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) ..... (State or County) New Hampshire

14. Informant Mrs. Florence Hazen (Address) Spokane, Wash.

15. Filed Jan 4, 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 3 (Day) 1937 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 3, 1937 that I last saw him alive on Jan 2 1937 and that death occurred, on the date stated above, at 12 M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

Acute Phase (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No What test confirmed diagnosis? Laboratory Examinations
(Signed) Ray Bogle, M. D.
Jan 3, 1937 (Address) Bonners Ferry

19. Place of Burial, Cremation, or Removal Spokane, Wash — Date of Burial Jan 5 1937

20. Undertaker H. R. Crouch, Bonners Ferry, Ida. — Address

K. Jan 7

RECEIVED FEB 11 1932

DO NOT WRITE IN THIS SPACE

State File No. 77904

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Bloosom Sawyer. 88b

(a) Residence. No. So 10" St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah agnes Sawyer

6. DATE OF BIRTH (month, day and year) Sept 15 — 1852

7. AGE Years: 79 Months: 4 Days: 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cook County Ill.

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) M W Sawyer So 10" St Caldwell Ida

15. Filed 1-21- 1932. John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1922, to Jan 19, 1932

that I last saw him alive on Jan 18, 1932

and that death occurred, on the date stated above, at 6:52 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phy Exam Injury

(Signed) [signature] M. D.

1-20- 1932 (Address) Caldwell Id

19. Place of Burial, Cremation, or Removal: Canyon Hill

Date of Burial: 1-22 1932

20. Undertaker: C. V. Peckham

Address: Caldwell Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

7.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 77905

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 9
(No.) 1119
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. A. Cartwright
(a) Residence. No. Caldwell, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed -

6. DATE OF BIRTH (month, day and year): Jan 21 1852

7. AGE: Years 80 | Months — | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Iowa

PARENTS
10. NAME OF FATHER: James Cartwright
11. BIRTHPLACE OF FATHER (city or town) (State or Country): both parents English
12. MAIDEN NAME OF MOTHER: immigrants.
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address): A. C. Cartwright, Hydro Okla.

15. Filed 1-30, 1932. John S. Meyer, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932, to Jan 25, 1932
that I last saw him alive on Jan 24, 1932
and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Ulcerated Stomach Chronic
Ruptured -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Mode of living -

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical -
(Signed) T. D. Farrer, M. D.
Jan 27, 1932 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal: Canyon Hill | Date of Burial: 1-30 1932

20. Undertaker: C. V. Peckham | Address: Caldwell Idaho

K. 12/26-32-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77906

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Richard McCarty Brannin
(a) Residence. No. 106 Dearborn St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) widower.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) June 17" 1849
7. AGE Years 82 Months 7 Days 21 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Mo.

PARENTS
10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Rice
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Not known

14. Informant (Address) Lulu Brannin
15. Filed 2-2, 1932. John S. Meyer. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 28 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 12-26, 1931, to 1-28, 1932
that I last saw him alive on 1-28, 1932
and that death occurred, on the date stated above, at 8:30 A.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chr. Myocarditis
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Nephritis
(duration) yrs. 1 mos. ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Phy. & Lab.
(Signed) C. M. Kaley, M. D.
1-29, 1932 (Address) Caldwell Id.

19. Place of Burial, Cremation, or Removal Canyon Hill. Date of Burial 1-30 1932
20. Undertaker C. V. Pickham Address Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1932

DO NOT WRITE IN THIS SPACE
State File No. 77907

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 16
(No. 885)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Arthur N. Blue

(a) Residence. No. Golden Gate Addition St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Anna Jones Blue

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day,
	59	10	14	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Concrete Construction
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Munsie, Indiana.

PARENTS

10. NAME OF FATHER Wm.R.Blue

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Rinda Houser

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant Mrs A N Blue
(Address) Golden Gate, Caldwell Ida

15. Filed 2-9-, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to Feb 6, 1932, that I last saw him alive on Jan. 17, 1932, and that death occurred, on the date stated above, at [illegible] m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis

(duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary) Flu & Nephritis
(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? Physical Exam

(Signed) W. M. Kelley, M. D.
2-8, 1932 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal: Canyon Hill — Date of Burial: Feb 8-32

20. Undertaker: Paul L. Case — Address: Caldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 77908

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 12
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

63

2. **FULL NAME** Jessie A. C. Mills

(a) Residence. No. Wilder St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 11 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	4	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Marysville
(State or country) Ind

PARENTS

10. NAME OF FATHER Milton Cook
11. BIRTHPLACE OF FATHER (city or town) (State or Country) U S A
12. MAIDEN NAME OF MOTHER Hadley
13. BIRTHPLACE OF MOTHER (city or town) (State or County) U S A

14. Informant (Address) J. Howard M. Mills Son Wilder

15. Filed 2-3- 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Dec 1929, to Jan 29 1932
that I last saw her alive on Jan 28 1932
and that death occurred, on the date stated above, at 3 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Softening of brain
(duration) 1 yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Cerebral hemorrhage
(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? none
What test confirmed diagnosis?
(Signed) Robert E Talbot, M. D.
Feb 1 1932 (Address) Wilder

19. Place of Burial, Cremation, or Removal: Wilder — Date of Burial: 1-31 1932

20. Undertaker C. J. Peckham — Address Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 1 1 1932

DO NOT WRITE IN THIS SPACE

State File No. 77909

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 15
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

79

2. FULL NAME Kay Darrow
(a) Residence. No. Huston, Idaho. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 1 - 1932

7. AGE: Years 9 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nampa Idaho

PARENTS

10. NAME OF FATHER J. H. Darrow
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Reedsburg Wisc
12. MAIDEN NAME OF MOTHER Laura E. Rinehart
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Fargo Dakota Territory

14. Informant (Address) Mrs J. H. Darrow Huston Idaho

15. Filed 2-9-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1932, to Feb. 5, 1932
that I last saw him alive on He died just as arrived, 19
and that death occurred, on the date stated above, at 4 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Convulsions due to defect of Pituitary Body. He had three convulsions in succession
(duration) 30 hrs. mos. ds.

CONTRIBUTORY (Secondary) Pituitary disease
(duration) 30 hrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Operation on brain 30 or 4 yrs ago. Date
Was there an autopsy? No
What test confirmed diagnosis? History
(Signed) C. M. Haley, M. D.
2-5-, 1932 (Address) Caldwell Id.

19. Place of Burial, Cremation, or Removal: Canyon Hill
Date of Burial: Feb 7" 1932

20. Undertaker: C. V. Peckham
Address: Caldwell Idaho

D

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 77910

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 13
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Oliver I. Wheeler
(a) Residence. No. Hanibal St. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Sept 15 1843
7. AGE Years 88 Months 4 Days 14 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Pittsfield Maine

PARENTS
10. NAME OF FATHER Seldon Wheeler
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Martha Potter
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) J. E. McConnell Wilder
15. Filed 2 1932. John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 29 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1932 to Jan 29, 1932
that I last saw him ~~alive~~ dead on 1932
and that death occurred, on the date stated above, at 2 P. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy.
(duration) yrs. mos. 0 ds.
CONTRIBUTORY (Secondary) Ant Sclerosis
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? Y
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) E. B. Dudley, M. D.
1-30, 1932 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal Canyon Hill. Date of Burial 2-1-1932
20. Undertaker C. V. Peckham Address Caldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 1932

DO NOT WRITE IN THIS SPACE
State File No. 77911

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 10
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. **FULL NAME** Freda Blanch Bare
(a) Residence. No. Fruitvale Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 18 - 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baker City Oregon

PARENTS

10. NAME OF FATHER W. L. Bare
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Colorado
12. MAIDEN NAME OF MOTHER Eva L Thompson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant Mrs V. E. South
(Address) 809 Dearborn

15. Filed 1-30-, 1932 - John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 12, 1932, to January 25, 1932
that I last saw her alive on January 25, 1932
and that death occurred, on the date stated above, at 8 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy - 2nd stroke
Endocarditis complications
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Infected tooth removed.
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) C. R. Whittenberger M.D.
Jan 27 1932 (Address) Caldwell, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Canyon Hill	Jan 28 1932
20. Undertaker C. V. Peckham	Address Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

Talbot.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7912

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 7
(No. 749)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Arron Mills

(a) Residence. No. Wilder St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept - 2 - 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Danville Co. Ill.

PARENTS

10. NAME OF FATHER Henry Mills.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known.
12. MAIDEN NAME OF MOTHER Mary Folger
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Not Known

14. Informant Harold M. Mills
(Address) Wilder Idaho.

15. Filed 1-23-, 1932. John S. Meyer, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Sept 1927, to Jan 22, 1932
that I last saw him alive on Jan 22, 1932
and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemmorrhage apoplexy
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? NO Date of
Was there an autopsy? NO
What test confirmed diagnosis? None
(Signed) Robert E Talbot, M. D.
Jan 27, 1932 (Address) Wilder

19. Place of Burial, Cremation, or Removal: Wilder — Date of Burial: Jan 24 1932

20. Undertaker C. M. Buckham — Address Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

W.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77913

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 14
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Charles Edwin Whittig
(a) Residence. No. R#3 St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Mch 27-1858
7. AGE: 73 Years, Months: 10, Days: 7 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Harrison Co. Mo.

PARENTS
10. NAME OF FATHER: Wm Whittig
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Elkhart Ind
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or County): "

14. Informant (Address): Roy Whittig Caldwell Idaho
15. Filed 2-9- 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 4 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to Feb 4, 1932
that I last saw him alive on Feb 2, 1932
and that death occurred, on the date stated above, at 5 a m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Diabetes Mellitus
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary): Cerebral arteriosclerosis
about (duration) ..... yrs. 4 mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Laboratory & Clin
(Signed) C R Whittenberger
Feb 6, 1932 (Address) Caldwell, Id

19. Place of Burial, Cremation, or Removal: Canyon Hill — Date of Burial: 2-6 1932
20. Undertaker: C. V. Peckham — Address: Caldwell Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Mary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 1932

DO NOT WRITE IN THIS SPACE

State File No. 77914

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 8
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. **FULL NAME** Margaret Judd

(a) Residence. No. ... Caldwell, Ida. St. ...
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Jim Judd.

6. DATE OF BIRTH (month, day and year) Feb 20" 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9. BIRTHPLACE (city or town) (State or country) Wisc.

PARENTS

10. NAME OF FATHER Peter Bayer

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Garber

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany.

14. Informant ... (Address) J. M. Judd Caldwell, Ida, R.D.

15. Filed 1-30-, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1931, to ..., 193..
that I last saw her alive on ..., 193..
and that death occurred, on the date stated above, at ... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ...
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? X Ray & Gastric Analysis
(Signed) Thos. E. Murray M. D.
Jan 27, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Canyon Hill — Date of Burial: Jan 27 1932

20. Undertaker: C. V. Peckham — Address: Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 1932

DO NOT WRITE IN THIS SPACE
State File No. 7915

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 6
(No. 26)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Wm. J. MacLeod

(a) Residence. No. Rockville, Oregon St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. Memorial Park Hospital yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 9, 1875

7. AGE	Years	Months	Days	If LESS than 1 day,
	57	4	11	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sheepman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10. NAME OF FATHER James MacLeod
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Flora MacDonald
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland

14. Informant (Address) Murdon MacLeod Caldwell, Idaho.

15. Filed 1-29-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 20 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Jan 20, 1932
that I last saw him alive on Jan 20, 1932
and that death occurred, on the date stated above, at 6 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Jaundice
Rupture of Gall bladder
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Cancer of Liver
(duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) C. D. Foster M. D.
1/21, 1932 (Address) Caldwell, Ida.

19. Place of Burial, Cremation, or Removal: Canyon Hill — Date of Burial: 1/24/32 19

20. Undertaker: Paul L. Case — Address: Caldwell, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77918

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 3
Primary Registration District No. 2007 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME George Deacon Merriam
(a) Residence. No. Parma R.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rena Merriam
6. DATE OF BIRTH (month, day, and year) June 1-1858
7. AGE Years 74 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynn Ia Iowa

FATHER
13. NAME Hartwell Merriam
14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER
15. MAIDEN NAME Adeline Williams
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Geo Merriam Parma Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Parma Cem Date ....., 193..

19. UNDERTAKER (Address) C. V. Pickham Caldwell Ida

20. FILED Jan 1, 1932 Lulu Waldron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Jan 24, 1932
I last saw him alive on Jan 24, 1932 death is said to have occurred on the date stated above, at 5-45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:
Hypertension
Myocarditis

Name of operation none Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) W. M. Mitchell, M. D.
(Address) Parma Idaho

IN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77919

PLACE OF DEATH
County of Canyon
City of Purdle

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 3

(No. 183)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Earl Markley

(a) Residence. No. [illegible] St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-1-81

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minneapolis
(State or country) Kansas

FATHER
13. NAME Michael Markley
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Harry
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT Carrie Rohrbacher
(Address) Melba Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Melba Date 1-12, 1932

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED 1-11, 1932 Retha Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of abdomen opperating by Hemorrhage	
Death instantaneous	
Either suicidal or accidental	
Twelve gauge shot gun	
Other contributory causes of importance.	

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.....

(Signed) C. V. Peckham Canyon M.D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77920

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 9

15-3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Cornelia Swayne

(a) Residence. No. 523 12 ave S. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/17/65

7. AGE Years 75 Months 4 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Wm. Marcus Gillispie

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Anne Parke

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) S.A. Swayne Nampa, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place New Mexico Date ....., 193..

19. UNDERTAKER (Address) T. R. Robinson Nampa Ida

20. FILED 1-31, 1932 Bertha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/30/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Jan 29, 1932

I last saw her alive on Jan 29, 1932: death is said to have occurred on the date stated above, at 6 9. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess in right Kidney	Dec 1/32

Other contributory causes of importance:

Senility and Secondary Anaemia

Name of operation removal of Kidney Date of Dec 23/32

What test confirmed diagnosis? Pathological Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. P. Ross, M. D.

(Address) Nampa, Idaho

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 17923

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 8
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mrs Mae Belle Myers

(a) Residence. No. Buhl St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr J.B.Myers

6. DATE OF BIRTH (month, day and year) Aug 9 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	5	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER Hiram Hobson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER Rachel Parks
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Indiana

14. Informant Mr J B Myers
(Address) Buhl Idaho

15. Filed 2-6, 32 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH 178

16. DATE OF DEATH Jan (Month) - 30 (Day) - 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to Jan 30, 1932
that I last saw her alive on Jan 30, 1932
and that death occurred, on the date stated above, at 3P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gall Stones (Cholelithiasis)
Operation
.....
.....
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of Jan 28-32
Was there an autopsy? No
What test confirmed diagnosis? X Ray & Laboratory
(Signed) Theo E Mangum, M. D.
Jan 30 1932 (Address) Nampa

19. Place of Burial, Cremation, or Removal: Filer Idaho — Date of Burial: Feb 2-32
20. Undertaker: Paul L.Case — Address: Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 77923

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 7
(No. 1215-11th Ave So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Neri Davis
(a) Residence. No. 1215-11th Ave So St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 11 yrs. 11 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): widower

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Margaret Davis

6. DATE OF BIRTH (month, day and year) Sept. 11th 1848

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer retired

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER Davis
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Elizabeth Cox
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant Mrs. C. E. Taylor
(Address) 1215-11th Ave. So. Nampa

15. Filed 1-28, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 27, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 27 1932 to Jan 27, 1932
that I last saw him alive on Jan 27, 1932
and that death occurred, on the date stated above, at 12:20 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Angina pectoris (A history of previous attacks during recent months) (duration) ... yrs. ... mos. 6 hrs.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Geo. R. Proctor, M. D.
Jan. 28, 1932 (Address) Nampa Idaho

19. Place of Burial, Cremation, or Removal: Canyon Hill Cemetery
Date of Burial: 1-29 1932

20. Undertaker: Wm. D. Talley
Address: Nampa, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7924

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
(No. 916 - 10th Ave So.)
Local Registrar's No. 6
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Martha Christine Watson
(a) Residence. No. 916 - 10th ave So. St. Grand Island, Nebr.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 1 mos. 2 ds. How long in U. S. if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word.)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Watson

6. DATE OF BIRTH (month, day and year) July 3rd 1847.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Mrs Eura M. Rhodes
(Address) 916 - 10th Ave So. Nampa

15. Filed 2-1, 1932 Eura M. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-19, 1932, to 1-26, 1932
that I last saw her alive on 1-22, 1932
and that death occurred, on the date stated above, at 10:35A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis.
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Grand Island Neb.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? J. L. Gordon, M. D.
(Signed)
1-28, 1932 (Address) Nampa,

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa — Date of Burial: 1-28 1932
20. Undertaker: Mrs. Nina M. Talley — Address: Nampa Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77925

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 5

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Amber D. Cavin

(a) Residence. No. Ontario, Ore. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/4/71

7. AGE Years 60 Months 11 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) John Day Ore.

FATHER

13. NAME Wm. R. Cavin

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Wilson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMENT (Address) Mrs A.D.Cavin Ontario, Ore.

18. BURIAL, CREMATION, OR REMOVAL Place Date , 193 to Ontario, Ore.

19. UNDERTAKER (Address) F. K. Robinson Nampa, Ida

20. FILED 1-27, 1932 Estha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1932, to Jan. 26th, 1932.

I last saw him alive on Jan. 26th, 1932: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart from toxaemia.	1/20/32.
Uraemia	1/14/32.

Other contributory causes of importance:

Carcinoma of the face	1924.

Name of operation Radical op. for cancer of face. Date of 1/13/32.

What test confirmed diagnosis? Pathological Exam. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. O. A. Kellogg, M. D.

(Address) Nampa, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 17926

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 2
(No. 4 1/2 Souht Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Waitt

(a) Residence. No. 4 1/2 south Nampa St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 1st., 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	1	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10. NAME OF FATHER "
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Mrs. Barrett
(Address) R.F.D. # 4, Nampa, Idaho.

15. Filed 1-9, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 8, 1932, that I last saw h[illegible] alive on Jan 8, 1932, and that death occurred, on the date stated above, at 1 AM m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cancer of Face
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) W C Whitten M. D.
Jan 9, 1932 (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn, Nampa	1/11/32 19
20. Undertaker	Address
Wm. D. Talley	Nampa, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77927

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 4

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sovia Stover 46

(a) Residence. No. S. S. Bold St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. A. Stover

6. DATE OF BIRTH (month, day, and year) 3-2-68

7. AGE Years 64 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyo.

FATHER
13. NAME E. J. Eardley
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Robison
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs. J. O. Johnson Melba Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Ida Date 1-23, 1932

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED 1-22, 1932 Dutha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1931, to Jan 20, 1932
I last saw her alive on Jan 20, 1932: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	

Other contributory causes of importance:
None

Name of operation Laparotomy Date of 1-18-32
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) V C Bellandt M. D.
(Address)

V. C. B.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7792S

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 17

Primary Registration District No. 2196

Local Registrar's No. 309

(No. 107)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William E. Smout

(a) Residence. No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Thompson Smout

6. DATE OF BIRTH (month, day, and year) July 29 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Agriculturists

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farming

10. Date deceased last worked at this occupation (month and year) Dec. - 1931.

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Slaterville
(State or country) Utah

FATHER

13. NAME William O. Smout

14. BIRTHPLACE (city or town) Bloomsberg
(State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Moore

16. BIRTHPLACE (city or town) Unknown
(State or country) England

17. INFORMENT (Address) J. C. Smout Burley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payne & Kimball Date , 193

19. UNDERTAKER (Address) Twin Falls, Idaho. Peer C225

20. FILED Feb 10, 1932 F H Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 - 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 12 - 19, 1931, to 1 - 11, 1932

I last saw him alive on 1 - 8, 1932: death is said to have occurred on the date stated above, at 2:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Lung	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. L. Tesbe, M. D.

(Address)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7929

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2176 Local Registrar's No. 108
(No. 98)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Louise Waters

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 27-1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Burley (State or country) Idaho.

PARENTS

10. NAME OF FATHER Thomas L Waters.
11. BIRTHPLACE OF FATHER (city or town) Marysville (State or Country) Utah
12. MAIDEN NAME OF MOTHER Mary Whiting
13. BIRTHPLACE OF MOTHER (city or town) Oakland (State or County) Utah.

14. Informant Mrs Mary Waters
(Address) Burley Ida

15. Filed Feb 10, 1932 F A Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 27, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
1-26, 1932, to 1-27, 1932
that I last saw her alive on 1-27, 1932
and that death occurred, on the date stated above, at 5:10A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Meningitis
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) ..... M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Burley Idaho.	
20. Undertaker W. E. Johnson	Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FEB 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77931

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 307
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Edwin Hanson 24
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) May 5 - 1925
7. AGE Years 6 Months 8 Days 17 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

PARENTS
10. NAME OF FATHER Carl E. Hanson
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Carl E. Hanson Burley Ida
15. Filed Feb 10, 1932 F. H. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 22 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932, to Jan 20, 1932
that I last saw him alive on June 20, 1932
and that death occurred, on the date stated above, at 12:20 P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Epidemic Cerebro-Spinal Meningitis
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis? Microscopic S.F.
(Signed) [signature], M. D.
1-27, 1932 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal Burley Ida
Date of Burial 1-22 1932
20. Undertaker D. E. Johnson
Address Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 7934

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Clearwater
City of Pierce

Registration District No. 20
Primary Registration District No. 2187
Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Thomas E. McIver

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. / yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Logger
(b) General nature of industry, business, or establishment in which employed (or employer): Logging work in woods
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): New York

PARENTS

10. NAME OF FATHER: Uncertained
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Uncertained
12. MAIDEN NAME OF MOTHER: Uncertained
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Uncertained

14. Informant (Address): Taken from records of his belongings

15. Filed Jan 20, 1921. H. A. Starr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 1 (Month) 19 (Day) 1921 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Broken neck from fall down Stairs.

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?.....
Did an operation precede death?..... Date of.....
Was there an autopsy?.....
What test confirmed diagnosis?.....
(Signed) W S Burres Coroner, M. D.
Jan 20, 19..... (Address) Orofino

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Spokane Wash	19

20. Undertaker: Orofino Mortuary Address: Orofino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77936

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 3

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91

2. FULL NAME Frank Thomas

(a) Residence. No. ..... St. Orofino — Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ? yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 30 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) Dec. — 1855

7. AGE: Years 76 | Months 0 | Days ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portugal

FATHER
13. NAME J. Perry Thomas
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Rita Maryana
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery, St. Hosp. No. Date Jan. 9, 1932

19. UNDERTAKER (Address) F. A. Billberg, Hospital Attdt. Orofino - Idaho.

20. FILED Jan 11, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 8 1932

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1931, to January 8, 1932
I last saw him alive on January 7, 1932: death is said to have occurred on the date stated above, at 12:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	

Other contributory causes of importance:
Senile psychosis
Dry gangrene, left foot, following exposure, before admission

Name of operation Amputation left foot Date of Before admission
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelway M. D.
(Address) Orofino - Idaho

RECEIVED FEB 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77937

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 6

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME John Bloomhagen

(a) Residence. No. Pierce Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 27 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Minner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) John Lockster Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Idaho Date Jan 22, 1939

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED Jan 20, 193 W.A Shaw Registrar.
Shaw

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19 193

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1930, to Jan. 19, 1939

I last saw him alive on Jan 19, 1939: death is said to have occurred on the date stated above, at 4. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac valvular disease	1925
Other contributory causes of importance: Chronic interstitial nephritis	1928

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. J. Hoffmann, M. D.

(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77938

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 2

(No.) 84
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eleanor Gardiner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Femal	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B.F. Gardiner

6. DATE OF BIRTH (month, day, and year) Feb 16 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME S.E. Stilson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Melisca

16. BIRTHPLACE (city or town) (State or country) ,?

17. INFORMENT (Address) Mrs Watkins Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date Jan 13, 193

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED Jan 11, 193 W A Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 193 2, to Jan 9, 193 2
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 6:0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	Unknown

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. J. Hopkins, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77939

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 8

(No. Nelson Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME James Simmons

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years About 83 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ✓

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Nelson Hospital Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date Jan 25, 1932

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED Jan 24, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1931, to Jan. 23, 1932

I last saw him alive on Jan 8, 1932: death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec. 24, 1932

Other contributory causes of importance: -

Arterial-sclerosis	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Hopkins, M. D.

(Address) Orofino, Idaho.

RECEIVED FEB 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77940

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 4

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

71

2. FULL NAME George Langhoff

(a) Residence. No. ..... St. Peck, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME Charles Langhoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Langhoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St. Hosp. No. Cemetery Date Jan. 15, 1932

19. UNDERTAKER F. A. Billberg, Hosp. Attat.
(Address) Orofino - Idaho

20. FILED Jan. 16, 1932 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Janvary 13 1932

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1931, to Janvary 13, 1932
I last saw him alive on Janvary 13, 1932; death is said to have occurred on the date stated above, at 3 Hrs P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Facial erysipeles	Jan. 10, 1932
Other contributory causes of importance: Manic-depressive psychosis, depressed type	4 mos.

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Thurrow McKelvey, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77941

PLACE OF DEATH
County of Custer
City of Mackay

Registration District No. 76
Primary Registration District No. 2153 Local Registrar's No. 52
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

106

2. FULL NAME John Strunk
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 2 yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Strunk

6. DATE OF BIRTH (month, day and year) April 23 1854

7. AGE Years 77 Months 10 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Building constructions
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Slateford - Penn

PARENTS
10. NAME OF FATHER Jeremiah Strunk
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pensylvania
12. MAIDEN NAME OF MOTHER Elizabeth Weidman
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Pensylvania

14. Informant (Address) R. A. Strunk Mackay - Ida

15. Filed 2/10, 1932 Rose Nowack Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 7th (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/25/32, 19..., to 2/7/32, 19...
that I last saw him alive on 1/26/32, 19...
and that death occurred, on the date stated above, at 5:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

EMPHYSEMA, Senile Pulmonary.

..... (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Montana
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical symptoms
(Signed) F. P. Richards, M. D.
2/8/32, 19... (Address) Mackay, Idaho

19. Place of Burial, Cremation, or Removal [illegible] Date of Burial Feb 8 1932

20. Undertaker [illegible] Address Arco Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Fairview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 77943

Local Registrar's No. 5

(No.) 161 9
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elaine Rawlings

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 21 1932

7. AGE Years	Months	Days	If LESS than 1 day, 0 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Fairview Idaho

FATHER

13. NAME Oscar Rawlings

14. BIRTHPLACE (city or town) (State or country) Fairview Idaho

MOTHER

15. MAIDEN NAME Novella Wiser

16. BIRTHPLACE (city or town) (State or country) Lewiston Utah

17. INFORMENT (Address) Oscar Rawlings Fairview

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Idaho Date , 193

19. UNDERTAKER
(Address)

20. FILED Feb 8, 1932 G. W. Stotts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to Jan 21 1932
I last saw her alive on Jan 21, 1932: death is said to have occurred on the date stated above, at 4 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Jan 21, 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? PM Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Orval R. Cutler, M. D.
(Address) Lewiston, Idaho

RECEIVED FEB 10 19..

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77944

PLACE OF DEATH
County of Franklin
City of Preston, Idaho

Registration District No. 27
Primary Registration District No. 2114
Local Registrar's No. 6

(No. General Memorial Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. FULL NAME Joan James

(a) Residence. No. Preston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Baby.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/23/32

7. AGE Years Months Days If LESS than 1 day, 1 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Father Orson U. James
14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER
15. MAIDEN NAME Estelle Margaret Keller
16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Orson James

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date 1/23/32 193

19. UNDERTAKER (Address)

20. FILED Feb 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932, to Jan 23, 1932
I last saw her alive on Jan 23, 1932; death is said to have occurred on the date stated above, at 7:10 a.m.
The principal cause of death and related causes of importance were as follows:
Premature Birth
& Toxemia of Pregnancy of Mother

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Eugene Hosley M. D.
(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77945

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. ~~36~~ 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Clair Watkins

(a) Residence. No. Preston Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1619

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Baby

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~~12~~ Jan. 2-1932

7. AGE Years Months Days If LESS than 1 day, 1 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Ida.

FATHER
13. NAME Leo L. Watkins
14. BIRTHPLACE (city or town) (State or country) Brigham City Ut.

MOTHER
15. MAIDEN NAME Evelyn E. Wakley
16. BIRTHPLACE (city or town) (State or country) Downey Ida.

17. INFORMENT (Address) Leo L. Watkins Preston Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Downey Date 1-2-, 1932

19. UNDERTAKER (Address)

20. FILED Feb 8 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Jan 2, 1932
I last saw him alive on Jan 2, 1932 death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Lillida	Jan 2, 1932
Prematurity	Jan 2, 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? P.X. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. R. Cutler M. D.
(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77946

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Sant

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 13 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc School Boy

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clifton Idaho

FATHER

13. NAME Thomas J. Sant

14. BIRTHPLACE (city or town) (State or country) Treasureton Idaho

MOTHER

15. MAIDEN NAME Laura E. Sant

16. BIRTHPLACE (city or town) (State or country) Clifton Idaho

17. INFORMENT
(Address) Thomas J. Sant
Clifton Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Clifton Idaho Date Feb 2, 1932

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Feb 8, 1932 G. W. Stutz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932, to Jan 30, 1932
I last saw h alive on Jan 30, 1932, death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	Jan 22
(b) Peritonitis	

Other contributory causes of importance:

Name of operation Laparotomy with drainage Date of 1-28-32
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. R. Allen, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1932

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 77947

Local Registrar's No. 7

1019

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard Rogers Hawks

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 27 19[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. SCHOOL

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Wm. Hawks Jr.

14. BIRTHPLACE (city or town) (State or country) HydePark Utah

MOTHER

15. MAIDEN NAME Anna Rebecca Rogers

16. BIRTHPLACE (city or town) (State or country) Benson Utah

17. INFORMENT (Address) Wm. Hawks Jr.

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Jan 28 193[illegible] 1932

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Feb 9, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1932, to Jan 25, 1932

I last saw him alive on Jan 25, 1932; death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. Cutler, M. D.

(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Dayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77948

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 a

2. FULL NAME Janeen Archibald

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 21 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	II		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. CHOID
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton Idaho
(State or country)

FATHER
13. NAME LeRoy Archibald
14. BIRTHPLACE (city or town) Dayton Idaho
(State or country)

MOTHER
15. MAIDEN NAME Susan Alder
16. BIRTHPLACE (city or town) Preston Idaho
(State or country)

17. INFORMENT LeRoy Archobald
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dayton Idaho Date ....., 193..

19. UNDERTAKER
(Address)

20. FILED Feb 8, 1932 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-21 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1931, to 1-21-, 1932.
I last saw her alive on ~~[illegible]~~ Jan-21-1932, 193..: death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pronchos Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. R. Culles, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 77949

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Charlotte Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Smith

6. DATE OF BIRTH (month, day, and year) April 9 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) Jan 9

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Erickson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Nephi Rasmusson Salt Lake City Utah

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Jan 15, 1932

19. UNDERTAKER M. W. Hendricks (Address) Preston Idah

20. FILED Feb 8, 1932 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1932, to Jan 12, 1932

I last saw her alive on Jan 11 2, 1932; death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1920
Other contributory causes of importance: Chronic Bronchial Asthma	1900

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mason L. Barnes, M.D.

(Address) Preston, Idaho

RECEIVED FEB 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77953

PLACE OF DEATH
County of Fremont
City of Marysville

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 405

88 B

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. H. Leeper

(a) Residence. No. Marysville St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or) WIFE of~~ Not Married

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE: 61 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME .....
14. BIRTHPLACE (city or town) (State or country) .....

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Mrs Susan Davis Marysville Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ashton Date June 11, 1932

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED Jan. 11, 1932 W. M. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 —, 1932, to Jan. 9 —, 1932
I last saw him ~~alive~~ dead on Jan. 9 —, 1932; death is said to have occurred on the date stated above, at 12³⁰ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1920

Other contributory causes of importance: Found Dead Lying on bed.

Name of operation none Date of —
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Place of business
Manner of injury none
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓ Chronic Rheumatism
(Signed) P. M. Kelly, M. D.
(Address) St. Anthony, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 410

DO NOT WRITE IN THIS SPACE

State File No. 77954

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Edgar Miller

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~xxxxxxxx~~ WIFE of Julia Miller

6. DATE OF BIRTH (month, day, and year) Oct. 28-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	4	xxxxx	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Framer.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Farmington, Utah

FATHER

13. NAME David Cardner Miller

14. BIRTHPLACE (city or town) (State or country) America

MOTHER

15. MAIDEN NAME Hannah Bigler

16. BIRTHPLACE (city or town) (State or country) America

17. INFORMENT (Address) Mrs George Schrist

18. BURIAL, CREMATION, OR REMOVAL Place Parker St. Anthony, Idaho. Date Jan. 31 1932

19. UNDERTAKER (Address) W. M. Hansen

20. FILED Jan 29, 1932 W. M. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 28- 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2nd, 1932 to Jan. 28, 1932

I last saw him alive on Jan. 28, 1932; death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify P. M. Keller M. D.

(Signed) P. M. Keller, M. D.

(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 5 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77955

PLACE OF DEATH
County of Fremont
City of St Anthony #1

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 411

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine O. Eaton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 16th 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	1.	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario, New York

FATHER
13. NAME Franklin Walters.
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Eligabeth Brethwait.
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Mrs. C. Below St Anthony Ida #1.

18. BURIAL, CREMATION, OR REMOVAL Place Milford Ida Date Feb 2nd 1937

19. UNDERTAKER (Address) Vern C. Keller. Rexburg Idaho.

20. FILED Feb 2, 1937 W M Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20th, 1931, to Jan 20th, 1932
I last saw her alive on Dec. 26th, 1931: death is said to have occurred on the date stated above, at 1:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
General Debility
+ Fall down stairs.

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 12-16-1931
Where did injury occur? St Anthony, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home - accidental
Manner of injury Fell down stairs.
Nature of injury Severely bruised.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) P. W. Kelly M. D.
(Address) St. Anthony, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of Teton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77956

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 408

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

68

2. FULL NAME Samuel Stewart

(a) Residence. No. Teton, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Mail	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Elizabeth Hielman Stweart

6. DATE OF BIRTH (month, day, and year) April 9-1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greenoch Scotland

FATHER

13. NAME William Stewart

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Sarah Thompson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs J. T. Birch St. Anthony, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Teton Date Jan. 30 1932

19. UNDERTAKER (Address) W. M. Hansen St. Anthony, Idaho

20. FILED Jan 28, 1932 W. M. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to Jan 26, 1932

I last saw him alive on Jan 26, 1932: death is said to have occurred on the date stated above, at 3:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Myocarditis	
(2) Acute Bronchitis	
3. Old age (Senility)	

Other contributory causes of importance:

Name of operation NB Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. B. Rigby M. D.

(Address) Perkins Idaho

RECEIVED FEB 5 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77957

PLACE OF DEATH

County of Fremont

City of Parker

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 407

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME William Lot Smith

(a) Residence. No. Parker, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~xxxxxx~~ Mary Jenkins Smith

6. DATE OF BIRTH (month, day, and year) Sept. 12-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farming

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Farming, Utah

FATHER

13. NAME Lot Smith

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Jane Walker

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs William Lot Smith Parker, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Date Jan. 28 193 2

19. UNDERTAKER Dr. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED Jan. 27-, 193 2 M. M. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 25- 193 2

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25-, 193 2 to Jan. 25-, 193 2
(I last saw him alive on Jan. 25, 193 2: death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Pylorus	

Other contributory causes of importance:

Senile Exhaustion	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify No
(Signed) P. W. Kelly, M. D.
(Address) St. Anthony, Idaho

RECEIVED FEB 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7958

PLACE OF DEATH
County of Ada
City of Emmett
Registration District No. 6
Primary Registration District No.
Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myron Almeron Rose

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 23 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10. NAME OF FATHER Leonard Rose
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Laura Tanner
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant L. J. Rose
(Address) Emmett Ida

15. Filed 1/28, 1932 J. R. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1931, to Jan 26, 1932, that I last saw him alive on Jan 5th, 1932, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. R. Reynolds, M. D
1/28, 1932 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Ida	1/28 1932
20. Undertaker	Address
O. Buckman	Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77960

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No.
Primary Registration District No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Edmund W. Sitzer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Alma Sitzer

6. DATE OF BIRTH (month, day and year) Jan 29 - 1878

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Toronto Canada

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant Cora A. Sitzer
(Address) Emmett Idaho

15. Filed 1/15, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on Saw him after death
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Sudden death no doctor called till after death - Had suffered from bad heart for several years
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Aortic Insufficiency
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J L Reynolds, M. D.
1/15, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmett Idaho
Date of Burial 1/17 1932

20. Undertaker C D Buckman
Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77961

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas J Willingham

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 25 - 1908

7. AGE: Years 23 | Months - | Days 28 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hot Springs Ark.

PARENTS

10. NAME OF FATHER J R Willingham
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ark.
12. MAIDEN NAME OF MOTHER Julia Helms
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) North Carolina

14. Informant Robt Willingham
(Address) Emmett Idaho

15. Filed 1/23, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 23 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:
accidental drowning
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J L Reynolds, M. D.
1/23, 1932 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	1/ 19
20. Undertaker C D Buckman	Address Emmett Idaho

RECEIVED FEB 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77962

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 4
Primary Registration District No.
Local Registrar's No.
(No.) 179
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Susanna Horine
(a) Residence. No. Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Aug 4 - 1845
7. AGE: Years 86 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Indiana
PARENTS
10. NAME OF FATHER: Baldtee
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Not known
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): " "
14. Informant: Nellie Kelley.
(Address) Emmett Idaho
15. Filed 1/4 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 2 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 16th 1931 to Jan 2- 1932
that I last saw her alive on Dec 14 1931
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Arterio Sclerosis with
Chronic Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) age
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J L Reynolds, M. D.
1/4 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Ida — Date of Burial: 1/4 1932
20. Undertaker: C S Buckmun — Address: Emmett Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7963

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 179

2. FULL NAME Bert Sammes

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 85 yrs			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant C D Buckmann
(Address) Emmett Idaho

15. Filed 1/15, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1932, to Jan 13th, 1932
that I last saw him alive on Jan 13th, 1932
and that death occurred, on the date stated above, at 8-30 P m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis with uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio Sclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J L Reynolds, M. D.
1/15, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	1/15 1932

20. Undertaker	Address
C D Buckmann	Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77964

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

91 V

2. FULL NAME Louise G. Harlow

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: J. W. Harlow

6. DATE OF BIRTH (month, day and year): Apr 1 - 1859

7. AGE: Years 72 Months 10 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Virginia

PARENTS
10. NAME OF FATHER: Joel Horn
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia
12. MAIDEN NAME OF MOTHER: Chapman
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Virginia

14. Informant: J. W. Harlow
(Address) Emmett Idaho

15. Filed 2/2, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 31 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to Jan 31, 1932
that I last saw her alive on Jan 30, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Aterio Sclerosis High blood Tension
With Cyanosporum
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary): Chronic Nephritis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. L. Reynolds, M. D.
2/2, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Idaho
Date of Burial: Feb 2 1932

20. Undertaker: C. D. Buckneem
Address: Emmett Idaho

RECEIVED FEB 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77965

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

84

2. FULL NAME John D Little

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 15-1867

7. AGE: Years 64 Months 7 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Scotland

PARENTS
10. NAME OF FATHER Andrew Little
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Janet Dalgleish
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14. Informant Walter C Little
(Address) Emmett Idaho

15. Filed 1/21, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 1928, to Jan 19th, 1932
that I last saw him alive on Jan 19th, 1932
and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH* was as follows:
Myocarditis
Angina Pectoral
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J L Reynolds, M. D.
1/21, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Idaho
Date of Burial: 1/21 1932

20. Undertaker: C D Buckman
Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77966

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

80

2. FULL NAME Keith Eugene Parks

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 30 - 1931

7. AGE — Years | Months 5 | Days 2 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Emmett Idaho

PARENTS

10. NAME OF FATHER: Mark C Parks
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Mo
12. MAIDEN NAME OF MOTHER: Ethel M Storey
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Idaho

14. Informant: M C Parks
(Address): Ola Idaho

15. Filed 1/2, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 2nd, 1932
that I last saw him alive on Jan 31, 1932
and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:
Child Died of Convulsions
Cause unknown
possibly Influenza with Cerebral
Involvement (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J L Reynolds M. D.
1/2, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Ida	1/3 1932
20. Undertaker: C D Bucknum	Address: Emmett Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 24
Primary Registration District No.
File No. 17965
Registered No. 175

1. PLACE OF DEATH
County of Gooding
City of Gooding (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jack Burnard Dallman

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: Sept. (Month) 29th (Day) 1931 (Year)

7. AGE: ~~X~~ Yrs. 3 Mos. 15 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Gooding, Idaho

10. NAME OF FATHER: Ray Dallman

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Daisy E Dickens

13. BIRTHPLACE OF MOTHER (State or Country): Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ray Dallman
(Address) Gooding Ida

15. Filed 1-15 1932 J H Cromwell Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 13th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~ 19~, to ~ 19..., that I last saw h~ alive on ~ 19..., and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:
Unknown. Found dead in bed. Had not been ill.

(Duration) Yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J H Cromwell M. D.
19... (Address) Gooding Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gooding Ida
DATE OF BURIAL: 1/16 1932

20. UNDERTAKER: A C Thompson
ADDRESS: Gooding

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED FEB 9 1932

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Gooding
City of "
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24
Primary Registration District No.
(No. , St.)

File No. 77959
Registered No. 171
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Rex La Vere Graham

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	White	Single

6. DATE OF BIRTH
Jan 5 (Month) (Day) 1932 (Year)

7. AGE
yrs. mos. ds.
IF LESS than 1 day how many hrs. or 15 mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Gooding Ida

10. NAME OF FATHER R. L. Graham

11. BIRTHPLACE OF FATHER
(State or Country) Iowa

12. MAIDEN NAME OF MOTHER Ruth C Shore

13. BIRTHPLACE OF MOTHER
(State or Country) Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. L. Graham
(Address) Gooding Ida

15.
Filed 1/5-32 191 J H Cromwell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan 5 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-5 1932 to 1-5 1932
that I last saw him alive on 1-5 1932
and that death occurred on the date stated above, at 1213 A.M.

The CAUSE OF DEATH* was as follows:
Spina bifida + other deformities -

(Duration) 15 min yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J H Cromwell M. D.
1/5 1932 (Address) Gooding Ida

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Gooding	1-6 1932

20. UNDERTAKER	ADDRESS
A. E. Thompson	Gooding

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED FEB 9 1937

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

~~City of~~ P.O. Tuttle Ida

Registration District No. 24

Primary Registration District No.

(No. ..... St.)

File No. 77970

Registered No. 172

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry Mohlen

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widower

6. DATE OF BIRTH: Dont know (Month) (Day) (Year)

7. AGE: 81 Yrs. — Mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: farming

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Dont

11. BIRTHPLACE OF FATHER (State or Country): know

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C Covall

(Address) Gooding

15. Filed 1-19- 1932 J H Cromwell Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan- 19- 1932 (Month) (Day) (Year) 90

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

that I last saw h..... alive on ..... 19.....

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Heart disease

Dead suddenly

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J H Cromwell M. D.

..... 19..... (Address) Coroner F Gooding Co

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gooding Ida

DATE OF BURIAL: 1-22 1932

20. UNDERTAKER: A E Thompson

ADDRESS: Gooding Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Gooding
City of Gooding
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 24
(No. , St.)

File No. 7797
Registered No. 176
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elias Arkoosh

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word)
Male	White	Widower

6. DATE OF BIRTH: April 15 (Month) (Day) 1818 (Year)

7. AGE: 113 yrs. 9 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired merchant
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bet Arkoosh Syria

10. NAME OF FATHER: — Arkoosh

11. BIRTHPLACE OF FATHER (State or Country): Syria

12. MAIDEN NAME OF MOTHER: Dant Kuru

13. BIRTHPLACE OF MOTHER (State or Country): Syria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Arkoosh
(Address) Gooding, Ida.

15.
Filed 1-31- 1932 J H Cromwell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January 14 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-7- 1932 to 1-14- 1932, that I last saw him alive on 1-13- 1932, and that death occurred on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:
Senility
Hypostatic pneumonia
(Duration) yrs. mos. 7 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J H Cromwell M. D.
1/31, 1932 (Address) Gooding Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gooding Ida — DATE OF BURIAL: 1-16- 1932

20. UNDERTAKER: A. E. Thompson — ADDRESS: Gooding Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Gooding
City of (No. , St.),
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 24

File No. 7797
Registered No. 173
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Stanton Fardice

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widower

6. DATE OF BIRTH: Dec. (Month) 27 (Day) 1844 (Year)

7. AGE: 87 yrs. 30 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bloomington, Ill.

10. NAME OF FATHER: Daniel Fardice

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Elizabeth Lucas

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sherman Fardice
(Address) Gooding Ida

15.
Filed 1-31- 1932 J H Cromwell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 26- (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-20- 1932 to 1-26- 1932 that I last saw him alive on 1-20- 1932 and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) yrs. mos. 6 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J H Cromwell M. D.
1/26 1932 (Address) Gooding Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: McPherson Kans. DATE OF BURIAL: 191

20. UNDERTAKER: A E Thompson ADDRESS: Gooding Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

CAUSE OF DEATH should state DISEASE CAUSING DEATH in plain terms, so that it may be properly coded. See instructions on back of certificate. Statement of OCCUPATION is very important.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 11915
Registered No. 174

1. **PLACE OF DEATH**
County of Gooding
City of Bliss
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 24
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** Dora R. Owens

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** Female

4. **COLOR OR RACE** White

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED** (Write the word.) Married

6. **DATE OF BIRTH** ..... 1 .....
(Month) (Day) (Year)

7. **AGE** 63 Yrs. 10 Mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. **OCCUPATION**
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9. **BIRTHPLACE** (State or Country) Missouri

10. **NAME OF FATHER** ~~Charley~~ James Page

11. **BIRTHPLACE OF FATHER** (State or Country) Don't Know

12. **MAIDEN NAME OF MOTHER** James Hopkins

13. **BIRTHPLACE OF MOTHER** (State or Country) Don't Know

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) Charles Owens
(Address) Bliss - Idaho

15. Filed 1-31 1932 J. H. Cromwell
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. **DATE OF DEATH** Jan 22 1932
(Month) (Day) (Year)

17. **I HEREBY CERTIFY**, That I attended deceased from Dec 13 1931, to Jan 22 1932
that I last saw her alive on Jan 22 1932
and that death occurred on the date stated above, at 2.40A M.
The CAUSE OF DEATH* was as follows:
Cancer

(Duration) 4 Yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mrs. Ruth J. Knight M. D.
19 ..... (Address) Acting Nurse

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. **PLACE OF BURIAL OR REMOVAL** | **DATE OF BURIAL** 19.....

20. **UNDERTAKER** | **ADDRESS**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77974

PLACE OF DEATH
County of Idaho
City of Stites

Registration District No. 106
Primary Registration District No. 2184
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 324

749

2. FULL NAME Ada M. Paul

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James Allen Paul

6. DATE OF BIRTH (month, day and year) Apr 15th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Morrow Co. Ohio

PARENTS

10. NAME OF FATHER John Snyder
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Morrow Co Ohio
12. MAIDEN NAME OF MOTHER Mary Ann ?
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Morrow Co Ohio

14. Informant Jay Paul - Son
(Address) Stites Ida.

15. Filed Feb 1, 1932 J M Kerbert Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 20th 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1932, to 20th, 1932, that I last saw h alive on Jan 20th, 1932 and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Cerebral spinal Blood pressure
(Signed) H W Wentworth, M. D.
Jan 20, 1932 (Address) Stites Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Stites	Jan 21 1932
20. Undertaker Geo Tenney	Address Kooskia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED FEB 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 77976

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Idaho
City of Cottonwood, Ida.

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 3
(No. 204)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anton Baune

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1859 Apr. 16.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10. NAME OF FATHER Herman Baune.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.
12. MAIDEN NAME OF MOTHER Marie Hushman
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany.

14. Informant Mary Baune. (Address) Cottonwood, Ida.

15. Filed Jan. 12, 1932 W. F. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Did not see to him, 19....
that I last saw him alive on ....., 19....
and that death occurred, on the date stated above, at 9 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
This man died suddenly, evidently from cardiac embolism. Was seen after death by Dr. G. A. Woodcock and he refusing to sign death certificate.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Not confirmed
(Signed) Hedley F. Orr, M. D.
1/12, 1932 (Address) Cottonwood Idaho

19. Place of Burial, ~~Cremation~~, or Removal	Date of Burial
Cottonwood Ida	1/12 1932

20. Undertaker Address
Oilor Grangeville, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-25 M. 1-19.

1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 7915
Registered No. 1

1. PLACE OF DEATH
County of Idaho
City of Ferdinand
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Theresa Behler
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Jan. (Month) 2 (Day) 1878 (Year)

7. AGE: 53 Yrs. — Mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Uniontown, Wash.

10. NAME OF FATHER: Herman Sterleck

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Catherine Kirchner

13. BIRTHPLACE OF MOTHER (State or Country): Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herman Behler
(Address) Ferdinand, Idaho

15. Filed Jan 5 1932 W. F. Orr per J. B. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1929 to Jan. 1 1932 that I last saw her alive on Oct. 1 1931, and that death occurred on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:
Cardiac Embolism
(Duration) ..... Yrs. — mos. ..... ds.
Contributory (Secondary) Chronic Hypercreditis
(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.
1/4 1932 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Ferdinand, Idaho — DATE OF BURIAL: Jan. 6 1932

20. UNDERTAKER: Cedar Mortuary — ADDRESS: Cottonwood, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 13 1932

PLACE OF DEATH

County of Jefferson

City of Monteview.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77979

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME Mandus John Johnson

(a) Residence. No. Monteview, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ruie Johnson

6. DATE OF BIRTH (month, day, and year): Feb. 10, 1886

7. AGE: Years 45 | Months 10 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): Mrs. Ruie Johnson, Monteview, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Grant, Idaho Date: Jan 6, 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED 1/9, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 11-30a.m.

The principal cause of death and related causes of importance were as follows:

Died of natural causes.
No physican in attendence.
Information from relatives indicate heart disease.
Saw after death.

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Earl D. Jones, M. D.

(Address) Roberts Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 15 1932

DO NOT WRITE IN THIS SPACE
State File No. 7798O

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 2

(No.) 204
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nathan Groom

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Emma Elizabeth Groom

6. DATE OF BIRTH (month, day and year) July 18, 1837

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	5	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Henry Groom
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Elizabeth Philpot.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Nathan Groom Jr.
(Address)

15. Filed 1/9, 1932 A B Echersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 9 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
No Physician in attendance
Probable Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) A B Echersell Coroner M. D.
1/9, 1932 (Address) Rigby Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Ucon, Idaho	1/12/32 19

20. Undertaker	Address
A B Echersell.	Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7798[illegible]

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 9

PLACE OF DEATH

County of Jefferson
City of LaBell Idaho

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME James Edward Foster

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Babe

6. DATE OF BIRTH (month, day and year) Jan. 30. 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Babe
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) LaBell Idaho.

PARENTS

10. NAME OF FATHER James Freaman Foster.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho Falls Idaho.
12. MAIDEN NAME OF MOTHER Myrtle Leona Jinkins
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho Falls Idaho

14. Informant James Freeman Foster
(Address)

15. Filed 2/8, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 7 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1932, to Jan. 30, 1932
that I last saw h~~is~~ alive on Jan. 30, 1932
and that death occurred, on the date stated above, at 7:9 a.m.
The CAUSE OF DEATH* was as follows:
Haemorrhage. (Brain)
Convulsions.
Injury at Birth
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F. B. Rigby, M. D.
Feb 8, 1932 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Idaho Falls	2-9-32 19

20. Undertaker	Address
A B Eckersell	Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77982

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

154 V

2. FULL NAME Garry L. Whiting.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Babe

6. DATE OF BIRTH (month, day and year) Feb. 4, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Babe
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER Marion Lyle Whiting.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Nellie Mae Lyman
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho!

14. Informant Marion Lyle Whiting (Address) Rigby, Idaho.

15. Filed 2/7, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 6, 1932 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1932, to Feb 6, 1932, that I last saw him alive on Feb. 6 1932, and that death occurred, on the date stated above, at 7 P.M. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. C. West M. D.

2/7, 1932 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	2/7/32 19

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 77983

PLACE OF DEATH
County of Jefferson
City of Rigby
Registration District No.
Primary Registration District No. 2176
Local Registrar's No. 3
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 0a

2. FULL NAME Nyal Cuthbert.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 20, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER Arthur Cuthbert.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rigby, Idaho.
12. MAIDEN NAME OF MOTHER Dora Lureen Bart.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rigby, Idaho.

14. Informant Arthur Cuthbert
(Address) Rigby, Idaho. R. #1

15. Filed Jan 19 1932 A B Beckwith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 18 1932 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931, to Dec 20, 1931
that I last saw him alive on Dec 20, 1931
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Broncho pneumonia
(duration) yrs. mos. 21 ds.
CONTRIBUTORY (Secondary) Malnutrition.
(duration) yrs. 1 mos. 29 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinically
(Signed) W. R. Abbott M. D.
Jan 21, 1932 (Address) Ririe Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	1/19/32 19

20. Undertaker A B Beckwith Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 15 1932

DO NOT WRITE IN THIS SPACE
State File No. 7798 4

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 6

88-b

PLACE OF DEATH
County of Jefferson
City of Rigby
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Frank Kite.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Evelyn Weaver.

6. DATE OF BIRTH (month, day and year) May 2, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Iassiah Kite.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.
12. MAIDEN NAME OF MOTHER Lucinda Hill
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant H. K. Kite
(Address) Rigby, Idaho.

15. Filed 1-27, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to Jan. 1 , 1932.
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 12:20 A m.

The CAUSE OF DEATH* was as follows:
Myocardial Failure.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis.
(duration) 20 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) W. R. Yost M. D.
1/27, 1932 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	1/28/32 19

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 15 1932

DO NOT WRITE IN THIS SPACE
State File No. 7985

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 7

749

PLACE OF DEATH

County of Jefferson.
City of M0nteview.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter McKevitt.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) About 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 59			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self.

9. BIRTHPLACE (city or town) Irland
(State or country)

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant C B Eckersell
(Address) Rigby Idaho.

15. Filed 2/7, 1932 C B Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 2 1932
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ ....., 19..... to ....., 19.....
~~that I last saw h..... alive on ....., 19.....~~
and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:
Probable Cerebral Hemorrhage.
Heart Disease.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probable Arteriosclerosis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....

(Signed) C B Eckersell Coroner, M. D.
2/7, 1932 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	2/7/32 19

20. Undertaker	Address
C B Eckersell	Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

RECEIVED FEB 15 1932

DO NOT WRITE IN THIS SPACE
State File No. 77986

PLACE OF DEATH
County of Jefferson.
City of Rigby

Registration District No.
Primary Registration District No. 2176

Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME William John Wahlgren.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~xxxxxx~~ WIFE of Elsie Francis Wahlgren.

6. DATE OF BIRTH (month, day and year) Dec. 11, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Watchmaker.
(b) General nature of industry, business, or establishment in which employed (or employer) Retailer.
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Finland.

PARENTS

10. NAME OF FATHER Wm. John Wahlgren.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.
12. MAIDEN NAME OF MOTHER Mary (Unknown.)
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Finland.

14. Informant Mrs. Wm. J. Wahlgren.
(Address) Rigby, Idaho.

15. Filed 1/23, 1932 C. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 21 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931, to Jan 21, 1932
that I last saw him alive on Jan 21, 1932
and that death occurred, on the date stated above, at 9 P.M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrage
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Hypertension
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? None
(Signed) C. B. Eckersell, M. D.
1-22, 1932 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	1/24/32 19

20. Undertaker C. B. Eckersell Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77987

PLACE OF DEATH

County of Jefferson.

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11 b

2. FULL NAME Helen Tolley.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): April 26, 1931.

7. AGE: Years 0 | Months 8 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Babe

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Rigby, Idaho.

PARENTS

10. NAME OF FATHER: Ernest Theadore Tolley.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Utah.

12. MAIDEN NAME OF MOTHER: Vera June Chandler

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Utah

14. Informant: E. T. Tolley
(Address) Rigby, Idaho.

15. Filed 1/27, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 25th (Day) 1932 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

that I last saw her alive on Jan 25, 1932

and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Influenza.
Dr. C J Call
Chiropractor in charge.
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Poliomyelitis
(Anterior Poliomyelitis) (duration) ..... yrs. 1 mos. 2 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) A B Eckersell Coroner M.D.

1/27, 1932 (Address) Rigby Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. | Date of Burial: 1/27/32 19

20. Undertaker: A B Eckersell | Address: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 7798S

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No.
Primary Registration District No. 2176

Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza Ann Marler.

(a) Residence. No. St. 11 a
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced (or) WIFE of S. G. Marler.

6. DATE OF BIRTH (month, day and year) June 15, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER Pleasant Green Taylor.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ken.

12. MAIDEN NAME OF MOTHER Sarah Jane Marler.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Miss.

14. Informant Mr. S. G. Marler.
(Address) Rigby, Idaho.

15. Filed 2/10, 1932 A. B. Erickson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 6 1932
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 1., 1932, to Feb. 6, 1932.
that I last saw h[illegible] alive on Feb. 5., 1932.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Influenza
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) 40 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) K. P. West M. D.
Feb. 10, 1932 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Ogden, Utah.	2/11/32 19

20. Undertaker A. B. Erickson Address Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77989

PLACE OF DEATH
County of Koot
City of CDA

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 10
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 e

2. FULL NAME Joe Demarcha
(a) Residence. No. Opportunity Wash St. Opportunity Wash
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 6 yrs. 6 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) 1898

7. AGE Years 35 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Fruit peddler
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Italy

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Italy
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Italy

14. Informant (Address) Beny Visintainer Opportunity

15. Filed 1-31, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 21 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to Jan 21, 1932
that I last saw him alive on Jan 21, 1932
and that death occurred, on the date stated above, at 2:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Compound Skull fracture
Internal injuries Chest & abd.
due to auto accident

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Exam
(Signed) Harold J. Sturges M. D.
1-21, 1932 (Address) CDA Idaho

19. Place of Burial, Cremation, or Removal Spokane Wash
Date of Burial Jan 1932

20. Undertaker Mooney Mortuary
Address C. D. A.

RECEIVED FEB 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77990

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 1

(No. Leon)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Gene Olson

(a) Residence. No. St. Spirit Lake, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 1931-12-31
7. AGE Years — Months — Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Ida.

FATHER
13. NAME Le Roy Olson
14. BIRTHPLACE (city or town) (State or country) Audubon Minn

MOTHER
15. MAIDEN NAME Gertrude Deno
16. BIRTHPLACE (city or town) (State or country) Tekoa. Wash.

17. INFORMENT (Address) Mrs Signe Olson. Spirit Lake Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Spirit Lake Ida Date 1-11, 1932
19. UNDERTAKER (Address) Cassed Funeral Home. Coeur d'Alene Ida.
20. FILED 1-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1931, to Jan 8, 1932
I last saw her alive on Jan 8, 1932; death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Under developed child	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify —
(Signed) Harold J Sturges, M. D.
(Address) CDa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 12 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77991

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1650
Local Registrar's No. 8 128

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred B. Cram

(a) Residence. No. 849- 2nd St. 1508 Maxwell ave Spokane Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mary A. Cram

6. DATE OF BIRTH (month, day, and year) 1861 12-18

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Keyser Center N. Y.

FATHER

13. NAME Duty Crahn

14. BIRTHPLACE (city or town) (State or country) Va Virginia

MOTHER

15. MAIDEN NAME Sarah Starney

16. BIRTHPLACE (city or town) (State or country) Dont- Know.

17. INFORMENT (Address) Mrs. Charles Cram

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date 2-5, 1932

19. UNDERTAKER (Address) Forsely Funeral Home Coeur d'Alene Ida.

20. FILED 2-8, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-5 1932

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1932, to Feb 5, 1932
I last saw him alive on Feb 4, 1932: death is said to have occurred on the date stated above, at 1.45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis-	
Other contributory causes of importance:	
Prostatism	

Name of operation none Date of -
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) O M Husted M. D.
(Address) Coeur d'Alene, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77992

PLACE OF DEATH

County of Kost
City of C.D.A.
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 11
(No. 128)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo. Kiggins Telford
(a) Residence. No. Lakeside Ave St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 25 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of HATTIE

6. DATE OF BIRTH (month, day and year) Jan 27 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	11	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mill worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) County Mayo (State or country) Ireland

PARENTS

10. NAME OF FATHER Gilbert
11. BIRTHPLACE OF FATHER (city or town) Scotland (State or Country)
12. MAIDEN NAME OF MOTHER Elizabeth Murray
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland

14. Informant Hattie Telford (Address) C.D.A.

15. Filed 1-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1932, to Jan. 11, 1932, that I last saw him alive on Jan. 11, 1932, and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis.
(Uremic coma)
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis.
(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Usual Symptoms
(Signed) John Sherwood, M. D.
Jan 14, 1932 (Address) Coeur d'Alene Ida

19. Place of Burial, Cremation, or Removal Forest Cemetery — Date of Burial Jan. 14 1932
20. Undertaker Mooney Mortuary — Address C.D.A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7793

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 12
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1169

2. **FULL NAME** Mary Thedal
(a) Residence. No. 921 Front St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 42 yrs. mos. ds. How long in U. S. if of foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas E Thedal (deceased)

6. DATE OF BIRTH (month, day and year) Feb 22, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	11	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway

PARENTS
10. NAME OF FATHER Brend
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway
12. MAIDEN NAME OF MOTHER Mary Anderson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Norway

14. Informant Mrs. Thedal (Address) Coeur d'Alene Ida

15. Filed 1-29, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-22-, 1932 to 1-24, 1932
that I last saw her alive on 1-24, 1932
and that death occurred, on the date stated above, at 8 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Strangulated Hernia.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 1-23-32
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) E H Keel, M. D.
2-3-, 1932 (Address) Coeur d'Alene Ida

19. Place of Burial, Cremation, or Removal: Forest Cemetery — Date of Burial: Jan 27 1932
20. Undertaker: R B. Mooney — Address: Coeur d'Alene

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77994

PLACE OF DEATH
County of Kootenai
City of Post Falls

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 3
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Martha Ann Crouch 89
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roland B. Crouch

6. DATE OF BIRTH (month, day and year) Aug. 10 - 1857

7. AGE Years 74 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Gringle Iowa

PARENTS
10. NAME OF FATHER James Wilson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Mary Lawrence
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) H. R. Crouch Bonners Ferry Ida

15. Filed 1-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw her alive on , 19
and that death occurred, on the date stated above, at 4 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Angina-pectoris
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Accute indigestion
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Symptoms
(Signed) L. M. Pauley M. D.
Jan. 8, 1932 (Address) Post Falls Idaho

19. Place of Burial, Cremation, or Removal Spokane, Wash. Date of Burial 1932

20. Undertaker Moon Mortuary Address Sand Point

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 7795

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John C. R. Sidler

(a) Residence. No. 619 - 2nd ST St.
(Usual place of abode.)
Length of residence in city or town where death occured 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Belle Wendenhall

6. DATE OF BIRTH (month, day and year) 10 C2 - Oct 14

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ---
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER 11
11. BIRTHPLACE OF FATHER (city or town) (State or Country) 11
12. MAIDEN NAME OF MOTHER 11
13. BIRTHPLACE OF MOTHER (city or town) (State or County) 11

14. Informant (Address) Mrs. Sidler C.D.A.

15. Filed 1 - 5 - 1932. N. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 (Month) 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-30, 1931, to 1-3-, 1932
that I last saw him alive on 1-3-, 1932
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) E. H. Reed, M. D.
1-5-, 1932 (Address) Coeur d'Alene Ida

19. Place of Burial, Cremation, or Removal: Setters Idaho — Date of Burial: 1-6 1932
20. Undertaker: R. B. Mowrey — Address: C.D.A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77996

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 4
(No. Coeur d'Alene Home for the Aged
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ole H Helgeson
(a) Residence. No. Cal'd Home St. 88 b
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 13 yrs. mos. ds. How long in U. S. if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 16, 1849

7. AGE Years 82 Months 2 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Unknown

14. Informant (Address) Coeur d'Alene Home for Aged
Coeur d'Alene Idaho

15. Filed 1-28, 1932 K. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Jan 26, 1932
that I last saw him alive on Jan 25, 1932
and that death occurred, on the date stated above, at 11.00 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis and
Myocardial Degeneration

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical and Laboratory Tests
(Signed) O M Husted, M. D.
Jan 27, 1932 (Address) Coeur d'Alene, Id.

19. Place of ~~Burial, Cremation, or~~ Removal Viroqua Wis
Date of Burial Jan 28 1932

20. Undertaker R B Mooney
Address Jan 27/32

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 77997

PLACE OF DEATH

County of Kootenai
City of Ford

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 7
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

889

2. **FULL NAME** Fredrick T. Kier
(a) Residence. No. Ford Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 17, 1874

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Former & Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Iowa

PARENTS

10. NAME OF FATHER: Kier
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Germany

14. Informant (Address): William Kier, Ford, Idaho

15. Filed 1-31, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 31st (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 26th, 1931, to Nov 20th, 1931
that I last saw him alive on Nov 20th, 1931
and that death occurred, on the date stated above, at 5 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Endocarditis Chronic

(duration) One year mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage into Heart Covering. (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? Yes.
What test confirmed diagnosis?
(Signed) J. J. Hennifoin M. D.
Feby 25, 1932 (Address) Worley, Ida

19. Place of Burial, Cremation, or Removal: Rockford Ave — Date of Burial: Feb 5th 1932

20. Undertaker: R. B. Mooney — Address: Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77998

County of Kootenai
City of Coeur d'Alene
Registration District No.
Primary Registration District No.
Local Registrar's No. 13

(No. 744 If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Elizabeth Peters

(a) Residence. No. D'Alene Home for the Aged
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1844-6-13

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) C. F. Johnson Coeur d'Alene Homes

18. BURIAL, CREMATION, OR REMOVAL Place D'Alene, Date 1-6, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home D'Alene

20. FILED 1-29, 1932 W. S. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1931, to 1/3, 1932

I last saw her alive on 12/30, 1931: death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy -	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O M Husted, M. D.

(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77999

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stewart-B. Terway 57

(a) Residence. No. 15th St. + Hastings St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1918-12-4

7. AGE Years 13 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER
13. NAME Peter Terway
14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER
15. MAIDEN NAME Mary L. Walker
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Peter Terway

18. BURIAL, CREMATION, OR REMOVAL
Place C D Alene Date 2-3, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home No. C D Alene

20. FILED 1-31, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1932, to Jan. 30, 1932
I last saw him alive on Jan. 30, 1932; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1929.

Other contributory causes of importance:
Diabetic Coma.

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) John O'Mead, M. D.
(Address) Feb. 3. 1932.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78000

PLACE OF DEATH
County of Koot
City of Coeurd'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 5
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph McCullen Willis 44
(a) Residence. No. 215 - West Foster St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cleo

6. DATE OF BIRTH (month, day and year) December 9 - 1880

7. AGE Years 51 Months 1 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Lacona Iowa
(State or country)

PARENTS
10. NAME OF FATHER Hopkins Willis
11. BIRTHPLACE OF FATHER (city or town) Ky
(State or Country)
12. MAIDEN NAME OF MOTHER Octava McCullen
13. BIRTHPLACE OF MOTHER (city or town) California
(State or County)

14. Informant (Address) Mrs. J. Willis Coeurd'Alene

15. Filed 1-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1931, to June 15, 1931
that I last saw him alive on June 15, 1931
and that death occurred, on the date stated above, at 1:00 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach & Liver
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none
— (duration) — yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? X ray ext
(Signed) John Bradley, M. D.
Jan 13, 1932 (Address) Spokane Wn

19. Place of Burial, Cremation, or Removal Forest Cemetery
Date of Burial 1-15 1932

20. Undertaker Mooney Mortuary
Address Coeurd'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78001

PLACE OF DEATH—
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fritz Timm

31

(a) Residence. No. 603 - Empire St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Minnie Timm

6. DATE OF BIRTH (month, day, and year) 1852 11-1

7. AGE Years 80 Months 2 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stolzenburg Germany

FATHER
13. NAME Dont-Know
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dont-Know.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Chris. Kigger

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. Date 1-17, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene. Ida.

20. FILED 1-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1931, to Jan 14, 1932
I last saw him alive on Jan 14, 1932: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	not known

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Brewer
(Signed) E. H. Tuel M. D.
(Address) Coeur d'Alene Ida

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78002

PLACE OF DEATH
County of Latah
City of Princeton

Registration District No. 65
Primary Registration District No. 2145

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Laura Fern Ruhl

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sidney A. Ruhl

6. DATE OF BIRTH (month, day, and year) July 27. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomingdale Ind.

FATHER

13. NAME Henry Allen

14. BIRTHPLACE (city or town) (State or country) Bloomingdale Ind.

MOTHER

15. MAIDEN NAME Mary Dell Cook

16. BIRTHPLACE (city or town) (State or country) Bloomingdale Ind.

17. INFORMENT (Address) Mrs. Henry Allen Whittier Calf.

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash Date Jan 31, 1932

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED Jan 29, 1932 D. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 28? 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw her alive on Jan 4 —, 1932 death is said to have occurred on the date stated above, at 645 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Improper care by an irregular practitioner

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Kibbon M. D.

(Address) Potlatch Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78004

744

PLACE OF DEATH
County of Latah
City of Potlatch
Registration District No. 6 3
Primary Registration District No. 2145 Local Registrar's No.
(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Hoenekamp

(a) Residence. No. Potlatch Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 17. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawmill

10. Date deceased last worked at this occupation (month and year) Oct. 1931

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Davers Germany

FATHER

13. NAME Hoenekamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Stureman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) G.P.Anderson Potlatch Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Ida. Date Jan. 11, 1932

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash.

20. FILED Jan 11th, 1932 Jos. Thompson MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1932, to Jan 8th, 1932
I last saw him alive on Jan. 8th, 1932: death is said to have occurred on the date stated above, at 3. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. C. Gabbert, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78007

PLACE OF DEATH
County of Latah
City of Moscow (rural)
Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 7
(No.) 209
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Montgomery Humphrey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Willie Humphrey

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1/18/32
11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Sweetwater Ten.

FATHER
13. NAME Andersc Humphrey
14. BIRTHPLACE (city or town) (State or country) Ten.

MOTHER
15. MAIDEN NAME Alva Ann Walker
16. BIRTHPLACE (city or town) (State or country) Ten.

17. INFORMENT (Address) Mrs. Willie Humphrey Moscow, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 1/21/, 192
19. UNDERTAKER (Address) H.R. Short Moscow Ida.
20. FILED Feb. 3, 192 John Erickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/19 192

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed	
Acute myocarditis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H.R. Short Coroner, M.D.
(Address) Moscow Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78008

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 8

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Jenkins

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Francis Jenkins

6. DATE OF BIRTH (month, day, and year) Mar. 12, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
81	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Burser Emeritus

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Myrth Tydvil Wales

FATHER

13. NAME David Jenkins

14. BIRTHPLACE (city or town) (State or country) Not known " "

MOTHER

15. MAIDEN NAME "b "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs. Gertrude Hulme Palto Alto, Calif.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 1/24, 1932

19. UNDERTAKER H.R. Short (Address) Moscow

20. FILED Feb. 3, 1932 John Erickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1931, to Jan. 22, 1932

I last saw him alive on Jan 21, 1932: death is said to have occurred on the date stated above, at 1:50 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C.O. Armstrong, M. D.

(Address) Moscow, Idaho

RECEIVED FEB [illegible] 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 78009

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thyrea C. McGregor

91 F

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of H/ McGregor

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morgan Co. Ind.

FATHER

13. NAME John Collins

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Nancy Rowe

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. A. L. Ransom Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Jan. 13, 1932

19. UNDERTAKER R. R. Short (Address) Moscow

20. FILED Feb. 3, 1932 John Cushman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19. 1931, to Jan 8. 1932

I last saw her alive on Jan 8, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial & Cardiac Sclerosis	

Other contributory causes of importance:

Cerebral Softening	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Magee, M. D.

(Address) Moscow

RECEIVED FEB 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78010

PLACE OF DEATH

County of Latah Registration District No. 64

City of Troy Primary Registration District No. 2144 Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** Ben Gunderson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug-22-1866

7. AGE Years 65 Months 5 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10. NAME OF FATHER Rev Gunderson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway

12. MAIDEN NAME OF MOTHER Bertojohana Bettel

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Norway

14. Informant (Address) Mrs Ben Gunderson Troy Ida

15. Filed Jan 31, 1932 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 26th, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932 to Jan 26, 1932
that I last saw him alive on Jan 26, 1932
and that death occurred, on the date stated above, at 11 15 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic heart disease

..... (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? .....
(Signed) Chas. A. Meyer, M. D.
Jan. 27, 1932 (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal Moscow Idaho Date of Burial Jan 30 1932

20. Undertaker John J Pickerd Address Troy Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 78011

Local Registrar's No. 3

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Samuel H. Knepper

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Matilda Duke Knepper

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
79	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) 1/15/32

11. Total time (years) spent in this occupation Life Time

12. BIRTHPLACE (city or town) (State or country) Berlin Pa.

FATHER

13. NAME Jonathan Knepper

14. BIRTHPLACE (city or town) (State or country) Berlin Pa.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Matilda Knepper Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Tacoma Date ...., 193..

19. UNDERTAKER (Address) F. R. Short

20. FILED Feb. 3, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/15 1932

22. I HEREBY CERTIFY, That I attended deceased from ...., 193.., to ...., 193..

I last saw h.. alive on ...., 193..: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fell dead in kitchen	
at home of Apoplexy	

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193..

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) F. R. Short Coroner M.D.

(Address) Moscow Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78012

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME John James Gavin

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Caldonia Frazier Gavin

6. DATE OF BIRTH (month, day, and year) March 17, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stevenstown Wis.

FATHER
13. NAME Wm. Gavin
14. BIRTHPLACE (city or town) (State or country) Mayo Ireland

MOTHER
15. MAIDEN NAME Sarah McQuignan
16. BIRTHPLACE (city or town) (State or country) Tyrone Ireland

17. INFORMENT (Address) Mary Gavin Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL Place Moscow Date 1/19, 1932

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED Feb. 3, 1932 Mary Enbread Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from 193 , to , 193

I last saw him alive on Jan. 16, 1932; death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Arterio sclerosis (general)	
Chron. interstitial nephritis	

Name of operation Date of

What test confirmed diagnosis? Clinical: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) Moscow, Idaho

RECEIVED FEB 6 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 6

DO NOT WRITE IN THIS SPACE

State File No. 78013

41

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy L. Willis

(a) Residence. No. 526 N. Washington St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Columbus P. Willis

6. DATE OF BIRTH (month, day, and year): Dec. 13, 1874

7. AGE: Years 57 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canton N. Car.

FATHER

13. NAME: A. J. Murrey

14. BIRTHPLACE (city or town) (State or country): Not KNown

MOTHER

15. MAIDEN NAME: Elizabeth Bonnam

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): C. P. Willis, Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow Date: 1/20, 1932

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED: Feb. 3, 1932 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1/18/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 18, 1932

I last saw her alive on Jan 18, 1932; death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Punctured wound R Thumb.	Jan 13
Tetanus Septicemia - Gas Gangrene	Jan 17

Other contributory causes of importance:

Toxic Myocarditis

Name of operation: Amput Right Arm Date of: Jan 17th

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury: Adding fuel to Stove

Nature of injury: Punctured wd Thumb by Steel

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: As indicated above

(Signed) H. Magee, M. D.

(Address) Moscow

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78014

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 9

(No. U. of I. Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Eugene Holbrook

(a) Residence. No. St. Ola Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1908

7. AGE: Years 23 | Months 5 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student at U. of I.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ola Idaho

FATHER

13. NAME Frank Holbrook

14. BIRTHPLACE (city or town) (State or country) Parma Idaho

MOTHER

15. MAIDEN NAME Mary Beal

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. Mary Holbrook Ola Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ola Idaho Date 1/24/32 193

19. UNDERTAKER (Address) H.R. Short Moscow, Ida.

20. FILED Feb. 3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/24 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1932, to Jan 24, 1932

I last saw him alive on Jan 24, 1932: death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic Cerebrospinal	
Meningitis	

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Meningococcus organism Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Moscow, Idaho

RECEIVED FEB 6 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78015

PLACE OF DEATH
County of Latah Registration District No. 64
City of Troy Primary Registration District No. 2144 Local Registrar's No. 131
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Anderson
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 1 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS
10. NAME OF FATHER Ellis Anderson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Marie Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Albin Swanson
(Address) Troy Idaho

15. Filed Jan 31 1932 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 14 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1931 to Jan 14 1932
that I last saw him alive on Jan 13 1932
and that death occurred, on the date stated above, at 3 4 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardio Vascular Renal disease

(duration) 20 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Chas. A. Mayer M. D.
1-16 1932 (Address) Troy Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Hesdala cem	Jan 17 1932

20. Undertaker John J. Pickerd Address Troy Ida

RECEIVED FEB 6 1932

PLACE OF DEATH

County of Latah

City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78016

Registration District No. 63

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie L. Nurse

102

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Osca Nurse

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Vincent Groves

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) G.A. Groves Juliaetta, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Tekoa Date 1/26, 1932

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED 1/24, 1932 B.F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/23/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to Jan 22, 1932

I last saw her alive on Jan 22, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	Jan 5
Bronchitis	Jan 5
Broncho-pneumonia	Jan 20

Other contributory causes of importance:

Arteriosclerosis	1915

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. A. Christensen, M. D.

(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78020

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 9

2. FULL NAME George Quanda

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Quanda

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Jack Quanda (Address) Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Salmon, Idaho Date 1-17-32, 193..

19. UNDERTAKER Wm E Doubleday (Address) Salmon Ida

20. FILED Feb 5, 1932 Cir C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-18 1932
Sick Two days.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William E Doubleday Coroner

(Address) Salmon Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78021

PLACE OF DEATH
County of Lemhi
City of Gibbonsville

Registration District No. 41
Primary Registration District No. 2/16
Local Registrar's No.

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Benton Beaver

(a) Residence. No. — Gibbonsville St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sam Beaver

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 70 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Neponsit, Illinois

FATHER
13. NAME Charles Holgate
14. BIRTHPLACE (city or town) (State or country) Neponsit Illinois

MOTHER
15. MAIDEN NAME Nancy Zemault
16. BIRTHPLACE (city or town) (State or country) , Indiana

17. INFORMENT (Address) J. D. Holgate, Gibbonsville, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Salmon Date Jan 15, 1932

19. UNDERTAKER (Address) Wm. C. Doebler

20. FILED Feb 5, 1932 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1930 to Jan 10, 1932
I last saw her alive on Jan 10, 1932 death is said to have occurred on the date stated above, at 8:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Chas F Hammer, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78022

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Edson A Morris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 4 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	3	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Meringo Ill.

FATHER
13. NAME Robert Morris
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) May Morris

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date , 193

19. UNDERTAKER (Address) Wm C. Tuckle Salmon, Ida.

20. FILED Feb 5, 1932 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-26" 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Jany 26, 1932
I last saw him alive on Jany 24, 1932: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart	
Apex broke 3 inches to left of nipple	

Other contributory causes of importance:

Nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) T B Wright, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78023

PLACE OF DEATH
County of Lemhi
City of

Registration District No. 71
Primary Registration District No. 2116
Local Registrar's No. 749

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred T. Crandall

(a) Residence. No. Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine J. Crandall.

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 56 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan 20, 1932
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Canandaqua New York

FATHER
13. NAME Corydon E. Crandall
14. BIRTHPLACE (city or town) (State or country) Clifton Springs New York

MOTHER
15. MAIDEN NAME Bell Leach
16. BIRTHPLACE (city or town) (State or country) Bloomfield New York

17. INFORMENT (Address) Catherine J. Crandall

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Spokane Date 1-28, 1932

19. UNDERTAKER (Address) Wm. C. Doebler Salmon

20. FILED Feb 5, 1932 Elio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1928, to Jan, 1932
I last saw him alive on Jan 20, 1932: death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
High Blood Pressure	Jan. 21/32
Apoplexy	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M.D.
(Address) Salmon, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB

DO NOT WRITE IN THIS SPACE
State File No. 78024

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Benjiman McCollough Mackey
(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lucia Downing Mackey
6. DATE OF BIRTH (month, day, and year): 8/25/1861
7. AGE: Years 70 Months 3 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Ranch
10. Date deceased last worked at this occupation (month and year): 10/1/30
11. Total time (years) spent in this occupation: 6 yrs.

12. BIRTHPLACE (city or town) (State or country): St Louis MO.

FATHER
13. NAME: John Edward Mackey
14. BIRTHPLACE (city or town) (State or country): County of Cork Irland.

MOTHER
15. MAIDEN NAME: Louise Pickerell
16. BIRTHPLACE (city or town) (State or country): County Clark Irland

17. INFORMENT (Address): G D Mackey Salmon Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Salmon Ida Date: 4/13th, 1932
19. UNDERTAKER (Address): Wm C Dackles Salmon Ida
20. FILED: Feb 2, 1932 Vic C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1-11" 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Jany 1, 1931
I last saw him alive on Jany 1, 1932: death is said to have occurred on the date stated above, at 1-P- m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central hemorrhage	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) T. S. Wright, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78025

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) 12
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore Gautier

(a) Residence. No. Salmon Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 11-1857

7. AGE: Years 74 | Months 0 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranches Stock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Theodore Gautier
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Theodore Gautier

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date 1-5", 1932

19. UNDERTAKER (Address) Wm C Doebler Salmon Ida.

20. FILED Feb 5, 1932 Clio C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from 1922, 193, to Jany 3, 1932
I last saw him alive on Jany 1, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Locomotor Ataxia	

Other contributory causes of importance:
Diabetes

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P S Wright, M. D.
(Address) Salmon Idaho

FORM V. S. No. 5-25 M. 1-19.

RECEIVED FEB 11 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Lewis

City of Nez Perce Idaho Village

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 47

Primary Registration District No.

(No. , St.)

File No. 78026

Registered No. 163

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lawrence Phillips

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Jan. (Month) 13 (Day) 1932 (Year)

7. AGE: Infant Yrs. Mos. ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Nez Perce, Idaho.

10. NAME OF FATHER Roy Phillips

11. BIRTHPLACE OF FATHER (State or Country) Walla Walla, Wash.

12. MAIDEN NAME OF MOTHER Mina Hoech

13. BIRTHPLACE OF MOTHER (State or Country) Wilson Creek, Wash.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roy Phillips

(Address) Nez Perce, Idaho.

15. Filed Feb 9 1932 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

1619

16. DATE OF DEATH: Jan. (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓ 19 , to ✓ 19 , that I last saw h alive on ✓ 19 , and that death occurred on the date stated above, at 4 M.

The CAUSE OF DEATH* was as follows:

Premature birth

Gestation about 6 months

(Duration) Yrs. mos. ds.

Contributory (Secondary) Sack of Ventral fusion

(Duration) yrs. mos. ds.

(Signed) Wesley F. Orr M. D.

1/14 1932 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nezperce Public Cemetery

DATE OF BURIAL: Jan 15 1932

20. UNDERTAKER: Albert Huff

ADDRESS: Nezperce Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED FEB 12 1932

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78029

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 2

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Alexander

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jas Alexander

6. DATE OF BIRTH (month, day, and year): March 2-1861

7. AGE: Years 69 | Months 90 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mill Creek Utah

FATHER
13. NAME: Charles Baker
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Caucy Elmer
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Alice Alexander

18. BURIAL, CREMATION, OR REMOVAL
Place: Murray Utah Date: Jan 15, 1932

19. UNDERTAKER (Address): C E Hickok Shoshone Idaho

20. FILED: Jan 13, 1932 J L Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.., to Jan 12, 193..
I last saw her alive on Jan 12, 1932; death is said to have occurred on the date stated above, at 6 45 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	

Other contributory causes of importance: Age.

Name of operation: None. Date of —
What test confirmed diagnosis? No Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Shoshone Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78030

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo Conklin

(a) Residence. No. ..... St. 31
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marguerite Conklin

6. DATE OF BIRTH (month, day, and year) Feby 10 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Ike Conklin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Marguerite Conklin

18. BURIAL, CREMATION, OR REMOVAL
Place Shoshone Ida. Date ....., 193..

19. UNDERTAKER C E Hickok
(Address)

20. FILED 1/18, 1932 L Fuller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 16 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193?, to ....., 193?
I last saw him alive on 1-16, 193?; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Lungs	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Scott Bacon M. D.
(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 12 1932

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78031

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Lawrence Gold Merrill

(a) Residence. No. Menan Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Annie Hall Merrill

6. DATE OF BIRTH (month, day, and year) Sept 7th 1901

7. AGE Years 30 Months 4 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Independence Idaho

FATHER
13. NAME Frank Gold
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Marguerite E Merrill Gold
16. BIRTHPLACE (city or town) (State or country) Smithfield Utah

17. INFORMENT (Address) S. W. Merrill Lorenzo Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Butte Date Feb 9th 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED ....., 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1932, to Feb. 5, 1932
I last saw him alive on Feb. 5, 1932; death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute diffuse peritonitis	Feb. 2, 1932

Other contributory causes of importance:

Acute appendicitis (perforating)	Jan 30 1932

Name of operation Appendectomy Date of 1-30-32
What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) M. Sutherland, M.D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Blano

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78032

Registration District No. 10

Primary Registration District No. 2178 Local Registrar's No. 3

(No. 101 b)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melba Jane Burrell

(a) Residence. No. Blano St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 31st 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
X	1	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blano Ida

FATHER

13. NAME Walter Burrell

14. BIRTHPLACE (city or town) (State or country) Blano, Ida.

MOTHER

15. MAIDEN NAME Annie Jane Rawson

16. BIRTHPLACE (city or town) (State or country) Blano Idaho

17. INFORMENT (Address) Walter Burrell Blano Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Blano Date Feb. 2nd 1932

19. UNDERTAKER (Address) Thorpe & Hubbell Wallace Ida.

20. FILED Feb 7, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to Jan 31, 1932

I last saw ~~him~~ alive on —, 193.. ; death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. L. Rigby, M. D.

(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78033

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 2
(No. Rexburg General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Andrew James Bird
(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Synthia Abbie Bird
6. DATE OF BIRTH (month, day, and year): Feb. 13, 1856
7. AGE Years: 75 Months: 11 Days: 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (city or town) (State or country): Springville, Utah.

FATHER
13. NAME: William Bird
14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER
15. MAIDEN NAME: Anne Royalance
16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMENT (Address): David O. Bird, Rexburg, Idaho.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Rexburg Date: 1/26, 1932
19. UNDERTAKER (Address): Russel R. Flamm, Rexburg
20. FILED: Jan 7, 1932 G. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193
22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1931, to Jan. 23, 1932
I last saw him alive on Jan. 22, 1932: death is said to have occurred on the date stated above, at 5:9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic Myocarditis	
(a) Bronchitis	
(b) Embolism Rt Popliteal	aptery
(A) Gangrene	

Other contributory causes of importance:

Name of operation: Amputation Rt leg Date of Jan 17
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify none
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78034

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Edwards Baird 749

(a) Residence. No. Rexburg St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1879

7. AGE Years 52 Months 3 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Edwards

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Lois Baird Camphouse Rexburg

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake City Date 1/20, 1932

19. UNDERTAKER (Address) Russell Flamm Rexburg Idaho

20. FILED Jan 7, 1932 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1932, to Jan. 19, 1932

I last saw her alive on Jan 19, 1932: death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-18-32

Other contributory causes of importance:

Arterio-sclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Sutherland, M. D.

(Address) Rexburg Idaho

RECEIVED FEB 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78035

PLACE OF DEATH
County of Nez Perce
City of Gifford

Registration District No. 92
Primary Registration District No. 2170
(No.)

Local Registrar's No. 39

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Bertie Luella Tiede

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of August H. Tiede

6 DATE OF BIRTH (month, day and year) Nov - 28 - 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Conway, Iowa.

PARENTS
10 NAME OF FATHER William P. Hayes
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio.
12 MAIDEN NAME OF MOTHER Sarah E. Parks
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant Clara Pilgrim
(Address) 812 - 8th St Clarkston Wn.

15 Filed 1-11, 1932 E E Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 8 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931, to Jan 8, 1932, that I last saw h[illegible] alive on Jan 8, 1931, and that death occurred, on the date stated above, at 1:40 a m.

The CAUSE OF DEATH* was as follows:
Interstitial Nephritis

(duration) 3 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) acites
(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? Alberta
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Laboratory
(Signed) E E Watts, M. D.
1-8, 1931 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Gifford — Date of Burial Jan 12 1932

20. Undertaker A. R. Merchant — Address Clarkston Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78036

Registration District No. .....
Primary Registration District No. .....
(No. .....)
Local Registrar's No. 40

PLACE OF DEATH
County of Nez Perce
City of Gifford

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

114

2. FULL NAME George Jasper Boyd

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 6-8-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) agriculture
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Coshocton Ohio

PARENTS

10 NAME OF FATHER Wm T. Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Hannah Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Chas L. Boyd
(Address) Gifford Ida

15 Filed 1-27, 1932 E. E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 26 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1930, to Jan 26, 1932, that I last saw him alive on Jan 23, 1932, and that death occurred, on the date stated above, at 330 a.m.

The CAUSE OF DEATH* was as follows:
Ulcerative Cystitis and Pyelitis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Prostatitis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Gifford
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Laboratory
(Signed) E. E. Watts, M. D.
1-27, 1932 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Lookout	1-28 1932
20. Undertaker Brown & Hamm	Address Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Lyl.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78039

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Frederick Winfield Shaeffer.

(a) Residence. No. Somerville Home. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 21st, 1854.

7. AGE Years 77. Months 2. Days 27. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Patient Somerville

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster, Ohio.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Wm Schiller. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Jan. 19th 1932.

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED Jan. 19, 1932 J. M. Lyle Registrar. By H. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Jan 18, 1932

I last saw him alive on Jan, 1932: death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation none Date of ✓

What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 18041

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Harris Hulse

(a) Residence. No. 10th & Bridge St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bonnie Gray

6. DATE OF BIRTH (month, day and year) Nov 9, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	2	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk, Store,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer W.A. Wallis

9. BIRTHPLACE (city or town) (State or country) Enterprise, Oregon

PARENTS

10. NAME OF FATHER E.M. Hulse

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Soleen, Nebr

12. MAIDEN NAME OF MOTHER Hattie M Wilsey

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant E.M. Hulse (Address) Clarkston, Wash.

15. Filed Jan 23, 1932 By J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 19, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to Jan 19, 1932
that I last saw h.. alive on Jan 19, 1932
and that death occurred, on the date stated above, at 1:45 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fracture of Skull (base) accidental automobile accident
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Brain injury
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W O Clark, M. D.
Jan 23, 1932 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal: Clarkston Wn — Date of Burial: 1/22/32 19

20. Undertaker: H.R. Merchant — Address: Clarkston Wn

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 18043

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 909
Local Registrar's No.
(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. **FULL NAME** Pauline Ellen Potter

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of F.M. Potter

6. DATE OF BIRTH (month, day and year) April 25- 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Grundy Co. Mo.

PARENTS

10. NAME OF FATHER D.J. Durrer

11. BIRTHPLACE OF FATHER (city or town) (State or Country) .....

12. MAIDEN NAME OF MOTHER Rachel Pickett

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Tenn

14. Informant F.M. Potter
(Address) Lewiston Idaho

15. Filed Jan 20, 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 18th (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 13th, 1932, to Jan. 18th, 1932, that I last saw her alive on Jan. 18th, 1932, and that death occurred, on the date stated above, at 6:40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Chronic interstitial nephritis

(duration) 12 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Cardiac hypertrophy
(duration) 6 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Signs & symptoms
(Signed) H. Reed M. D.
....., 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal	Date of Burial
Reuser Idaho.	Jan 21 1932
20. Undertaker H R Merchant	Address Clarkston Wash

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of NezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 78044

Local Registrar's No. 117

2. FULL NAME Anna Maxine Trukositz

(a) Residence. No. Craigmont Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 27 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Stephen Trukositz

14. BIRTHPLACE (city or town) (State or country) Austria-Hungary

MOTHER

15. MAIDEN NAME Thresa Natz

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Carl J. Markowski Clarkston Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Morrowton Ida Date 1-14 32 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED Jan 22, 1932 J. M. Lytle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-12-32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Jan 12, 1932
I last saw h alive on Jan 12, 1932 death is said to have occurred on the date stated above, at 10.30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	

Other contributory causes of importance: Acute dilatation of stomach, paralytic Ileus

Name of operation appendectomy Date of Jan 11, 32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W O Clark M.D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78045

Registration District No. 96

Primary Registration District No. 1809

Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Wayne H. Jessup.

(a) Residence. No. St. Winona, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 16th, 1912.

7. AGE: Years 19. Months 3. Days 15. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. High School Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leland, Idaho.

FATHER

13. NAME Ernest Jessup.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Ida Bond.

16. BIRTHPLACE (city or town) (State or country) Troy, Idaho.

17. INFORMENT (Address) Ernest Jessup Winona, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville, Idaho Date Jan. 3rd, 1932.

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED Jan. 2, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 1st, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1931, to Jan 1st, 1932

I last saw him alive on Jan. 1st, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lung Abscesses

Date of onset

Other contributory causes of importance:

None

Name of operation Nov 25th 31 Rib Resection Drainage

What test confirmed diagnosis? Pus Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Carrsow, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 78046

Local Registrar's No. 1019

2. FULL NAME David Halfmoon

(a) Residence. No. Culdesac Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Red	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vera Halfmoon

6. DATE OF BIRTH (month, day, and year) April 21 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Chas Halfmoon

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Janette Parson

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Mrs Vera Halfmoon Culdesac Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Blickpoo Ida. Date 1-11-32 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho

20. FILED Jan. 12, 1932 J. M. Pyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-7-32 193

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1932, to January 7, 1932
I last saw him alive on January 7, 1932; death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Pneumonia	
both lungs	
Other contributory causes of importance:	
Accidentally Shot	

Name of operation none Date of
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Jan 4, 1932
Where did injury occur? Lapwai Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Both lungs punctured
Nature of injury Rifle shot

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. G. Pearson, M. D.
(Address) Lewiston Idaho

RECEIVED FEB

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78047

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1209
Local Registrar's No.

(No. 1442 Idaho Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Loretta May Page.

(a) Residence. No. 1442 Idaho street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21st, 1862.

7. AGE: Years 69. Months 7. Days 26. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Harry Mustoe.
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Martha M. Henett.
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMENT (Address) Mrs. Maud Tomlin Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Reubens, Idaho. Date , 193

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED Jan. 17, 1932 J. M. Lyle Registrar. By G. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1931, to Jan 17, 1932
I last saw her alive on Jan 17, 1932: death is said to have occurred on the date stated above, at 11 1/2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis & Hypertension	1922
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) Paul G. Haury, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78048

Registration District No. 96
Primary Registration District No. 1809
Local Registrar's No. 9

(No. 420 1st Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Iassac Binnard

(a) Residence. No. 420 -1st Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Propriter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre

10. Date deceased last worked at this occupation (month and year) 1/18/32

11. Total time (years) spent in this occupation 25yrs

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Abraham Binnard

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachael Grostein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs S. Goldstone Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Normal Hill Date 1-20, 1932

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED Jan 22, 1932 J. M. Pyle Registrar.
By D. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/18/32 193

22. I HEREBY CERTIFY, That I attended deceased from July, 1930, to 1-18-, 1932
I last saw h[illegible] alive on 1-18, 1932 death is said to have occurred on the date stated above, at 5a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Jan 1930
Coronary Thrombosis	March 1930
Second attacks	
Last one happened 10 minutes before death	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Carbon Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. — MARGIN RESERVED FOR BINDING

Lyle

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

State File No. 78050

Local Registrar's No. 749

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Erwin Thobius Goodfellow.

(a) Residence. No. 1125 17th, St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 30th, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	8.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Drayman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rippon,
(State or country) Wisconsin.

FATHER

13. NAME Geo. Goodfellow.

14. BIRTHPLACE (city or town)
(State or country) N. Y.

MOTHER

15. MAIDEN NAME Abbigal Seeley.

16. BIRTHPLACE (city or town)
(State or country) N. Y.

17. INFORMENT Mrs. E. T. Goodfellow,
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Jan. 16th 1932.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Jan. 19, 1932 J. M. Lyle Registrar.
By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 14th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan-6, 1932, to Jan-14, 1932
I last saw h[illegible] alive on Jan-14, 1932. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy -	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1932
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1209

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 78051

Local Registrar's No.

44

2. FULL NAME Mrs Cathrine Moore

(a) Residence. No. 702 5th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Daniel Moore Deceased

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scranton Penn

FATHER

13. NAME Frank May

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Cathrine Rock

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs Geo Beckman Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Normal Hill Date 1/28/32 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston

20. FILED Feb. 1, 1932 J. M. Pyle Registrar. By J.M.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 193 1, to Jan 26, 193 2

I last saw her alive on Jan 25, 193 2, death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W O Clark, M. D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78052

Lyle

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1089
Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

589

2. FULL NAME William A. Long.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 67. Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME Not known.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Oscar Long Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Jan. 29th 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Feb. 2, 193 J. M. Lyle Registrar. By G. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ~~Dec.~~ Jan. 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1932, to Jan. 26, 1932
I last saw him alive on Jan. 22, 1932 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	?

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Purpose Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78060

PLACE OF DEATH
County of Oneida
City of Malad.

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 V

2. FULL NAME Annie S. Larson

(a) Residence. No. St John Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James Larson

6. DATE OF BIRTH (month, day, and year) June 14-1850

7. AGE Years 81 Months 7 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Lars Sorensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME ✓ Unknown
16. BIRTHPLACE (city or town) (State or country) ✓ "

17. INFORMENT (Address) ✓ Leff Larson Malad Ida

18. BURIAL, CREMATION, OR REMOVAL Place St John Date Burial Feb. 3 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Ida

20. FILED 1/31, 1932 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1930, to Jan. 31, 1932
I last saw her alive on Jan 30, 1932; death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Mitral insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) V. P. Garst, M. D.
(Address) Malad, Ida.

RECEIVED FEB 8 193?

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78061

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2064
Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rhoda L. Jones

(a) Residence. No. Malad Ida RFD 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas C. Jones
6. DATE OF BIRTH (month, day, and year) July 4. 1867
7. AGE Years 64 Months 6 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willard Utah

FATHER
13. NAME Zephaniah Jones
14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Caroline Wales.

17. INFORMENT (Address) T. J. Jones
18. BURIAL, CREMATION, OR REMOVAL Place St John Ida Date Jan 31, 193 2 Burial
19. UNDERTAKER (Address) J. Guy Benson Malad Ida
20. FILED 1/31, 193 2 J. M. Nuns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 28 193 2
22. I HEREBY CERTIFY, That I attended deceased from June, 193 8, to Jan 28, 193 2
I last saw her alive on Jan 27, 193 2; death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Pneumonia	

Other contributory causes of importance:

Probable gall bladder trouble	

Name of operation Date of
What test confirmed diagnosis? Ph. Jaundice. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) C. P. Grant, M. D.
(Address) Malad, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78062

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ann E. Knivetan Evans

(a) Residence. No. Malad Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Daniel R. Evans.

6. DATE OF BIRTH (month, day, and year) July 6-1853

7. AGE Years 78 Months 6 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Joseph Knivetan
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Ellen ?
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Charlotte K. Evans. Malad Ida

18. BURIAL, CREMATION, OR REMOVAL Burial
Place St. John Ida Date Jan 16 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Ida

20. FILED 1/31, 1932 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Jan 12, 1932

I last saw her alive on Jan 12, 1932: death is said to have occurred on the date stated above, at 8:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Conditions ~~[illegible]~~	
developed with	
Old age. Acute indigestion	
Heart myocarditis?	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O. H. Mabey, M. D.
(Address) Malad Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78063

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 206

Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Thomas S. Jones Jr.

(a) Residence. No. Malad Ida Rt 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 37 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Thorpe

6. DATE OF BIRTH (month, day, and year) Aug. 26-1894

7. AGE Years 37 Months 4 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. John Idaho

FATHER

13. NAME Thomas S. Jones

14. BIRTHPLACE (city or town) (State or country) Willard Utah

MOTHER

15. MAIDEN NAME Rhoda L. Jones

16. BIRTHPLACE (city or town) (State or country) Willard Utah

17. INFORMENT (Address) U. S. Jones Malad Ida

18. BURIAL, CREMATION, OR REMOVAL Burial
Place St. John Ida Date Jan 12 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Ida

20. FILED 1/31, 1932 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1926, to Death, 193..

I last saw him alive on Jan 8, 1932 death is said to have occurred on the date stated above, at 1.09 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Mitral double
aortic stenosis

Date of onset: greater part of life

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) O. H. Maley, M. D.

(Address) Malad Idaho

RECEIVED FEB 8 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78064

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10p-9

2. FULL NAME Ida M. Kennard

(a) Residence. No. 1031 N. 4th St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Dr. John L. Kennard
6. DATE OF BIRTH (month, day, and year): Oct-21-1855
7. AGE: Years 76, Months 3, Days 3, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pittsburg Ind.

FATHER
13. NAME: Chas W. Robertson
14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER
15. MAIDEN NAME: Ellen Boylan
16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMENT (Address): F. H. Wolover Springfield. Missouri

18. BURIAL, CREMATION, OR REMOVAL
Place: Portland Oregon Date: 1-26, 1932

19. UNDERTAKER (Address): Glenn C. Pardon Payette - Idaho

20. FILED ....., 193.. J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932, to Jan 24, 1932
I last saw her alive on Jan 24, 1932, death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Broncho.	Jan. 17, 1932

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....
(Signed) Minnie R. Fox, M. D.
(Address) Payette Ida.

RECEIVED FEB 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78065

PLACE OF DEATH
County of Power
City of Am. Falls, Idaho.
Registration District No. 27
Primary Registration District No. 2072
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Birdie Evelyn, Hatfield

(a) Residence. No. Arbon Idaho St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F-Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ – (or) WIFE of Ray Hatfield

6. DATE OF BIRTH (month, day, and year) Oct. 1.1906

7. AGE: Years 25 | Months 3 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylorville, Utah.

FATHER
13. NAME C.M/ Wacaster
14. BIRTHPLACE (city or town) (State or country) Salt Lake City

MOTHER
15. MAIDEN NAME Mary L. Smith
16. BIRTHPLACE (city or town) (State or country) Salt Lake City

17. INFORMENT (Address) E. T. Anderson

18. BURIAL, CREMATION, OR REMOVAL Place Am. Falls, Ida. Date Jan. 26, 1932

19. UNDERTAKER (Address) H. L. Davis American Falls, Idaho.

20. FILED 1-26, 1932 Genevieve Nolte Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 24, 1932
I last saw her alive on Jan 24, 1932; death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Impacted gall stone in common duct	Jan 16

Other contributory causes of importance:

Infected gall bladder & ulcer of duodenum was 5 mo pregnant	3 yrs.

Name of operation Cholecystectomy & Pyloroplasty Date of 1/22 1922
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C. F. Schiltz, M. D.
(Address) Amer. Falls. Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78066

PLACE OF DEATH
County of Power
City of American Falls
Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Oswell F. Hess
(a) Residence. No. Rockland, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Millie Hess
6. DATE OF BIRTH (month, day, and year) Mar. 18, 1893
7. AGE Years 38 Months 9 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Farmington

FATHER
13. NAME John F. Hess
14. BIRTHPLACE (city or town) (State or country) Farmington

MOTHER
15. MAIDEN NAME Elena Udy
16. BIRTHPLACE (city or town) (State or country) Farmington Utah

17. INFORMENT (Address) Millie Hess
18. BURIAL, CREMATION, OR REMOVAL Place Rockland Date 1-12, 1932
19. UNDERTAKER (Address) H. Davis Am. Falls, Idaho.
20. FILED 1-12, 1932 Genevieve Noth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9 1932
22. I HEREBY CERTIFY, That I attended deceased from Saw him, 193.., only after death, 193..
I last saw h..... alive on ....., 193.., death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance were as follows: Cerebral hemorrhage — Date of onset
Died about 10 minutes after first complaining
Other contributory causes of importance: Overwork on stalled car
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) C. F. Schiefer, M. D.
(Address) Amer. Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kingston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78067

Registration District No. 123
Primary Registration District No. 2261 Local Registrar's No. 4

164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Buchanan

(a) Residence. No. Kingston, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Joseph C. Buchanan

6. DATE OF BIRTH (month, day, and year) Jul-16-1859

7. AGE Years 72 Months 6 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warsaw Mo

FATHER
13. NAME Wm W. Canada
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Mary Virginia
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Mrs Henry Buchanan

18. BURIAL, CREMATION, OR REMOVAL Place Kingston Date Jan 20, 1932

19. UNDERTAKER (Address) R. L. Stout Kellogg Idaho

20. FILED Feb. 1, 1932 Mary Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from or about ....., 193..., to Jan 5, 1932
I last saw her alive on Jan 5, 1932: death is said to have occurred on the date stated above, at 11:55 m.
The principal cause of death and related causes of importance were as follows: Date of onset
Old age only cause known.
I saw her but the once.
She did not - could not talk -
No control of functions - I
felt it was useless to
Other contributory causes of importance:
give medicine or for the
family to spend money for
doctors

Name of operation None Date of .....
What test confirmed diagnosis? ? Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) Geo H Kennett, M. D.
(Address) Kellogg, Idaho

RECEIVED FEB 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78068

PLACE OF DEATH
County of Shoshone
City of Wardner

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. FULL NAME Baby Bilkey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female		

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 11-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
✓	✓	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Irene Bilkey
16. BIRTHPLACE (city or town) (State or country) Rossland B.C.

17. INFORMENT (Address) Mrs. H. T. Bilkey

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Date Jan 20, 1932

19. UNDERTAKER (Address) R. L. Stone - Kellogg Ida

20. FILED Feb. 1, 1932 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1932, to Jan 13th, 1932
I last saw her alive on Jan 12th, 1932; death is said to have occurred on the date stated above, at 6a m.
The principal cause of death and related causes of importance were as follows: Prematurity

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78069

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Ellen Hughes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of T. J. Hughes.

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1850

7. AGE Years 81 Months 2 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housekeeper,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Dan Farrell
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME no inf.
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) W. M. Hughes, Kellogg, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Idaho Date Jan 23, 1932

19. UNDERTAKER (Address) H. B. Thornhill, Kellogg, Idaho,

20. FILED Feb. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to Jan 21, 1932
I last saw her alive on Jan 8th, 1932; death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows: Old age & Chronic nephritis

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

96 W

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 78070

Local Registrar's No. 5

101-A

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gale Knucky

(a) Residence. No. 202 East Portland St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 8, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc — —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER

13. NAME John Knucky

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Laura Grace Tuson

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs. John Knucky Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date Jan 22, 1932

19. UNDERTAKER H. B. Thornhill (Address) 621 Division St, Kellogg Idaho

20. FILED Feb. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Jan 19, 1932
I last saw h[illegible] alive on Jan 14, 1932: death is said to have occurred on the date stated above, at 7.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Jan. 14 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~Accident~~ Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Geo. T. Kennett, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 78071

Local Registrar's No. 7

(No.) 10
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Grant Elmore

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 22, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg (State or country) Idaho

FATHER
13. NAME William Elmore
14. BIRTHPLACE (city or town) No Inf (State or country)

MOTHER
15. MAIDEN NAME No Inf. Mary Pratt
16. BIRTHPLACE (city or town) — (State or country)

17. INFORMENT (Address) William Elmore

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg, Idaho Date Jan 22, 1932

19. UNDERTAKER Harold Thornhill
(Address) Kellogg, Ida.

20. FILED Feb. 1, 1932 Miss. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/22 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1932, to 1/22, 1932,
I last saw him alive on 1/22, 1932: death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	about 1/18/32

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical and Laboratory. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. W. Larsaway, M.D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 8 1932

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 3201

DO NOT WRITE IN THIS SPACE
State File No. 78072

Local Registrar's No. 2

(No.) 10
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucille Ruby Beamis

(a) Residence. No. Kellogg, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 20, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg, Idaho

FATHER

13. NAME Frank Beamis

14. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

MOTHER

15. MAIDEN NAME Eva Pratt

16. BIRTHPLACE (city or town) (State or country) Dudley

17. INFORMENT (Address) Frank Beamis

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rose Lake, Idaho Date Jan 18, 1932

19. UNDERTAKER Harold Thornhill
(Address) 621 Division Kellogg Ida.

20. FILED Feb. 1, 1932 Miss Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/16 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1932, to 1/16, 1932

I last saw her alive on 1/16, 1932; death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	1/12/32

Other contributory causes of importance:

Name of operation Tracheotomy Date of 1/16/32

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) T. W. Laraway, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 78073

Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

10

2. FULL NAME Orval Raymond Beamis

(a) Residence. No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 4 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg Idaho
(State or country)

FATHER

13. NAME Frank Beamis

14. BIRTHPLACE (city or town) Kellogg Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ava Pratt

16. BIRTHPLACE (city or town) Hudley Idaho
(State or country)

17. INFORMENT Frank Beamis
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Lake, Ida. Date Jan 18, 1932

19. UNDERTAKER H.B. Thornhill
(Address) 621 Division St, Kellogg, Idaho

20. FILED Feb. 1, 1932 Mrs. Helen M. Bridge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/16 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1932, to 1/16, 1932

I last saw him alive on 1/16, 1932: death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	1/12/32

Other contributory causes of importance:

Name of operation Intubation Date of 1/16/32

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Ivo Laraway, M.D.

(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78074

PLACE OF DEATH
County of Teton
City of Judkins

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard Reece

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

16) 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, 3½ hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Judkins
(State or country) Idaho

PARENTS
10. NAME OF FATHER Wm. Reece
11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Okla
12. MAIDEN NAME OF MOTHER Ethel Wykel
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) North Carolina

14. Informant (Address) Phoebe Swanner Felt R.D.1 Idaho

15. Filed 1-18-, 1932 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 17-, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17-, 1932, to 1-17-, 1932
that I last saw him alive on 1-17-, 1932
and that death occurred, on the date stated above, at 7.50 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Midwife
(Signed) Mrs. Phoebe Swanner, ~~M. D.~~
1-18-, 1932 (Address) Felt, Idaho

19. Place of Burial, Cremation, or Removal Felt, Idaho
Date of Burial 1-18-1932

20. Undertaker
Address

RECEIVED FEB 1 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78076

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Twin Falls. Registration District No. 37

City of Twin Primary Registration District No. 1085 Local Registrar's No. 8

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Evans Durbin

(a) Residence. No. 506 2nd E St. 90

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 27

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10. NAME OF FATHER W W Durbin

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant E P Durbin
(Address)

15. Filed 1/13 1932 Elizabeth J. Smith Registrar.
By dep.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1-30
(Month) Jan 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
1/10 1932 to 1/12 1932
that I last saw h[illegible] alive on 1/11 1932
and that death occurred, on the date stated above, at 1:30 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Mitral stenosis

General (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. D. Heard M. D.
1/13 1932 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Jan 13 1932

20. Undertaker F E Drake Address Twin Falls

RECEIVED FEB 13 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78077

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 11

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. **FULL NAME** George W Burnett

(a) Residence. No. Filer Idaho St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 12 yrs. mos. ds. How long in U. S. if of foreign birth? 35 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 68 Years | 6 Months | 21 Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Ontario
(State or country) Canada

PARENTS

10. NAME OF FATHER Geo Burnett

11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)

12. MAIDEN NAME OF MOTHER Isabella Harbottle

13. BIRTHPLACE OF MOTHER (city or town) England
(State or County)

14. Informant Mary Burnett
(Address) Filer Idaho

15. Filed ....., 19.....

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to ....., 19.....

that I last saw him alive on Jan 14, 1932

and that death occurred, on the date stated above, at 1 30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

Chronic Heart weakness (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) S C Wyatt DC, C.E. M.D.

Jan 14, 1931 (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cemetery	1-17 1932
20. Undertaker	Address
White Mortuary Inc	Twin Falls Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78078

PLACE OF DEATH
County of Twin Falls
City of Kimberly Idaho
Registration District No. 37
Primary Registration District No. 2081
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Glenn Frank Fritcher

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred: 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nana Fritcher

6. DATE OF BIRTH (month, day, and year) March 14

7. AGE Years 42 Months 10 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bank Cashier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashua Iowa

FATHER
13. NAME Frank Fritcher
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Olive Allred
16. BIRTHPLACE (city or town) (State or country) Brownsdale Minn

17. INFORMENT (Address) Mrs Ruby Hays Buhl

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date Jan 22 1932

19. UNDERTAKER (Address) Evans & Johnson Twin Falls L. J. Johnson

20. FILED 2/1, 1932 Elizabeth J. Smith Registrar By acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1932, to Jan 20, 1932
I last saw him alive on Jan 20, 1932 death is said to have occurred on the date stated above, at 8:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) J. N. Davis, M. D.
(Address) Kimberly Idaho

RECEIVED FEB 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78079

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 1085 Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

886

2. FULL NAME Loren Bates

(a) Residence. No. Twin Falls 2nd So St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 22 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address)

15. Filed 1/25 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 22 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1931 to Jan 22 1932
that I last saw him alive on Jan 22 1932
and that death occurred, on the date stated above, at 1240 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis, Chronic
Endocarditis Chronic
(duration) 8 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Acute cardiac
dilatation (duration) Immediate ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical findings
(Signed) Richard S. Symonton M. D.
Jan. 23 1932 (Address) 111 Shoshone St. No Twin Falls

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial Jan 25 1932

20. Undertaker F E Drake Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78080

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 1085 Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank J. Sell 749

(a) Residence. No. 1430 (Usual place of abode.) Maple Ave St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 10 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER Sell

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (city or town) (State or County) —

14. Informant Mrs. Sell (Address) Twin Falls, Ida.

15. Filed 1/26 1932 Elizabeth J. Smith Registrar. By ACS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 25th 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 25th 1932 to January 24 1932
that I last saw him alive on January 23 1932
and that death occurred, on the date stated above, at 4:47 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

1 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical only.

(Signed) Duncan L. Alexander, M. D.
1-25-32 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Los Angeles, Calif	Jan 1932

20. Undertaker F. C. Drake Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls,

City of Twin Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 78081

Local Registrar's No. 6

(No.) 57
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Peter Morgenstern

(a) Residence. No. 161 St. Jackson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Morgenstern

6. DATE OF BIRTH (month, day, and year) Jan. 16-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havanah, Ill.

FATHER

13. NAME Peter Morgenstern

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lucinda Doering

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Lillie Morgenstern Twin Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls, Date Jan. 13, 1932

19. UNDERTAKER Evans & Johnson
(Address) Twin Falls Ida.

20. FILED 1/12, 1932 Elizabeth L. Smyth
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/11 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1932, to Jan. 11, 1932

I last saw him alive on Jan. 10, 1932: death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Gangrene of foot.	

Other contributory causes of importance:

Arterio-sclerosis.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls, Ida

RECEIVED FEB 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78082

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH
Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 9
(No.) 47
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyda Stansbury
(a) Residence. No. 246 - 4th ave E. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Carlton Stansbury

6. DATE OF BIRTH (month, day and year) Dec 4 - 1868

7. AGE: 63 Years | Months: 1 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nebraska

PARENTS
10. NAME OF FATHER John T. Houston
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) M. J. Stansbury Berger, Ida

15. Filed 1-13, 1932 Elizabeth J Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1927, to Jan 12, 1932
that I last saw her alive on Jan 11, 1932
and that death occurred, on the date stated above, at 1:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of right breast

(duration) 4 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 3/27/27
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. D. Weaver, M. D.
1/12, 1932 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal: Twin Falls Cemetery | Date of Burial: 1-15 1932

20. Undertaker: White Mortuary Inc | Address: Twin Falls Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 2 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78083

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 10

(No. County Gen Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

24

2. FULL NAME Barbara Harmon

(a) Residence. No. 283 So Wash St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7 1923

7. AGE 8 Years 5 Months 7 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida

FATHER
13. NAME Arthur O Harmon
14. BIRTHPLACE (city or town) (State or country) Ida

MOTHER
15. MAIDEN NAME Laura Walter
16. BIRTHPLACE (city or town) (State or country) Ida

17. INFORMENT (Address) Arthur O Harmon 283-Wash

18. BURIAL, CREMATION, OR REMOVAL
Place Filer Date Jan 15, 1932

19. UNDERTAKER (Address) S C Phillips Twin Falls Ida

20. FILED 1/14, 1932 Elizabeth J. Smith Registrar. By acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-14-32 193

22. I HEREBY CERTIFY, That I attended deceased from 1/13/32, 193, to 1/14/32, 193
I last saw her alive on 1/14/32, 193: death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-spinal meningitis.	1/13/32

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Culture Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) E. Jensen M.D. M.D.
(Address) Twin Falls Idaho

RECEIVED FEB 13 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 18084

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1082 Local Registrar's No.

(No. Tyler St)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Frances Eulalia McIntyre

(a) Residence. No. Tyler St St. 119

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 21 – 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

PARENTS

10. NAME OF FATHER Neal McIntyre

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kans

12. MAIDEN NAME OF MOTHER Clara Meyer

13. BIRTHPLACE OF MOTHER (city or town) (State or County) No-Dak

14. Informant (Address) Neal McIntyre Tyler St

15. Filed 1-22, 1932 Elizabeth L. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 20, 1932, that I last saw her alive on Jan 19, 1932 and that death occurred, on the date stated above, at 5300 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

"Flu" Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? –

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. E. Langenwalter M. D.

Jan 20, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal: Sunset Cemetery — Date of Burial: 1-22 1932

20. Undertaker: L. E. Phillips — Address: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 28 1932

DO NOT WRITE IN THIS SPACE
State File No. 78085

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 17

(No. County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Welak

11 a

(a) Residence. No. Twin Falls R # 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of S. J. Welak

6. DATE OF BIRTH (month, day, and year) Jan 1 1891

7. AGE: 40 Years | Months | 24 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MO

FATHER

13. NAME Wesley Eaton
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) S. J. Welak R Del # 2 Twin Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Jan 28 1932

19. UNDERTAKER (Address) L. C. Riley's Twin Falls Ida

20. FILED Jan 28, 1932 Elizabeth A. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932, to Jan 25, 1932
I last saw him alive on Jan 25, 1932; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1/24/32
Other contributory causes of importance: Broncho Pneumonia	4

Name of operation None Date of
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Davis, M. D.
(Address) Kimberly Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 15186

PLACE OF DEATH
County of Twin Falls Registration District No. 37
City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 18
(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Katherine Calico
(a) Residence. No. Hansen St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 22 1903

7. AGE	Years	Months	Days	If LESS than 1 day,
	28	11	6	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wyoming

PARENTS
10. NAME OF FATHER J. F. Goodwin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mich
12. MAIDEN NAME OF MOTHER A. J. Dell
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Canada

14. Informant J. F. Goodwin
(Address) Hansen

15. Filed 2/10 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month) Jan (Day) 28 (Year) 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1932 to Jan 28 1932
that I last saw her alive on Jan 28 1932
and that death occurred, on the date stated above, at 4 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? Hansen Ida
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) J. M. Davis, M. D.
Jan 30 1932 (Address) Kimberly Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Jan 31 1932

20. Undertaker	Address
T. E. Drake	T. Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78090

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH
Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 7
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah M. Sampson 201
(a) Residence. No. 1037 Elm St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William G. Sampson

6. DATE OF BIRTH (month, day and year) June 6 1844

7. AGE Years 87 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS
10. NAME OF FATHER John Shufleton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Eliza Fisher
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant (Address) Stacy Sampson 1037 Elm St.

15. Filed 1/14, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 12, 1932
that I last saw her alive on Jan 12, 1932
and that death occurred, on the date stated above, at 9 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fracture L. Hip
fall
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure
(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? X-Ray & clinical
(Signed) J. W. Davis, M. D.
Jan 14, 1932 (Address) Kimberly Ida

19. Place of Burial, Cremation, or Removal: Twin Falls Cemetery
Date of Burial: 1-16 1932

20. Undertaker: White Mortuary Inc
Address: Twin Falls, Ida.

RECEIVED FEB 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78091

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 1085 Local Registrar's No. 2

(No.) Alex

(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME J. W. Durfee

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 5 1871

7. AGE Years 60 Months 6 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER Mr Durfee

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Malinda [illegible] Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Frank Durfee Almo Idaho

15. Filed Jan 4 1932 Elizabeth J. Smith Registrar.
By [illegible]

MEDICAL CERTIFICATE OF DEATH 2 Oclock

16. DATE OF DEATH Jan. 1 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 1931 to Dec 31 1931

that I last saw him alive on Dec 31 1931

and that death occurred, on the date stated above, at 2:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardio Renal Disease
Acute cardiac decompensation

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardio Renal disease

(duration) ✓ yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Phy Exam

(Signed) Richard D. Simonton M. D.

Jan. 3 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal Hagerman Date of Burial Jan 4 1932

20. Undertaker F. E. Drake Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78092

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 3

1185

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reuas Jefferson Jordan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Retta Jordan

6. DATE OF BIRTH (month, day, and year): June 20 1856

7. AGE: Years 75 | Months 6 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hartville Mo

FATHER
13. NAME: Wm Jordan
14. BIRTHPLACE (city or town) (State or country): Ind

MOTHER
15. MAIDEN NAME: Nellie Robinson
16. BIRTHPLACE (city or town) (State or country): Ind

17. INFORMENT (Address): Nella Warren Buhl Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Twin Date: Jan 5, 1932

19. UNDERTAKER (Address): Evans & Johnson L. C. Johnson Twin Falls

20. FILED 1/7, 1932 Elizabeth L. Smith Registrar. Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1931, to Jan. 3, 1932

I last saw him alive on Jan 2, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis with retention	
Obstruction of bowels, not complete.	

Other contributory causes of importance: Senility

Name of operation: Manual evacuation of rectum Date of: 12/31/31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78093

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 4
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 P

2. FULL NAME Carol Elizabeth Ellsworth

(a) Residence. No. Wendell, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John B. Ellsworth

6. DATE OF BIRTH (month, day and year) April 30 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	8	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hazel green Wis

PARENTS

10. NAME OF FATHER Arthur Thompson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Elizabeth Fryer
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Scott Elsworth
(Address) Filer Idaho

15. Filed 1/8, 1932 Elizabeth C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 6 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Jan 6th, 1931
that I last saw her alive on Jan 6th, 19....
and that death occurred, on the date stated above, at 1:45 A m

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Arthritis Chronic
(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? At Home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H E Lamb, M D
Jan 6th, 1931 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal	Date of Burial
Filer Cemetery	1-8 1932

20. Undertaker White Mortuary Inc. Address Twin Falls Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78095

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH
Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Joseph A. Ball
(a) Residence. No. 1544 Poplar Ave St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Clara A. Ball

6. DATE OF BIRTH (month, day and year) Oct 17-1860

7. AGE Years 71 Months 2 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Yamhill Oregon

PARENTS
10. NAME OF FATHER William Ball
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn
12. MAIDEN NAME OF MOTHER Mary Davis
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Mrs. Clara A. Ball
(Address) 1544 Poplar Ave.

15. Filed 1/2, 1932 Elizabeth J. Smith Registrar.
By acs

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to Jan 1st, 1932
that I last saw him alive on Dec 31st, 1931
and that death occurred, on the date stated above, at 8 15 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Coronary Embolus

(duration) a few minutes yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart disease
(duration) 8 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ✓
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) John P. Laughlin, M. D.
Jan 2 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery
Date of Burial Jan 3 1932

20. Undertaker White Mortuary Inc
Address Twin Falls Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78096

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 1619

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Meryle Ray Chidester

(a) Residence. No. 417 - 11 - ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days 4 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buhl

FATHER
13. NAME Lloyd Chidester
14. BIRTHPLACE (city or town) (State or country) Cornish Utah

MOTHER
15. MAIDEN NAME Hazel Anderson
16. BIRTHPLACE (city or town) (State or country) Basin Ida.

17. INFORMENT (Address) Lloyd Chidester

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date Jan 16, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl L. Johnson

20. FILED Jan 18, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1932, to 1-15, 1932
I last saw him alive on 1-15, 1932: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
approximately 6 weeks premature.	

Other contributory causes of importance:
Influenza.

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. Jennings, M. D.
(Address) Buhl Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78097

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 92
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Shark

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Shark

6. DATE OF BIRTH (month, day, and year) Apr 4th 1860

7. AGE Years 71 Months 9 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Henry Shark
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dent Knaw
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date 1/28, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl Ida.

20. FILED Jan. 27, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1932, to Jan. 26, 1932
I last saw him alive on Jan. 26, 1932: death is said to have occurred on the date stated above, at 10.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other contributory causes of importance:

Arterio Sclerosis.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Murphy, M. D.
(Address) Buhl Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78098

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No.) 92
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas Nelson Waud

(a) Residence. No. Buhl St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Aug 12/78

7. AGE Years 54 - ~~5~~ Months 5 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year) 1-28/32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uhrichsville Ohio.

FATHER
13. NAME Robert D Waud.
14. BIRTHPLACE (city or town) (State or country) Uhrichsville Ohio

MOTHER
15. MAIDEN NAME Jennie Wilson
16. BIRTHPLACE (city or town) (State or country) Cambridge Ohio.

17. INFORMENT (Address) H. E. Waud Buhl Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date Feb 2, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl, Ida

20. FILED Feb. 1, 1932 J. H. Wursley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1932, to Jan 29, 1932
I last saw him alive on Jan 29, 1932; death is said to have occurred on the date stated above, at 12 35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1st 11-23 Second 1-29-32
Other contributory causes of importance:	
Hypertentention	1920?

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No injury
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Berry, M. D.
(Address) Buhl Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Berry

RECEIVED FEB 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78099

PLACE OF DEATH

County of Twin Falls

City of Twin Falls Co Gen'l Hospital

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Della Hartz

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 8 - 1892

7. AGE Years 39 Months 3 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tarnam Neb.

FATHER

13. NAME John W. Brewer

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Florence Willey

16. BIRTHPLACE (city or town) (State or country) Grafton Neb

17. INFORMENT (Address) C. C. Hartz Buhl

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date Jan 15, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl Johnson

20. FILED 1-14, 1932 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932, to Jan 13, 1932

I last saw her alive on Jan 13, 1932: death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	Jan 13 32
Other contributory causes of importance:	
Post operation - Larger multilocular ovarian cyst	1924

Name of operation Removal of Cyst Date of 1-11-32

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Berry, M. D.

(Address) Buhl Idaho

RECEIVED FEB 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78100

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Georgia White. 78

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 30-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buhl, Ida.

FATHER

13. NAME O R White.

14. BIRTHPLACE (city or town) (State or country) Ottawa Ill

MOTHER

15. MAIDEN NAME Elizabeth Day Leland

16. BIRTHPLACE (city or town) (State or country) Ottawa Ill

17. INFORMENT (Address) O. R. White Buhl Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Buhl Date Jan 7 1932

19. UNDERTAKER Evans & Johnson (Address) Buhl Ida

20. FILED 1-14, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Jan 1, 1932

I last saw her alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy.	
Found dead in bed	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Murphy, M. D.

(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE.
State File No. 78101

PLACE OF DEATH
County of Valley
City of Norwood Ida

Registration District No.
Primary Registration District No. Local Registrar's No. 1

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Isaac Hillberg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wendla Hillberg

6. DATE OF BIRTH (month, day, and year)

7. AGE: 57 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME John Hillberg
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME X
16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) John Hillberg Norwood Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Finish Cemetery Date Jan 24, 1932

19. UNDERTAKER (Address) A D Robb

20. FILED Jan 30, 1932 Antone Gudner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932, to Jan 20, 1932
I last saw him alive on Jan 20, 1932: death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	unknown

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Roscoe C Ward, M. D.
Valley County Coroner
(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78102

Registration District No.
Primary Registration District No. Local Registrar's No. 149

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm A Langley

(a) Residence. No. Cambridge Ida St. —
(Usual place of abode)
Length of residence in city or town where death occurred. 20 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Belle Langley

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Tilman Jones
(Address) Cambridge

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Date Jan 4, 1932

19. UNDERTAKER J A Anderson
(Address) Cambridge

20. FILED 1-5-32, 193 J. E. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2 1932

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1931, to Jan. 2-1932., 193.

I last saw him alive on Sept. 1, 1931: death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance: Arterio-sclerosis.	

Name of operation None. Date of None.

What test confirmed diagnosis? Signs-Symptoms. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) W. R. Duncan, M. D.
(Address) Cambridge, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Midvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78103

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Thomas McDermott

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: 7 Years: 77 Months: 4 Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country) New York

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT I W Carnett
(Address) Midvale Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Midvale Date Jan 31, 1932

19. UNDERTAKER C Hudelson
(Address) Cambridge Ida

20. FILED 7-1-32 193 DR. H. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 193 to 193
Died in sleep-no doctor called.
I last saw h alive on 193 : death is said to have occurred on the date stated above, at ? m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Occlusion. (He complained of pre-cordial pain and "heaviness in chest" before retiring for the night)	

Other contributory causes of importance:
Senility.

Name of operation None. Date of None
What test confirmed diagnosis? Symptoms. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) [signature], M. D.
(Address) Cambridge, Idaho.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED FEB 9 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 86
Primary Registration District No. 1010
File No. 7810
Registered No. 1

1. PLACE OF DEATH
County of Washington
City of Weiser
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jacob W. Goodson
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): single

6. DATE OF BIRTH: Oct. (Month) 5 (Day) 1848 (Year)

7. AGE: 83 Yrs. 3 Mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or Country): Dont Know

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Records County Poor Farm
(Address) Weiser - Rt 4

15. Filed Jan 19 1932 W. R. Hamilton Local Registrar
E. T.

MEDICAL CERTIFICATE OF DEATH

164

16. DATE OF DEATH: Jan (Month) 10th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1929 to Jan 10 1932 that I last saw h— alive on Jan 1st 1932 and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Senility

..... (Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. R. Hamilton M. D.
1932 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hillcrest Cemetery — DATE OF BURIAL: 1-12-1932

20. UNDERTAKER: L. C. Northam — ADDRESS: Weiser, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78108

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 84
Primary Registration District No. 1010
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1015

2. FULL NAME Ambrose M Curl

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Maud C Curl

6. DATE OF BIRTH (month, day, and year) Aug. 26-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Caleb Curl
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Margaret Tuckerman
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs Maud Curl Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Cem. Date Jan 24, 1932

19. UNDERTAKER W. C. Northam (Address) Weiser Idaho

20. FILED Jan 30, 1932 W. R. Hamilton Registrar.
E.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932, to Jan 22, 1932
I last saw h. alive on Jan. 22, 1932: death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan. 17

Other contributory causes of importance:

General Debility	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) W B Marshall, M.D.
(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78109

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Billie Joe Hemmenway

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Singel

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 31-1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Joe Hemingway
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Grace Hauntz
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Joe Hemenway Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date Jan 14, 1932

19. UNDERTAKER L. C. Northrup
(Address) Weiser Idaho

20. FILED Jan 19, 1932 W. R. Hamilton Registrar.
E. V.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 12, 1932
I last saw him alive on Jan 12, 1932; death is said to have occurred on the date stated above, at 7P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. W. Marshall, M. D.
(Address) Weiser

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 9 1932

DO NOT WRITE IN THIS SPACE
State File No. 78110

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 9112
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grandville G. Lambert

(a) Residence. No. 138 E Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ruby Lambert

6. DATE OF BIRTH (month, day, and year) Jan. 27-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME John F. Lambert
14. BIRTHPLACE (city or town) (State or country) So Carolina

MOTHER
15. MAIDEN NAME Rebecca Briscoe
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Jamie B. Holmes Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 1-17-1932

19. UNDERTAKER L. B. Northam (Address) Weiser, Idaho

20. FILED Jan 19, 1932 W. R. Hamiltose Registrar.
C. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1932, to Jan 13, 1932
I last saw him alive on Jan 12, 1932; death is said to have occurred on the date stated above, at 3:35 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute Myocarditis (with acute Cardiac Decompensation)	about Dec 12-15-31
(2) Acute Nephritis (with Generalized Anasarca)	about Dec. 20-31
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Urinalysis (Path.) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyden Asher, M. D.
(Address) Weiser - Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

DO NOT WRITE IN THIS SPACE
State File No. 78111

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Luke Pringle

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Belle Pringle

6. DATE OF BIRTH (month, day, and year) Nov. 23-1864

7. AGE Years 67 Months 1 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Elizabeth Klundenny
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs Belle Pringle Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date 1-24-1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Jan 27, 1932 W. R. Hamilton E. T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929, 193..., to Jan 22nd 1932, 193...
I last saw him alive on Jan 20th, 1932. death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	1929

Other contributory causes of importance: None.

Name of operation None. Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
No. If so, specify .....
(Signed) W. R. Hamilton, M.D.
(Address) Weiser Ida

TION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78112

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11 V

2. FULL NAME Olive Lacey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wht
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July-31-1888

7. AGE Years 43 Months 5 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. City Librian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trousdale (State or country) Oregon

FATHER
13. NAME Julian D Lacey
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER
15. MAIDEN NAME Rosetta Duncan
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Roy V Lacey Weiser Idd

18. BURIAL, CREMATION, OR REMOVAL Place Ontario, Ore Date Jan 31, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Feb 1, 1932 W. R. Hamilton Registrar. E.G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932, to Jan 29, 1932
I last saw his alive on Jan 29, 1932: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	Jan 27
Myocarditis Chronic	1912
Other contributory causes of importance:	
Indigestion	1912

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) F. A. Schmidt, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

78114

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78114

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 17
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME John Meer
(a) Residence. No. Cor 3" & Freeport Caldwell, Ida. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, ~~widowed, or divorced~~
~~HUSBAND~~ of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 10-3-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mayho Ireland

PARENTS
10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) " "
12. MAIDEN NAME OF MOTHER Mrs Mary Meer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant (Address) [illegible] Caldwell Idaho

15. Filed 2-18-, 1932. John S. Meyer. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 8, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 19..., to Feb 8, 1932
that I last saw him alive on Feb 8, 1932
and that death occurred, on the date stated above, at 10:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Toxic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Flu
(duration) yrs. mos. 6 ds.

18. Where was disease contracted if not at place of death? X
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) S B Dwelley, M. D.
2/18, 1932 (Address) S B Dwelley

19. Place of Burial, Cremation, or Removal	Date of Burial
Canyon Hill	2-17 1932
20. Undertaker	Address
C. V. Peckham	Caldwell Id

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO 78115
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 78115
Local Registrar's No. 5

1. PLACE OF DEATH

County of Madison

City of Rexburg

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 100

Primary Registration District No. 2178

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edith Robetta Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: June 3 (Month) 1885 (Day) 1 (Year)

7. AGE: 36 Yrs. 8 Mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Houseswife

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minnesota

10. NAME OF Father: Robert Cooper

11. BIRTHPLACE OF FATHER (State or Country): Minnesota

12. MAIDEN NAME OF MOTHER: Edith Tainter

13. BIRTHPLACE OF MOTHER (State or Country): Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Reuben T. Smith

(Address) St. Anthony, Idaho.

15. Filed Feb. 19 1932 J. R. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1932 to Feb. 17, 1932 that I last saw h.. alive on Feb. 17, 1932 and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Influenza
(Edema)
Myocarditis

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) Toxemia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) R. M. Kerr M. D.

2-17-1932 (Address) St. Anthony, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Riverview Cemetery — DATE OF BURIAL: Feb. 19th, 1932

20. UNDERTAKER: W. M. Hansen — ADDRESS: St. Anthony, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

78116

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78116

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 12

PLACE OF DEATH
County of Jefferson
City of Rigby
(No. 10 a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Hemmer.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Lane Hemmer.

6. DATE OF BIRTH (month, day and year) Dec. 29, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	1	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith.
(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith Shop.
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10. NAME OF FATHER John Hemmer.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Holland.
12. MAIDEN NAME OF MOTHER Margaret Hahn.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Phil.

14. Informant Mrs. Frank Hemmer
(Address) Rigby, Idaho.

15. Filed 2/16, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 15 1932
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932, to Feb 15, 1932
that I last saw h~~is~~ alive on Feb 15, 1932
and that death occurred, on the date stated above, at 8:10 P m.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) 2 yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) [signature] M. D.
2-20, 1932 (Address) Rigby Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	2/22/32 19

20. Undertaker [signature] Address Rigby

78117

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78117

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181
(No.) 167
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 2

2. FULL NAME Clarence Alva Hazelbaker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Not married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February 3 - 1880

7. AGE Years 51 Months 11 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Custer County Nebraska

PARENTS
10. NAME OF FATHER Christopher Hazelbaker
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Mary E. Rhinehart
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iowa

14. Informant Chris E. Hazelbaker
(Address) Grangeville

15. Filed 2-29-, 1932 B. Chipman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Jan 15, 1932
that I last saw he alive on , 19
and that death occurred, on the date stated above, at 4 P.m.
The CAUSE OF DEATH* was as follows:
Suicide.
Gas Exhaust pipe Automobile
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. P. Wecher, M. D.
Jan 15, 1932 (Address) Grangeville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grangeville Ida
Date of Burial 1-17- 1932

20. Undertaker Hancock Mud. Co.
Address Grangeville Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED Feb 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78118

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 7

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Francis Leo Quigley

(a) Residence. No. Wallace, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) Oct 21, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 31, 32

11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) (State or country) Salina, Kansas

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Family Record

I hereby certify that the above is a true copy of the certificate now on file in this office.
C. S. Stone Registrar
Local Registrar.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Spokane, Wash. Date Feb 3, 1932

19. UNDERTAKER J. A. Bever (Ward Und Co.) (Address) Wallace, Idaho

20. FILED Feb 3, 1932 C. S. STONE Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Jan 31, 1932: death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Coronary Sclerosis	Several months

Other contributory causes of importance:

Ulcerative Gastritis	
Several years	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Mowery, M. D.

(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. .....

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 7

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Leo Lindley

(a) Residence. No. Wallace, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) Oct-21-1879

7. AGE Years 52 Months 3 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Surgeon
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan 31-32
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Solina Kansas

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Family Record.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wn Date Feb 3, 1932

19. UNDERTAKER (Address) J. A. Biver (Ward Und Co) Wallace, Idaho.

20. FILED Feb 3, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Jan 31, 1932: death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris
Coronary Sclerosis
Several Months

Other contributory causes of importance:

Ulcerative Cystitis
Several years

Name of operation — Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Mowrey, M.D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

✓ 3-7-1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78119

PLACE OF DEATH
County of Ada
near
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Toki Ozawa) TOKI KOZAWA 31
(a) Residence. No. Wrong Davis Ranch St. Correct,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Yellow
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Tokujiro Ozawa
6. DATE OF BIRTH (month, day, and year) May 19 1899
7. AGE Years 32 Months 9 Days 14 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMENT (Address) E. Shintani Boise, Ida

18. BURIAL, CREMATION, OR REMOVAL Jap Sec. Morris Hill
Place Boise, Ida Date 3-5-1932

19. UNDERTAKER (Address)

20. FILED 3-5, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 1925, 193..., to March 3d, 1932
Last saw her alive on March 2nd, 1932: death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) John Bank, M. D.
(Address) Boise Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78121

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 23
Primary Registration District No. 2161
Local Registrar's No. 273

78121

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 b

2. FULL NAME Frank B Rison

(a) Residence. No. Riverview Apartments St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of Florence Rison

6. DATE OF BIRTH (month, day, and year) 4/16/1894.

7. AGE: 37 Years | Months: 10 | Days: 14 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automotive
10. Date deceased last worked at this occupation (month and year) Feb, 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Terryville
(State or country) Arkansas

FATHER
13. NAME R. E. Rison
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Florence Rison
(Address) Riverview Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date March 6 1932

19. UNDERTAKER McHan Undertaking Co.
(Address) Pocatello

20. FILED 3-5, 1932 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/3 1932

22. I HEREBY CERTIFY, That I attended deceased from Past 5 years, 193..., to 3/3, 1932
I last saw him alive on 3/31, 1932; death is said to have occurred on the date stated above, at 10 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestional obstruction	
Other contributory causes of importance:	
Toxemia	
Paralysis	

Name of operation no Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) [signature], M. D.
(Address) Pocatello Idaho

78122

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78122

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 14

(No. 511 East C St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 V

2. FULL NAME Henry Bernard Luhn

(a) Residence. No. St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ann Goodahl Luhn

6. DATE OF BIRTH (month, day, and year): Aug. 14, 1867

7. AGE: Years 64, Months 5, Days 26, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Medical Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Dec. 1931

11. Total time (years) spent in this occupation: 42 years

12. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

FATHER

13. NAME: Gerhard Luhn

14. BIRTHPLACE (city or town) (State or country): Hanover Germany

MOTHER

15. MAIDEN NAME: Catherine Von Altmans

16. BIRTHPLACE (city or town) (State or country): Brooklyn N. Y.

17. INFORMENT (Address): Lt. John Sheehy Moscow, Idaho

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place: Spokane, Wash. Date: 2/10, 1932

19. UNDERTAKER (Address): H.R. Short Moscow

20. FILED March 3, 1932 J. Harry Einhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1932, to Feb. 10, 1932

I last saw him alive on Feb. 10, 1932: death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Edema of Lungs.	Feb. 9, 1932

Other contributory causes of importance:

acute respiratory infection - "Flu"	Feb. 6 1932
Weakness from fracture leg.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 2/9, 1931

Where did injury occur? Spokane Wash. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Auto accident

Manner of injury Fracture from collision

Nature of injury Fracture left tibia

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Harry Einhouse, M. D.

(Address) Moscow Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 3 1932

DO NOT WRITE IN THIS SPACE
State File No. 78123

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of Clarksfork

Registration District No. 80
Primary Registration District No. 2157
Local Registrar's No. 2 78123

(No. Clarksfork Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs Sadie Buchanan

(a) Residence. No. Clarksfork Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J W Buchanan

6. DATE OF BIRTH (month, day, and year) Apr 8 1879

7. AGE Years 52 Months 9 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Howard
14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J W Buchanan

18. BURIAL, CREMATION, OR REMOVAL
Place Clarksfork Date 1/29, 1932

19. UNDERTAKER (Address) Turnbull Co Sandpoint Idaho

20. FILED Feb 25, 1932 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 27 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25-28, to Jan 27, 1932
I last saw her alive on Dec, 1931: death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	Many years
Mitral regurgitation	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) C. P. Stackhouse, M. D.
(Address) Sandpoint, Idaho

Mrs. Ove

78124

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78124

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Benewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2049
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 5

749

2. FULL NAME Anna M. Roller

(a) Residence. No. St Maries Ida St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) April 7 1872.

7 AGE: 59 Years — Months 10 Days 8 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER —
13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Frank Litzmann
(Address) St Maries

15 Filed 3-9, 1932 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. (Month) 15 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8th, 1932, to Feb. 15, 1932, that I last saw her alive on Feb. 14th, 1932, and that death occurred, on the date stated above, at 7:40 a.m.

The CAUSE OF DEATH* was as follows:
Apoplexy. 1st Stroke Feb. 8-32
2nd Stroke 5:30 a.m. Feb. 14th 1932

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no. Date of —
Was there an autopsy? no.
What test confirmed diagnosis? Symptoms —
(Signed) C. J. Kinsowing, M. D.
Feb. 15, 1932 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: St Maries
Date of Burial: Feb 17 1932

20. Undertaker: Geo E Mitchell
Address: St Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78125

PLACE OF DEATH
County of Ada
~~City of~~

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 20

(No. 101 a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ansel Comstock

(a) Residence. No. near Melba ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME E. S. Comstock

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lucinda Cody

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Paul Comstock Melba, Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Melba Ida Date 2/23, 193

19. UNDERTAKER F. C. Robinson
(Address) Nampa Ida

20. FILED 2-27, 193 2 Bertha Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/19 193 2

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 193 2, to Feb 19, 193 2
I last saw h alive on Feb 17, 193 2: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Senility	

Name of operation ~~✓~~ Date of 2-26-32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) S. E. Swayne, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78126

PLACE OF DEATH
County of Ada
City of Eagle

Registration District No. 9-10
Primary Registration District No. 9+10
Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey Dean Perkins 89

(a) Residence. No. Eagle, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mae L. Mch 20 1860

6. DATE OF BIRTH (month, day, and year) Mch 20-1860

7. AGE Years 72 Months 10 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc & Miller
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 51 yrs

12. BIRTHPLACE (city or town) (State or country) Korona Mich

FATHER
13. NAME John Wesley Perkins
14. BIRTHPLACE (city or town) (State or country) Korona Michigan

MOTHER
15. MAIDEN NAME Susan Barker
16. BIRTHPLACE (city or town) (State or country) Korona Michigan

17. INFORMENT (Address) Mrs Mae L. Perkins Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Idaho Date Morris Hill, 193

19. UNDERTAKER (Address) W McBratney Boise, Idaho

20. FILED 2-2, 1932 Orrie Jed Registrar. Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-31 — 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28th, 1932, to Jan. 31st, 1932
I last saw him alive on Jan 30th, 1932; death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:
Hypertension

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Boise Ida.

RECEIVED MAR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78127

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No.

(No.) 31
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Mae Marcum

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 11, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teacher in Public School 2yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 4 years
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Meridian Idaho

FATHER
13. NAME Joe Marcum
14. BIRTHPLACE (city or town) (State or country) Greenfield, Mo

MOTHER
15. MAIDEN NAME Maggie Rhodes
16. BIRTHPLACE (city or town) (State or country) New Albany Indiana

17. INFORMENT (Address) Joe Marcum Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cem. Date Feb. 28, 1932

19. UNDERTAKER S. W. Robinson
(Address) Meridian Ida

20. FILED , 193 H F Neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1932, to 2-24, 1932
I last saw her alive on 2-24, 1932; death is said to have occurred on the date stated above, at 6.20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary tuberculosis	1928

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. F. Neal, M. D.
(Address) Meridian Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 7128

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 63
(No. 1009)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mabel Norma Montgomery

(a) Residence. No. St. Alphonsus Hospital St. Sweet Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 9 - 1920

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
11	8	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Castle Rock Wash

PARENTS

10. NAME OF FATHER D. E. Montgomery
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri
12. MAIDEN NAME OF MOTHER Zora Hauder
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Neb.

14. Informant D E Montgomery
(Address) Sweet Idaho

15. Filed 2-29, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 22, 1932, to Feby 25, 1932
that I last saw her alive on Feby 25, 1932
and that death occurred, on the date stated above, at 1:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
complicating influenza

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) acute endocarditis

(duration) yrs. mos. 15 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? no

(Signed) R. N. Cummings, M. D.
2-27-, 1932 (Address) Emmett Ida.

19. Place of Burial, Cremation, or Removal: Sweet, Idaho — Date of Burial: 2/28 1932

20. Undertaker: C D Buckmaster — Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78129

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 62

(No. 2003. N. 20 th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Elijah. H. Heller.

(a) Residence. No. 2003. N. 20 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Leona Heller.

6. DATE OF BIRTH (month, day, and year) Oct. 17. 1850.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81.	4	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Peter Heller.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Rebeccah Davis.

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) Robert. W. Heller. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date March. 1. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 2-29, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932, to Feb 29, 1932
I last saw him alive on Feb 27, 1932: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart & Coronary Sclerosis	Don't Know

Other contributory causes of importance:

Angina Pectoris	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Not Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. M. Bradshaw, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 1 0 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78130

County of Ada.
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 61

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME A. Martin Hettinger.

(a) Residence. No. 518 N. 6th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lois Hettinger.

6. DATE OF BIRTH (month, day, and year) Feb. 23rd 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Property

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME John C. Hettinger.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine Longanbach.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Mrs. J. Priest. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3/1/32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 3-29, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/28/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb-27, 1932, to Feb 28, 1932

I last saw him alive on Feb 28, 1932: death is said to have occurred on the date stated above, at 10:30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2/27/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Reno Number, M. D.

(Address) Boise, Idaho.

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78131

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William James Allen.

(a) Residence. No. 700. S. 17 th Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos: ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 24. 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) England.
(State or country)

FATHER

13. NAME John Allen.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMENT (Address) Mrs. John Heard. 700. S. 17 th St. Boise. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Feb. 29, 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-29, 1932 W. T. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ Feb. 26, 1932, to Said, 1932

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Been sick for Several years. and no Physician was in attendance	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Clyde E. Summers Coroner Ada County.

(Address) Boise Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1932

Dr Calloway ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78132

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 59

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Marie Catherine Smith.

(a) Residence. No. 122. West State Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Smith.

6. DATE OF BIRTH (month, day, and year) April. 27. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liverpool England.

FATHER

13. NAME John Peter Roos/

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaretta K. Schoffer.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Edward Smith 122. W. State Street, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pioneer Cemetery Date Feb. 28, 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-26, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-4-1931, 193..., to 2-24 1932, 193...

I last saw her alive on 2-24-1932, 193...: death is said to have occurred on the date stated above, at 10:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillomatous Carcinoma of the Mossentary and bowel, involving the entire bowel and liver and pancreas.	

Other contributory causes of importance:

Name of operation Laperotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Calloway-Jaffin, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78133

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 58
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Anna Brennen
(a) Residence. No. 517 South 12th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Patrick Brennen
6. DATE OF BIRTH (month, day, and year) Jan 4-1878
7. AGE Years 54 Months 1 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Fred H. Diehl, Boise, Ida
18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Date 2-23, 1932
19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida
20. FILED 2-26, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-21 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to Feb 21, 1932
I last saw her alive on Feb 21, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns of face abdomen and legs	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. Collins, M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED MAR 10 1932

Nobes

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78134

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 57

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Winnie DeLila Plant

(a) Residence. No. 1803 N. 28th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ----------

6. DATE OF BIRTH (month, day, and year) Sept 27-1918

7. AGE: Years 13 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. In school.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmett, Idaho.

FATHER

13. NAME Edward Plant. Jr.

14. BIRTHPLACE (city or town) (State or country) Spokane, Wash.

MOTHER

15. MAIDEN NAME LaVonne Oviatt.

16. BIRTHPLACE (city or town) (State or country) Farmington, Utah.

17. INFORMENT (Address) Edward L. Plant. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2-25-32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 2-24, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/23/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1931, to Feb. 23, 1932.

I last saw her alive on Feb. 22, 1932: death is said to have occurred on the date stated above, at 2:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease.	

Other contributory causes of importance:

Streptococcic Sore throat.

Name of operation None. Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arnold T. Nobes, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78135

County of Ada
City of Boise
130

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 56

(No. St Lukes 885)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick Garrecht

(a) Residence. No. ..... St. Idaho City Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Garrecht

6. DATE OF BIRTH (month, day, and year) Oct 21 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Smith

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho City Ida

FATHER

13. NAME John Garrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Garrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Wm Garrecht Idaho City, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 2-20, 1932

19. UNDERTAKER Schreiber McCann (Address) Boise Ida

20. FILED 2-24, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan - 5, 1932, to Feb. 16, 1932

I last saw him alive on Feb. 16, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	years ago.
Endocarditis	years ago.
Arteriosclerosis	years ago.
Other contributory causes of importance: Intestinal mechanical ileus Large fecoliths and adhesions ancient hernia	1-22-32

Name of operation Colostomy Date of 2-10-32

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Jas. L. Stewart, M. D.

(Address) per L. O. Hamilton Boise Ida

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78136

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 55

(No. 718 McKinley Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Vilate Marlette

1004

(a) Residence. No. 718 McKinley Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: A. L. Marlette.

6. DATE OF BIRTH (month, day, and year) Aug. 3-1894

7. AGE: Years 27, Months 6, Days 18, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER
13. NAME G. C. Clontz.
14. BIRTHPLACE (city or town) (State or country) N. Carolina.

MOTHER
15. MAIDEN NAME Dora Terry.
16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) G. C. Clontz. Hansen, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Ida. Date Shipped 2/24/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 2-23, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/21/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 21st, 193, to Feb 21st, 1932
I last saw her alive on 9 PM. 2-21, 1932: death is said to have occurred on the date stated above, at 11:55 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu-Broncho	
pneumonia	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Bank, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED MAR 1 0 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78137

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 54

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Richard Franklin Cloudt.

(a) Residence. No. Eagle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary. F. Cloudt.

6. DATE OF BIRTH (month, day, and year): Dec. 21. 1886

7. AGE: Years 45 | Months 1 | Days 27. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farm Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Texas.

FATHER
13. NAME: Erich Cloudt.
14. BIRTHPLACE (city or town) (State or country): Texas.

MOTHER
15. MAIDEN NAME: Maggie Wootten.
16. BIRTHPLACE (city or town) (State or country): Texas.

17. INFORMENT (Address): Mrs. Mary. F. Cloudt. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Dry Creek Cemetery. Date: Feb. 21 1932

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 2-20, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb-18 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from Feb. 18, 1932 to Saw Feb. 17, 1932

I last saw him alive on Feb-18, 1932; death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide;	
Shot himself in head with 32 Caliber	
Pistol; Despondent	
over ill health	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Clyde E Summers Corony
(Address) Boise Idaho Ada County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1937

✓ Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78138

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 53

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Elva Williams.

(a) Residence. No. 1906. Washington Street. St.
(Usual place of abode)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fred. A. Williams.

6. DATE OF BIRTH (month, day, and year) April.13.1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54.	10	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska.

FATHER

13. NAME William Mickle.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Fred. A. Williams. 1906. Was. St Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date Feb. 20 193

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 2-19, 193 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-17-37 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 193, to Feb 17, 193.

I last saw her alive on Feb 17, 193: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78139

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 52

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Le Roy Coates.

(a) Residence. No. 2111. N. 9th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14. 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Samuel Coates/

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Stella May Garlick.

16. BIRTHPLACE (city or town) (State or country) Victor, Idaho.

17. INFORMENT (Address) Mrs. Mary Garlick. 809. Lemp St Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Feb. 18, 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-17, 193 W. R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-16 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932, to Feb 16, 1932

I last saw h[illegible] alive on Feb. 14, 1932; death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
probably due	
to the crib blanket getting	
over babys mouth	
was alone in its crib about	
Other contributory causes of importance:	
15 minutes.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) H. M. Halverson, M. D.

(Address) Boise Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78141

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 95
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Merl Kane
(a) Residence. No. 1022 Albany St. 153
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Feb 22. 1907
7. AGE Years: 25 Months: 0 Days: 11 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Landore Idaho
PARENTS
10. NAME OF FATHER P. H. Kane
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rhode Island
12. MAIDEN NAME OF MOTHER Cora Biggerstaff
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Texas
14. Informant (Address) J. E. Goldsmith 1022 Albany St. Caldwell, Ida
15. Filed 3-11-, 1932. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 4" (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jany 4, 1932, to Mch 4, 1932
that I last saw h alive on Mch 3, 1932
and that death occurred, on the date stated above, at 11:45 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
(1) General Pyaemia
(2) Pulmonary abscess
(3) Abscess of liver
} all secondary to
Old appendicial abscess
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Ancient appendicial abscess (duration) 2 yrs. mos. ds.
18. Where was disease contracted if not at place of death? Caldwell Ida
Did an operation precede death? Yes Date of 1-26-32
Was there an autopsy? No
What test confirmed diagnosis? Pr findings
(Signed) James L. Stewart, M. D.
Mch 8, 1932 (Address) Boise

19. Place of Burial, Cremation, or Removal: Canyon Hill
Date of Burial: 3-6-1932
20. Undertaker: C. V. Peckham
Address: Caldwell Idaho

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78142

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 50

(No. 1119 N. 14th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Susan Smith.

(a) Residence. No. 1119 N. 14th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Micheal Smith.

6. DATE OF BIRTH (month, day, and year) Aug. 19-1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Abner Middlesworth.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sarah Bicknel

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) J. A. Smith. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Canyon Hill, Caldwell. Date 2/19/32, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 2-16, 193 W. F. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/15/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 15, 1932

I last saw him alive on Feb 15, 1932; death is said to have occurred on the date stated above, at 11:30 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 4
Senility	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Reno Numbers, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78143

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 49
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME William Martin Hanna
(a) Residence. No. 7th & Garden Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mildred Hanna
6. DATE OF BIRTH (month, day, and year) Feb. 3 - 1876
7. AGE Years 56 Months — Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi Driver
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ottumwa, Iowa

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) E. Mulcahy Omaha Neb
18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cemetery Date Boise, Ida 2-15, 1932
19. UNDERTAKER (Address) Schreiber & McCann Boise
20. FILED 2-16, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 12 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932 to Feb 12, 1932.
I last saw him alive on Feb 10, 1932: death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	Jan 20

Other contributory causes of importance:
Diabetes

Name of operation Opm D Drainage Date of Feb. 8
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Oswald T. Nokes, M.D.
(Address) Eastman Bldg.

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78144

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 48

(No. 1510 Jefferson Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ozetta Bybee.

(a) Residence. No. 1510 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of James A. Bybee.

6. DATE OF BIRTH (month, day, and year) July 25-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City. Utah.

FATHER

13. NAME O. F. Eastman

14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER

15. MAIDEN NAME Mary Whittle.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) James A. Bybee. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2/15/32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 2-16, 193 W. P. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/12/32 193

22. I HEREBY CERTIFY, That I attended deceased from September, 1931 to February 12, 1932

I last saw her alive on February 12, 1932 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis Deformans	1932

Other contributory causes of importance:

Bronchopneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold W. Stone M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78145

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Eliza Amelia Hart.

(a) Residence. No. 421. West Bannock Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 3. 1847.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
85	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York. N.Y.

FATHER

13. NAME William Payton.

14. BIRTHPLACE (city or town) (State or country) Poukeepsie. N.Y.

MOTHER

15. MAIDEN NAME Harriet Craft.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Henry. C. Hart. 421. Bannock Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date Feb. 16, 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-15, 1932 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1932, to Feb 14th, 1932
I last saw h[illegible] alive on Feb. 13, 1932: death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	
Other contributory causes of importance: Senility	

—

Name of operation ..... Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter[illegible] causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. A. Springer M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78146

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 46

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME James Milton Nelson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-10-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			4 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

FATHER

13. NAME Arthur Nelson

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Nellie Tate

16. BIRTHPLACE (city or town) (State or country) Miss.

17. INFORMENT (Address) Arthur Nelson Mountain Home

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Home Date 2-10-1932

19. UNDERTAKER Jacker Funeral Home
(Address) Mountain Home Ida

20. FILED 2-13, 1932 W. T. Rhodie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/10/32, 10 A.M., 1932, to 2/10/32, 2 P.M., 1932
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
atelectasis of Lungs	

Other contributory causes of importance:

Low vitality	

Name of operation Cesarean Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) G. H. Wahle, M. D.
(Address) 515 Eastman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

G. H. Wahle

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78147

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 45

(No. 411 South 12th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Joseph Herbert Duffy.

(a) Residence. No. Cascade, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hannah Duffy.

6. DATE OF BIRTH (month, day, and year) Apr. 3-1878

7. AGE: Years 53 | Months 10 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan.

FATHER
13. NAME John Duffy
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Martha----------
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Hannah Duffy. Cascade, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2/13/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 2-12, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/11/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feby 4, 1932, to Feby 11, 1932
I last saw him alive on Feby 10, 1932: death is said to have occurred on the date stated above, at 5 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify Edward T. Bima
(Signed) , M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 78148

Local Registrar's No. 44

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Margaret Cecilia Lantry

(a) Residence. No. 1209 Franklin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis X. Lantry

6. DATE OF BIRTH (month, day, and year) Feb 28 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER
13. NAME Thomas Mc Guth
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Bridget Rogers
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs Agnes Cruzen Boise

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Date 2-11, 1932

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 2-11, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Feb 9, 1932.
I last saw h alive on Feb 9, 1932: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No Contributory
(Signed) , M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78149

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 43

(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Felix Victor St. Martin

(a) Residence. No. Oxford Hotel Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Fruit Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco
(State or country) Cal

FATHER

13. NAME Felix Andrew St Martin

14. BIRTHPLACE (city or town)
(State or country) France

MOTHER

15. MAIDEN NAME Melly Sturrock

16. BIRTHPLACE (city or town) London
(State or country) England

17. INFORMENT
(Address) J. W. Litten

18. BURIAL, CREMATION, OR REMOVAL Union Cem
Place Portland Date Oct 3-11 1932

19. UNDERTAKER Schreiber & Mc Cann
(Address) Boise

20. FILED 2-10, 1932 W. T. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to Feb 10, 1932
I last saw him alive on Feb 10, 1932: death is said to have occurred on the date stated above, at 1.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Chronic	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo Collett, M. D.
(Address) Boise, Ida

Budge. 1

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78150

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 42

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Hayes. 16

(a) Residence. No. 415 Idaho. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. or 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho.

FATHER

13. NAME William B. Hayes.

14. BIRTHPLACE (city or town) (State or country) Bingham. Utah.

MOTHER

15. MAIDEN NAME Roma Bylumd.

16. BIRTHPLACE (city or town) (State or country) Provo. Utah.

17. INFORMENT (Address) William B. Hayes. 415. Idaho Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill. Date Feb. 9., 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise Idaho.

20. FILED 2-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 8, 1932, to Feby 8, 1932

I last saw him alive on 2nd, 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Absence of Respiration (Normal Heart beat) for 1 hr & 40 min by Artificial Respiration

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred Budge Jr., M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78151

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 41
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Harold Peter McGrath
(a) Residence. No. Mountain Home, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Dec 15, 1915
7. AGE X Years 16 Months 1 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mountain Home, Ida

FATHER
13. NAME Wm. McGrath
14. BIRTHPLACE (city or town) (State or country) Clay County So. Dak.

MOTHER
15. MAIDEN NAME Amanda Labbee
16. BIRTHPLACE (city or town) (State or country) Grand Forks No. Dak.

17. INFORMENT (Address) Wm. McGrath
18. BURIAL, CREMATION, OR REMOVAL Place Mtn. Home Date Jan 29, 1932
19. UNDERTAKER (Address) G. S. Zarher Mt. Home Ida.
20. FILED 2-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1932 to Jan 26, 1932
I last saw him alive on Jan, 193 : death is said to have occurred on the date stated above, at 12:50 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Influenza
Toxemia

Name of operation none Date of
What test confirmed diagnosis? clinical exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. H. Wahle, M. D.
(Address)

RECEIVED MAR 10 1932

Budge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78152

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 40

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Emma Doherty Prouty.

(a) Residence. No. 1218. Washington Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Carl.A. Prouty.

6. DATE OF BIRTH (month, day, and year) July. 21. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leland Iowa.

FATHER

13. NAME Simon Doherty.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Carl. A. Prouty. 1218. Washington St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Feb. 8. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 2-8, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-5 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1923 to Feby 5, 1932

I last saw her alive on Feby 5, 1932 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Myocarditis and Chronic Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Budge Jr, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Brastan.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78153

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 39

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugh Albert Williams.

(a) Residence. No. 615. Pierce Street. St. 129
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 9. 1866.

7. AGE Years 65. Months 11 Days 25. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER
13. NAME John Williams.
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Nancy Ellen Keeler.
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Mrs. Mary Steel. R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date Feb. 6. 1932.

19. UNDERTAKER (Address) Summers & Krebs Boise, Ida.

20. FILED 2-8, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1932 to Feb 4, 1932
I last saw him alive on Feb 4, 1932: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Arteriosclerosis	Dont know

Other contributory causes of importance:

Coma	Feb 1

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Brastan, M.D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78154

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Edgar White.

(a) Residence. No. 2511. Herron Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Ella White.

6. DATE OF BIRTH (month, day, and year): July. 21. 1856

7. AGE: Years 75. Months 6 Days 14. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Fayetteville. Missouri.

FATHER

13. NAME: Harrison White.

14. BIRTHPLACE (city or town) (State or country): Kentucky.

MOTHER

15. MAIDEN NAME: Bethany Smallwood.

16. BIRTHPLACE (city or town) (State or country): Kentucky.

17. INFORMENT (Address): Mrs. Ella White. 2511. Herron St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cemetery. Date: Feb. 6. 1932.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 2-8, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 5, 1932

I last saw him alive on Feb 5, 1932: death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Geo Callerstein, M. D.

(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1932

Budge

L

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78155

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 37

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Rhoda. A. Parker.

(a) Residence. No. 411. S. 2 nd Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29.1856

7. AGE: Years 75. Months 5 Days 5. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cedar County, Iowa.

FATHER
13. NAME Richard Prettyman.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Julia Huff.
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. Millie. J. Noel. Blanchard, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Feb. 6.1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 2-8, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-3 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Feby 4, 1932
I last saw her alive on Feby 3, 1932: death is said to have occurred on the date stated above, at 7 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 28 1932

Other contributory causes of importance:

Name of operation None Physical Findings Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred Budge Jr., M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78156

Registration District No. St Lukes Hosp.
Primary Registration District No. 1004 Local Registrar's No. 36

(No. St Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

176

2. FULL NAME Fredrick Carter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Golda Carter

6. DATE OF BIRTH (month, day, and year) June 8th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Employee of State as overseer of Convict Labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Cheltenham England

FATHER
13. NAME C. F Carter
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Jane Benson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Golda Carter Meridian Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Meridian Ida Date Feb 5th, 1932

19. UNDERTAKER B. W. Robinson (Address) Meridian Ida

20. FILED Feb. 6, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1931, to Feb. 3, 1932
I last saw him alive on Feb. 2, 1932; death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis from ruptured Appendix	
Other contributory causes of importance:	

Name of operation Open & Drain Date of 2-2-32
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. F. Neal, M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78157

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 35

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Xina Mathews Carter.

(a) Residence. No. St. Rupert Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Herbert. M. Carter.

6. DATE OF BIRTH (month, day, and year) Sept. 16. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Menomonie.
(State or country) Wisconsin.

FATHER

13. NAME John Mathews.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Jennie Robertson.

16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMENT Herbert. M. Carter.
(Address) Rupert, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Menomonie, Wisconsin Date 2-8, 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-5, 1932 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1932, to Feb. 5, 1932

I last saw her alive on Feb 4, 1932; death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	Jan. 16-32
Other contributory causes of importance:	
Exophthalmic (Toxic) Goitre	2 yrs.

Name of operation — Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Edmunds, M. D.

(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1932

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78159

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 33

(No.) 749.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theresa Kirbach.

(a) Residence. No. 414. N. 2 Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 30. 1847.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85.	7	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Zimmer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) William. F. Kirbach. 414. N. 2. St, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery, Date Feb. 4. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-4, 1932 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16th, 1932, to Feb 2nd, 1932

I last saw her alive on Feb 2nd, 1932: death is said to have occurred on the date stated above, at 1230 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Had a Hemorrhage about 6 years ago - Looking like partial paralysis - Right -

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Buck, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78160

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME William Sherman Oakley.

(a) Residence. No. 908. E. Bannock Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Clara Oakley.

6. DATE OF BIRTH (month, day, and year) June. 14. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64.	7	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Part owner of the firm of Oakley & Sons. Battery Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thompson, Ill.

FATHER

13. NAME Ebenizer Oakley.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Arland Oakley. 111. E. Bannock Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemeter Date Feb. 3, 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-3, 1932 W. V. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 1 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1931, to Feb 1, 1932

I last saw h alive on Feb 1, 1932: death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	

Other contributory causes of importance:

Influenza

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. H. Plummer, M. D.

(Address) 601 First Nat'l Bldg. Boise

✓ Dr Cowles Mail.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78161

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 31

98

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Edgar Clelland.

(a) Residence. No. Midvale Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 26.1930.

7. AGE Years: 1 Months: 3 Days: 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weiser, Idaho.

FATHER

13. NAME Raymond Clelland.

14. BIRTHPLACE (city or town) (State or country) Craigmont Idaho.

MOTHER

15. MAIDEN NAME Hilda Heindrich.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Raymond Clelland Midvale, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Midvale, Idaho Date Feb. 2 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 2-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-31 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 am Jan 31, 1932, to 2 30 PM Jan 31, 1932

I last saw him alive on 12 50 PM, 1932: death is said to have occurred on the date stated above, at 2 30 P m. Jan 31, 32

The principal cause of death and related causes of importance were as follows:

Oedema larynx secondary to infection or foreign body larynx or trachea

Date of onset

Other contributory causes of importance:

Exhaustion from laryngeal oedema

Name of operation Tracheotomy Date of Jan 31 1932

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) 209 Eastman Bldg Boise.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1932

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78162

PLACE OF DEATH
County of Ada
City ~~of~~ Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 30

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rachel Ousterhout.

(a) Residence. No. 1016. N. 19 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 4. 1843

7. AGE — Years: 88. Months: 4 Days: 26. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albany
(State or country) New York.

FATHER

13. NAME Nicholas Joralemon.
14. BIRTHPLACE (city or town)
(State or country) New York.

MOTHER

15. MAIDEN NAME Charity Rarick.
16. BIRTHPLACE (city or town)
(State or country) New York.

17. INFORMENT (Address) T. W. Mc Donough. 1016. N. 19 St. Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Jan. 1932 31

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-1, 1932 W. F. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Jan 30, 1932

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility,	
No Physician was in attendance	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Clyde E. Summers. Coroner M.D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1932

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78163

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 29

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Donald Hugh Strange.

(a) Residence. No. R.D. # 4. 2. Miles South of Boise.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 28.1932

7. AGE: Z Years | Months | Days: 3. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME Robert Hugh Strange.
14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER
15. MAIDEN NAME Ruth. G. Barker.
16. BIRTHPLACE (city or town) (State or country) Colorado.

17. INFORMENT (Address) Robert. Hugh Strange. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Feb. 2.1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 2-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 30.1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932, to Jan 30, 1932

I last saw him alive on Jan 30, 1932; death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows: Extensive extra dural hemorrhage of scalp & cranium. Cause undeterminable. | Date of onset

Other contributory causes of importance:

Name of operation Drainage Date of Jan 30

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to extern causes (violence) fill in also the following:

Accident, suicide or homicide? no birth injury Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A B Borck, M.D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78164

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 17

(No. Boise, Idaho. Route #4.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 L

2. FULL NAME Rhea Loveland.

(a) Residence. No. Boise, Idaho. Route #4. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) March 18-1931

7. AGE Years	Months	Days	If LESS than 1day, hrs. or min.
0	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME J. Howe Loveland.

14. BIRTHPLACE (city or town) (State or country) Chesterfield, Ida.

MOTHER

15. MAIDEN NAME Nancy Tolman.

16. BIRTHPLACE (city or town) (State or country) Chesterfield, Ida.

17. INFORMENT (Address) J.H.Loveland. Boise, Idaho. R.#4.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2/28/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 2-29, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/25/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Feb-26, 1932

I last saw her alive on Feb-25, 1932; death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 20
Other contributory causes of importance:	
Influenza.	

Name of operation None Date of

What test confirmed diagnosis? Xrays Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harold T. Nokes, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78165

PLACE OF DEATH
County of Ida
City of Boise

Registration District No. 8
Primary Registration District No. 3004 Local Registrar's No. 16
(No. 1 mi. S. of Depot)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Claude Parrott

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 8, 1868

7. AGE Years 63 Months 7 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Idaho Power
(c) Name of employer

9. BIRTHPLACE (city or town) Worthington
(State or country) Iowa

PARENTS

10. NAME OF FATHER Samuel Parrott
11. BIRTHPLACE OF FATHER (city or town) Indiana
(State or Country)
12. MAIDEN NAME OF MOTHER Sarah Coleman
13. BIRTHPLACE OF MOTHER (city or town) Wisconsin
(State or County)

14. Informant Earl Coleman
(Address) Meridian R. 1

15. Filed 2-27, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on 2-26, 1932
and that death occurred, on the date stated above, at 2 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Angina Pectoris

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. A. Roelsch, M. D.
....., 19..... (Address) Boise

19. Place of Burial, Cremation, or Removal Meridian Cemetery
Date of Burial 2-26 1932

20. Undertaker W. S. Mature Meridian Id
Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78166

PLACE OF DEATH
County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 15

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgia Etter Willis.

(a) Residence. No. 5 Miles South West of Boise. St. 101 b
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 30.1931.

7. AGE Years | Months 2 | Days 17. | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME Idis. H. Willis.
14. BIRTHPLACE (city or town) (State or country) Madison County. Arkansas.

MOTHER
15. MAIDEN NAME Zonie Shields.
16. BIRTHPLACE (city or town) (State or country) Arkansas.

17. INFORMENT (Address) Idis. H. Willis. Boise, Idaho. R.D. 4.

18. BURIAL, CREMATION, OR REMOVAL Place Meridian, Idaho Date Feb. 18 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 2-18, 193 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 17 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ Feb. 17, 1932, to Saw, 193
I last ~~saw h alive on~~, 193 ~~: death is said~~
to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:
No Physician in attendance, From family information the Cause of death was from Pneumonia & Influenza

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chyde E. Summers Corony M.D.
(Address) Boise Idaho 444 C

RECEIVED MAR 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78167

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 14

(No. V.A., Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME BOGENRIEF, Vere

(a) Residence. No. Rt. 2 St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of xx

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. xx

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa M-W

FATHER

13. NAME Clyde F. Bogenrief

14. BIRTHPLACE (city or town) (State or country) xx

MOTHER

15. MAIDEN NAME xx

16. BIRTHPLACE (city or town) (State or country) xx

17. INFORMENT (Address) L.H. BEAMAN V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Washburn, Wis. Date Shipped 2/17/32, 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 2-16, 193 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1930, to Feb. 15, 1932

I last saw him alive on Feb. 15, 1932; death is said to have occurred on the date stated above, at 3.58a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, far advanced C;	
Tuberculous enteritis.	

Other contributory causes of importance:

Pulmonary hemorrhage	

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F.C. SMITH, Reg. Med. Officer, M. D.

(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1932 Dr Forney. L

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78168

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lois. V. Sebern.

(a) Residence. No. 1. Mile West of Boise. St. 749
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 29.1852

7. AGE Years 79. Months 6 Days 12. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elmira. (State or country) New York.

FATHER
13. NAME Arad Goodell.
14. BIRTHPLACE (city or town) Penn. (State or country)

MOTHER
15. MAIDEN NAME Nancy Gamble.
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT Mrs. Edyth Robbins. (Address) Boise, Idaho. R.D. # 2.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Feb. 13, 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 2-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Febr-11 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Feb 11, 1932
I last saw her alive on Feb 11, 1932: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Central hemorrhage	

Other contributory causes of importance:

Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. Forney, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78169

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 12

(No. 3 miles west Boise. Valley road.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Horace Edwin Neal.

(a) Residence. No. 3 miles west Boise Idaho. St. 1019
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary W. Neal.

6. DATE OF BIRTH (month, day, and year) Sept 7. 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Real estate.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME James E. Neal.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Mary Nincehelser.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) H. Albert Neal. R.F.D.no.3. Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill. Date Febr. 10 193 2

19. UNDERTAKER Summers & Krebs. (Address) Boise Idaho.

20. FILED 2-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Febr. 8 193 2

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Jan. 7, 193 2: death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. Calleck, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78170

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 11

(No. Boise, Idaho. Route #2.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

589

2. FULL NAME William S. Fisher.

(a) Residence. No. Boise, Idaho. Route #2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie Fisher.

6. DATE OF BIRTH (month, day, and year) March 15-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs.
66	11	23	---

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) WAverly, Ohio.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) L.N.B.Carpenter. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2/10/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 2-9, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/8/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to Feb 8, 1932

I last saw him alive on Feb 5, 1932: death is said to have occurred on the date stated above, at 11:40 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. Calvert, M. D.

(Address) Boise, Idaho.

RECEIVED MAR 10 1932

L

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78171

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 10

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

880

2. FULL NAME Joseph H. Wood.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Malida A. Wood.

6. DATE OF BIRTH (month, day, and year) June 25-~~1856~~ 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
85	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Judge.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Eva M. Shields. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2/9/32, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 2-8, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/7/32, 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 193~~1~~2, to Feb 7, 1932
I last saw him alive on Dec 6, 193~~1~~2 death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Chronic Myocarditis	?
Other contributory causes of importance:	
Myocarditis & Insufficiency	4 Days.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. N. Brayton, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6 B Bosch

DO NOT WRITE IN THIS SPACE
State File No. 78172

PLACE OF DEATH
County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 9

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Harmon Hiner.

(a) Residence. No. ½. Mile East of Garfield School.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Hiner.

6. DATE OF BIRTH (month, day, and year): Dec. 22. 1863.

7. AGE: Years 68. Months 1. Days 7. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Des Moines, Iowa.

FATHER
13. NAME: George. W. Hiner.
14. BIRTHPLACE (city or town) (State or country): Indiana.

MOTHER
15. MAIDEN NAME: Matilda Hughes.
16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMENT (Address): Mrs. W. H. Miner. R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL (Place): Morris Hill Cemetery. Date: Jan. 31., 1932

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 2-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 29. 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1932, to Jan 29, 1932
I last saw h alive on , 193 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with heart block	1929
Patient found dead in bed on morning of Jan 29 1932	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) A B Bosch, M. D.
(Address) Boise Ida.

RECEIVED MAR 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78173

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie M. Jones

749

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of W. D. Jones

6. DATE OF BIRTH (month, day, and year) May 18, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Richard Mooney

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rebecca Ely

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Mrs Vita Hawkins Meridian Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Morris Hill Cem. Date 1-22, 1932

19. UNDERTAKER B. W. Robison
(Address) Meridian Idaho

20. FILED 1-19-'32, 1932 W. F. Neal
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Jan 20, 1932
I last saw her alive on Jan 20, 1932; death is said to have occurred on the date stated above, at a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
High blood pressure	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) W. F. Neal, M. D.
(Address) Meridian Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1932

PLACE OF DEATH

County of Ada.

City of Kuna.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78174

Registration District No. 124

Primary Registration District No. 2202 Local Registrar's No. 212

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Luther P. Jerome.

(a) Residence. No. Kuna. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12 -1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Lewis B. Jerome.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Woodard

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) James G. Jerome Kuna, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kuna, Ida. Date 2-14-32, 193

19. UNDERTAKER (Address) F. K. Robinson Nampa, Ida.

20. FILED 2-15, 1932 Mary T. Coleman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/13 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932, to Feb. 3, 1932

I last saw him alive on Feb. 13, 1932: death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Thos. E. Maupin M. D.

(Address) Nampa, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78175

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 3
Primary Registration District No. 2007 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfonso Luther Hoagland. 92

(a) Residence. No. Farma #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 12 -

7. AGE Years 56 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianna

FATHER
13. NAME James Hoagland
14. BIRTHPLACE (city or town) (State or country) Indianna

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Henry Hoagland Farma #1

18. BURIAL, CREMATION, OR REMOVAL Place Roswell Date Jan 3, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 3-1, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-27-, 1932, to 1-31-, 1932
I last saw him alive on Jan. 31, 1932: death is said to have occurred on the date stated above, at 2-05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-26-32

Other contributory causes of importance:

Name of operation Ephraim Abbott
What test confirmed diagnosis? Electrocardiogram? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ernst E. Lanbaugh, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 12 1932

PLACE OF DEATH
County of Adams
City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78177

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME James Bratcher

749

(a) Residence. No. Midvale St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ~~yrs.~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dora Bratcher

6. DATE OF BIRTH (month, day, and year) Oct 17. 1857

7. AGE Years 74 Months 4 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranchy
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME .....
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) U

17. INFORMENT (Address) F. E. Lanway Midvale

18. BURIAL, CREMATION, OR REMOVAL Place Midvale Date Feb 21, 1932

19. UNDERTAKER (Address) F. A. Hudelson

20. FILED March, 1932 Alvin S Thurston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932, to Feb 18, 1932
I last saw him alive on Feb 18, 1932: death is said to have occurred on the date stated above, at 7 23 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Feb 7, 1932

Other contributory causes of importance:

Hypertension & Senility	6-8 yrs

Name of operation 0 Date of .....
What test confirmed diagnosis? Physical Exam Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ....., 193..
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 0
(Signed) Alvin S Thurston, M. D.
(Address) Council

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78178

PLACE OF DEATH
County of Adams
City of Mesa

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lois Hammer

(a) Residence. No. Indian Valley St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, and year) Feb 19, 1908

7. AGE 24 Years — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher.
10. Date deceased last worked at this occupation (month and year) Feb 19, 1932
11. Total time (years) spent in this occupation 4.

12. BIRTHPLACE (city or town) (State or country) N. Dakota

FATHER
13. NAME Rev. Iva E. Hammer.
14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER
15. MAIDEN NAME Jessie Evans.
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) E. V. Hammer. Brother Weiser Ida

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place N. Dakota Date Feb 20, 1932

19. UNDERTAKER (Address) Northam Funeral Home Weiser

20. FILED March 10, 1932. Alvin S Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 19 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..

I last saw h.....alive on after death 193..: death is said to have occurred on the date stated above, at 7:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	Feb 19 1932
Kicked in head by horse.	
runaway team	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 19 1932
Where did injury occur? Adam Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Runaway team.
Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Alvin S Thurston, M. D.
(Address) Council Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 164

DO NOT WRITE IN THIS SPACE
State File No. 78179

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Sidney Geddes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ——

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	4	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Valley County, Mich. (State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMENT Carl Burmeister (Address) Council

18. BURIAL, CREMATION, OR REMOVAL Place Council Date Feb 24, 193 2

19. UNDERTAKER Robt Young, Council (Address)

20. FILED Feb 10, 193 2. Glenn B. Thurston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 22 193 2

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 193 1, to Feb 22, 193 2
I last saw him alive on Feb 22, 193 2; death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	5 yrs
Cerebral Hemorrhage	Feb 14, 1932

Other contributory causes of importance:

Senile Enteritis Pneumonia	5 yrs.
Arteriosclerosis	2 yrs

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ....., 193.
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Glenn B. Thurston, M. D.
(Address) Council Idaho

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78180

PLACE OF DEATH
County of Bannock
City of Hawkins

Registration District No. 83
Primary Registration District No. 2160 Local Registrar's No. 2
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME John Pannel
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Mar. 15 1861
7. AGE Years 71 Months 10 Days 14 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Jackson Co. North Carolina

PARENTS
10. NAME OF FATHER John Pannel
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Martha Tilson
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs. Lola Pannel

15. Filed Mar. 9 1932 Mary C. Coffin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 29 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to ....., 19....
that I last saw him alive on Jan 19, 1932
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Old age

..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Chronic nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) H. J. Hartvigsen, M. D.
....., 19.... (Address) .....

19. Place of Burial, Cremation, or Removal Marsh Center, Ida. Date of Burial 2 - 2 - 1932

20. Undertaker H. L. McHan Pocatello Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

(Always write with black ink)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7818

PLACE OF DEATH

County of Bannock Registration District No. 8 3

City of Pocatello Primary Registration District No. 2160 Local Registrar's No. 3

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME LaMar William Aslett

(a) Residence. No. Arimo, Idaho. St. Arimo, Idaho.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 0 yrs. 0 mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 17, 1930.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	7	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Arimo, Idaho.

PARENTS

10. NAME OF FATHER George Aslett

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bountiful, Utah.

12. MAIDEN NAME OF MOTHER Melna LaVon Lowery

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant George Aslett
(Address) Arimo, Idaho.

15. Filed Feb. 11, 1932. Mary A. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Febuary (Month) 7, (Day) 1932. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb-4-, 1932, to Feb-7-, 1932
that I last saw him alive on Feb-6-, 1932
and that death occurred, on the date stated above, at 7:00 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb-6-32

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. J. Partridge, M. D.

Feb. 8, 1932. (Address) ~~Pocatello~~, Ida. Downey

19. Place of Burial, Cremation, or Removal	Date of Burial
Arimo, Idaho.	Feb. 9, 1932.
20. Undertaker	**Address**
Arthur W. Hall	Pocatello, Ida.

(Information on this certificate is an exact COPY of the official certificate at place of death.)

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78182

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 258

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

889

2. FULL NAME Ingrida Pallerson Parsen

(a) Residence. No. Blackfoot R F D 3 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of C W Parsen

6. DATE OF BIRTH (month, day, and year) Jan 31 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Charles Pallerson

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Millie B Williams

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs R.J. Reid Springfield Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Date 2-16, 1932

19. UNDERTAKER (Address) E J Peck Blackfoot Idaho

20. FILED 2-13, 1932 D C Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feby 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to Feb 13, 1932

I last saw her alive on Feb. 13, 1932, death is said to have occurred on the date stated above, at 8:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo carditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F.O. Miller, M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
RECEIVED 78183 1932
State File No. .....

PLACE OF DEATH

County of Bannock Registration District No. 2 3

City of Pocatello Primary Registration District No. 2161 Local Registrar's No. 257

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. **FULL NAME** Mary Dean Ames

(a) Residence. No. General Hospital St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 10, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or
	0	0	0	9 Hr. s. min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

PARENTS

10. NAME OF FATHER William C. Ames

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pocatello, Ida.

12. MAIDEN NAME OF MOTHER Florence Minshew

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Pocatello, Ida.

14. Informant William C. Ames
(Address) Pocatello, Idaho

15. Filed Feb. 12, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Febuary (Month) 10, (Day) 1932. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932, to Feb 10, 1932, that I last saw ~~her~~ alive on Feb 10, 1932, and that death occurred, on the date stated above, at 10 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Prematurity (7mo.)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) W. W. Barthen M. D.
Feb. 12, 1932. (Address) Pocatello, Ida.

19. Place of Burial, Cremation or Removal	Date of Burial
Pocatello, Idaho. Mountain View Cemetery	Feb. 12, 1932.
20. Undertaker Arthur W. Hall	Address Poca., Ida.

This information on this certificate is an exact COPY of the official certificate at place of death.

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78184

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 256
(No. 922 W. Wyeth)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 V

2. FULL NAME Hulda May Jones
(a) Residence. No. 933 W. Wyeth St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) Oct. 12-1859

7. AGE Years 73 Months 3 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9. BIRTHPLACE (city or town) (State or country) Indianna

PARENTS
10. NAME OF FATHER Henry Lamar
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown Penn
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) C. I. Jones 933 West Wyeth

15. Filed 2-8, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932 to Feb 7, 1932
that I last saw her alive on Feb 7, 1932
and that death occurred, on the date stated above, at 10:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic myocarditis
acute Bronchitis following Influenza
(duration) 2 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. 14 ds.

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) D C Ray M. D.
2-8, 1932 (Address) Pocatello

19. Place of Burial, Cremation, or Removal St. Paul Mim. Date of Burial 2/ 1932
20. Undertaker H. L. McHan Address Poca. Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 11 1932

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78185

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 255

(No. 440 No. Buchanan)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Joseph Mohr Sr.

(a) Residence. No. 440 N. Buchanan St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Grobholz

6. DATE OF BIRTH (month, day, and year) July 9, 1866

7. AGE Years 65 Months 6 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Book Binder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturing Stationary
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 9 years

12. BIRTHPLACE (city or town) (State or country) Neustadt a/ Rhein Germany

FATHER
13. NAME Bernhard Mohr
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Marie Josepha Grobholz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Joseph Mohr 440 N. Buchanan

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Feby 10, 1932

19. UNDERTAKER (Address) Schumacher & Beasley Pocatello Idaho

20. FILED 1.10, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to Feb 7, 1932.
I last saw him alive on 2-7, 1932; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Apr-1931
Chronic Nephritis	Dec-1930

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Sub Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. C. Ray M.D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78186

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 254
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mary Catherine Duncan 41

(a) Residence. No. 385 Warren Ave. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 40 yrs. mos. 30 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Stephen Douglas Duncan

6. DATE OF BIRTH (month, day and year): Jan. 6. 1854

7. AGE: Years 78 | Months | Days 30 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer): For her Sons.
(c) Name of employer: none

9. BIRTHPLACE (city or town) (State or country): Kennelo Missouri

PARENTS

10. NAME OF FATHER: Richard Morgan
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown Iowa
12. MAIDEN NAME OF MOTHER: Mary Woodard
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Unknown Iowa

14. Informant (Address): Thomas L. Duncan 385 Warren Ave.

15. Filed 2/4/ 1932 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 4 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932, to Feb 4, 1932, that I last saw h[illegible] alive on Feb 3, 1932, and that death occurred, on the date stated above, at 11:30 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Septicaemia from infected Arm.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): nephritis acute

(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) A M. Newton, M. D.
Feb 7, 1932 (Address) Pocatello, Ida

19. Place of Burial, Cremation, or Removal: Blackfoot, Ida. Date of Burial: 2/7/ 1932

20. Undertaker: H. L. McClean Address: Pocatello, Ida

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78188

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 2-6-1 Local Registrar's No. 252

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

12 8

2. FULL NAME William A. Morgan

(a) Residence. No. Terrell Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 23, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Labelle, Idaho

FATHER

13. NAME Joseph Morgan

14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER

15. MAIDEN NAME Shurtliff

16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMENT (Address) Mrs. William A. Morgan Terrell Hotel

18. BURIAL, CREMATION, OR REMOVAL Place Rigby, Idaho Date Feb. 7, 1932

19. UNDERTAKER (Address) Schumacher & Beasley Pocatello, Idaho

20. FILED 2-6, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1932 to 2-6, 1932
I last saw h[illegible] alive on 2-6, 1932; death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pneumonia	2-1-32
Other contributory causes of importance:	
Chronic myocarditis	1-2-32

Name of operation — Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) W. W. Brothers, M. D.
(Address) Pocatello Idaho

Brothers

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78189

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No.
Local Registrar's No. 251

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME John Edgar Packham (Infant)

(a) Residence. No. 816 West Whitman St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 4, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Charles O. Packham

14. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

MOTHER

15. MAIDEN NAME Vessie Inskeep

16. BIRTHPLACE (city or town) (State or country) Fulton, Kansas.

17. INFORMENT (Address) Charles O. Packham. Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Feb. 4, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Feb. 4, 1932. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1932, to 2-4, 1932
I last saw him alive on 2/4, 1932 death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	

Other contributory causes of importance:

Cystic kidneys ? wry face	
Cyanosis, edema and Exotosis	

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J R Young, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78190

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 316
Local Registrar's No. 249
(No. 817 N. Garfield St.
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Emma D. Teeple
(a) Residence. No. 817 No. Garfield St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. R. Teeple

6. DATE OF BIRTH (month, day and year)

7. AGE Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) Arkan
(State or country) Ohio

PARENTS
10. NAME OF FATHER Frank L. Danforth
11. BIRTHPLACE OF FATHER (city or town) Hadsan
(State or Country) Ohio
12. MAIDEN NAME OF MOTHER Julia Malleson
13. BIRTHPLACE OF MOTHER (city or town) Toledo
(State or County) Ohio

14. Informant (Address) A. R. Teeple 817 North Garfield

15. Filed 2-3, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 3, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to Feb 3, 1932
that I last saw her alive on Feb. 8, 1932
and that death occurred, on the date stated above, at 2:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Angina Pectoris

(duration) 2 yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) Grace J. Parker
Feb 3, 1932 (Address) Pocatello Idaho

19. Place of Burial, Cremation, or Removal: Pocatello Idaho. Date of Burial: Feb 6 1932

20. Undertaker: McHannah C. Address: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

Amended Oct. 7, 1968 STATE OF IDAHO

State File No. 78191
Local Reg. No. 248
Reg. Dist. No. 28

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside?..... Outside?.....city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 1509 North Garfield
   (e) Deceased lived Inside?.....Outside?.....city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho?.....years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Orson Hiram Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Bateman

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) March 3, 1856

8. AGE	Years	Months	Days	If less than 1 day
	75	10	28	hrs min.

9. Exact Occupation Retired — Did this work for .....yrs.

10. Industry or Business Mine Inspector — Date last worked

11. Birthplace England (City or town) (State or foreign country)

Father
12. Name William Brown
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Clark
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henry N. Brown
and Address Pocatello, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 4, 1932 (Month) (Day) (Year)
(c) Place: Evanston, Wyoming

18. Funeral Director's **OWN** Signature Arthur W. Hall
and Address Pocatello, Idaho

19. (a) Feb 2, 1932 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 1, 1932 19.....
at .....o'clock 6 A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 25 19..... to Feb 1 1932
I last saw him alive on Jan 31 1932.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Stomach — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Uremia

Where was disease contracted?

Name of operation..... Date.....

Major finding

Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury

23. Attendant's **OWN** Signature O. F. Call, M.D. (M. D. or other)
and Address Pocatello, Idaho Date..... 19.....
(For additional space, use reverse side)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1932

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2 0

Primary Registration District No. 2 1 6 1

DO NOT WRITE IN THIS SPACE

State File No. 78191

Local Registrar's No. 2 4 8

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orson H. Brown

44

(a) Residence. No. 1509 North Garfield Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Elizabeth Bateman

6. DATE OF BIRTH (month, day, and year) March 3, 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine Inspector

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Esther Wiffon

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Henry N. Brown Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Evanston, Wyo. Date Feb. 4, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Feb. 2, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 1, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 193, to Feb 1, 1932

I last saw him alive on Jan 31, 1932: death is said to have occurred on the date stated above, at 6.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma / Stomach /	
Other contributory causes of importance:	
Uremia	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) O. F. Teal, M. D.

(Address) Pocatello, Idaho.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED OCT 2 1967 Bureau of Vital Statistics

State of Washington, } ss.
County of Clark, }

Certificate No. 78191

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death) for Orson H. Brown (Orson Hiram Brown) (Name on Original Certificate) who died (Was Born or Died) on Feb 1, 1932 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by birth certificate (Bible Record, Insurance Policy, Etc.) prepared on August 9th, 1967, (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#15 Maiden Name of Mother	Esther Wiffon	Hannah Clark
Date of Birth & Age	March 3, 1855 - 76	March 3, 1856 - 75

Subscribed and sworn to before me this 24th day of September, 1968.

Ethel L. Jamison

Notary Public, residing at Vancouver, Wash.

My commission expires Oct. 12, 1969 (Seal)

Signed Eloy M Brown

(Signature of parent or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record; or other credible person.)

3105 E. 26th St., Vancouver, Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington, } ss.
County of Clark, }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1968.

Ethel L. Jamison

Notary Public, residing at Vancouver, Wash.

My commission expires Oct. 12, 1969. (Seal)

Signed Amber Brown

(Signature of Any Credible Person)

3105 E. 26th St., Vancouver, Wash.

(Street Address, City, State)

FORM DN 60-155

1964 Pl Rec 1945 L. 10-16-67 [illegible]

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78192

PLACE OF DEATH
County of Bannock
City of Pocatello

CERTIFICATE OF DEATH
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 246
(No. Pocatello General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME Albert Bean
(a) Residence. No. Poc. General Hospital
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Unknown
7. AGE Years 48 Months — Days — If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Unknown
(State or country) " "

PARENTS
10. NAME OF FATHER " "
11. BIRTHPLACE OF FATHER (city or town) " "
(State or Country)
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (city or town) " "
(State or County) " "

14. Informant (Address) Frank Bean Neosha Mo.
15. Filed Feb 1, 1932 D. C. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 30 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932 to Jan 30, 1932
that I last saw him alive on Jan 30, 1932
and that death occurred, on the date stated above, at 11:00 A.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary Gangrene
(duration) 0 yrs. 0 mos. 12 ds.
CONTRIBUTORY (Secondary) Anthracosis of Lungs
Antrum Sinus Operations (duration) 5 yrs. — mos. — ds.
18. Where was disease contracted if not at place of death? In hospital
Did an operation precede death? Yes Date of Jan 5, 32
Was there an autopsy? Yes
What test confirmed diagnosis? X-rays Autopsy
(Signed) R. P. Howard, M. D.
Jan 30, 1932 (Address) Carlson Bldg. Pocatello

19. Place of Burial, Cremation, or Removal Neosha Mo. Date of Burial Feb 2 1932
20. Undertaker McHan Undt Co. Address Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78193

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 21
Primary Registration District No. 21-1 Local Registrar's No. 269
(No. Tyhee, Destrict)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Makato Nishiyama 88

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Japanese	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20, 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16.	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan (State or country) Utah

FATHER
13. NAME K. Nishiyama
14. BIRTHPLACE (city or town) Japan (State or country)

MOTHER
15. MAIDEN NAME T. Kawamura
16. BIRTHPLACE (city or town) Japan (State or country)

17. INFORMENT (Address) K. Nishiyama Pocatello
18. BURIAL, CREMATION, OR REMOVAL Place Burial Date Feb 29, 1932
19. UNDERTAKER McHan Mortuary Co (Address) Pocatello Idaho
20. FILED Mar 1, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1932, to Feb 27, 1932
I last saw him alive on Feb 27, 1932; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	
Acute Mucous A Pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) F. D. Miller M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78194

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 268
(No. 1045 N. Arthur)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME A. E. Zener
(a) Residence. No. 1045 N. Arthur St. 91b
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. A. E. Zener

6. DATE OF BIRTH (month, day and year) April 13, 1897

7. AGE Years 55 Months Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sec. B.P.O.E.
(b) General nature of industry, business, or establishment in which employed (or employer) Sec.
(c) Name of employer B.P.O.E. Club

9. BIRTHPLACE (city or town) (State or country) Mereable Mo.

PARENTS
10. NAME OF FATHER Edward Zener
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Barbour County Kentucky
12. MAIDEN NAME OF MOTHER Narcissus Wyatt
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Estelle Co. Kentucky

14. Informant (Address) Mrs. A. E. Zener

15. Filed Mar 3, 1932 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932, to Feb 26, 1932
that I last saw him alive on Feb 26, 1932
and that death occurred, on the date stated above, at 7 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coronary Sclerosis with Myocardial degeneration

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. J. Roof M. D.
Feb Mar 1, 1932 (Address) Pocatello Id.

19. Place of Burial, Cremation, or Removal Mt. View Cemetery
Date of Burial 3/1/1932

20. Undertaker H. L. McHan
Address Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78195

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 267

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Simon Saxton

(a) Residence. No. 442 South Sixth Ave. Poca. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower of Sarah K. Melluish

6. DATE OF BIRTH (month, day, and year) Unknown 1852.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Saxton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Newcomb

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. A. E. Wright, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rigby, Idaho. Date On Arrival 193

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Feb. 29, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 27, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 2, to Feb 27, 193 2
I last saw him alive on Feb 26, 193 2: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	

Other contributory causes of importance:

aged.	

Name of operation — Date of —
What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. Lyon, M. D.
(Address) Pocatello, Idaho.

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78196

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 266
(No. St Anthonys Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara M. Totten

(a) Residence. No. 712 ~~[illegible]~~ So. 9th ave, St. 88
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 13. 1877

7. AGE Years: 54 Months: 7 Days: 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Illinois

PARENTS

10. NAME OF FATHER: Robert Louin
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Tennessee
12. MAIDEN NAME OF MOTHER: Emma Tig
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Tennessee

14. Informant (Address): H. H. Totten, Pocatello Idaho

15. Filed Feb 26, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 26 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to Feb 26, 1932
that I last saw her alive on Feb 26, 1932
and that death occurred, on the date stated above, at 11:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocardial degeneration following operation for post operative hernia
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Secondary to operation
..... (duration) ..... yrs. ..... mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Feb 23/32
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) A. M. Newton, M. D.
Feb 26, 1932 (Address) Pocatello Ida

19. Place of Burial, Crémation, or Removal: Pocatello, Idaho
Date of Burial: Feb 28 1932

20. Undertaker: H. L. McHan
Address: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 78199

Local Registrar's No. 263

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159B

2. FULL NAME Infant Lawson

(a) Residence. No. General Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME H. J. Lawson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elma Lish

16. BIRTHPLACE (city or town) (State or country) Rockland, Idaho.

17. INFORMENT (Address) H. J. Lawson 727 West Halliday, Poca.,

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Feb. 20, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Feb. 20, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 19, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 2/19/32, 1932 to 2/19/32, 1932

I last saw him alive on 2/19/32, 1932; death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	

Other contributory causes of importance:

Bronchial Pneumonia	

Name of operation no Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Pocatello, Idaho.

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78200

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 262
(No. 156 So. 8th Ave. Pocatello Ida.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Elizabeth McCoy
(a) Residence. No. 156 S. 8th St. St. 164
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) widowed
5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas
6. DATE OF BIRTH (month, day, and year) May 20, 1842
7. AGE Years 89 Months 8 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Dr. J. Graham
14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER
15. MAIDEN NAME — Stokes
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Chas Forden 156 S. 8th St.
18. BURIAL, CREMATION, OR REMOVAL Place Marysville, Kas. Date on arrival 1932
19. UNDERTAKER (Address) Schumacher & Beasley Pocatello, Idaho
20. FILED 2-16, 1932 D C Ray Registrar. 8/16/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15 1932
22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1932 to 2/15, 1932
I last saw her alive on Feb 14, 1932; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Pneumonia	

Other contributory causes of importance:

Name of operation no Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. P. Groom, M.D.
(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78201

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 261
Local Registrar's No. 261

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

885

2. FULL NAME James Short

(a) Residence. No. 405 South Grant St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Josephine Fowler

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Railroad Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Harry Short
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Katherine Dickerson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Josephine Short 405 South Grant

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date 2/14/32, 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 2-15-, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 193Z, to 2-11, 193Z

I last saw him alive on 2-11, 193Z; death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:
Cholecystectomy
(Operation for Gall Stones and infected Gall Bladder)

Name of operation Cholecystectomy Date of 2/10/32
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. E. Powell, M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78202

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 260

(No. Residence of daughter-228 Randolph)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Claude Lish 90

(a) Residence. No. McCammon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Louise Argyle

6. DATE OF BIRTH (month, day, and year) Nov. 28, 1880

7. AGE Years 51 Months 2 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher and Sheepman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad, Idaho

FATHER
13. NAME William S. Lish
14. BIRTHPLACE (city or town) (State or country) Salt Lake City

MOTHER
15. MAIDEN NAME Sarah Jane Moss
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Claude Lish McCammon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place McCammon, Ida. Date 2/14/32 193

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho

20. FILED 2-13, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932, to some, 193
I last saw him alive on Feb 10, 1932: death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardia dilatation	

Other contributory causes of importance:
Chronic Nephritis

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F. P. Miller M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78203

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 2161 Local Registrar's No. 259
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tsurutaro Nakata
(a) Residence. No. 154 So. 2nd. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 36 yrs. 4 mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	Japanese	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced

6. DATE OF BIRTH (month, day and year): Aug, 22, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): General Merchant
(c) Name of employer: None

9. BIRTHPLACE (city or town) (State or country): Unknown Japan

PARENTS
10. NAME OF FATHER: Fred Nakata
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown Japan
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Unknown Japan

14. Informant (Address): Fred Yasuta Nakata

15. Filed Feb 13, 1932 — Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 12 (Day) 32, 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932, to Feb. 12, 1932, that I last saw him alive on Feb. 12, 1932, and that death occurred, on the date stated above, at 7:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Streptococcic infection Varicose ulcer

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary): Gastric Hemorrhage Cirrhosis liver
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Necessary
Did an operation precede death? Yes Date of 2/10/32
Was there an autopsy? Yes What test confirmed diagnosis? Clinical and post mortem

(Signed) H. L. Howard M. D.
2/13, 1932 (Address) Pocatello Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Pocatello City Cemetery	2/14/32 19
20. Undertaker: H. L. McHan	Address: Poca. Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78204

PLACE OF DEATH

County of Bannock
City of Bancroft Ida.
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 245
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Eda Liberta Grinder

(a) Residence. No. St. Santa Paula Calif
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of William E. Grinder

6. DATE OF BIRTH (month, day and year) July 4 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	54	7	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Freemont Ohio

PARENTS

10. NAME OF FATHER Henry F. Herty
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dresden Ohio.
12. MAIDEN NAME OF MOTHER Margarela Millinger
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sandusky City Ohio.

14. Informant Mrs. Henry F. Herty.
(Address) Bancroft Idaho R. # 1.

15. Filed Feb 17, 1932 Mrs. J. J. Tift Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932, to Feb 17, 1932
that I last saw her alive on Feb 16, 1932
and that death occurred, on the date stated above, at 6:30 A m.
The CAUSE OF DEATH* was as follows:

Sphenoidal Infection
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? examination

(Signed) J. J. Tift, M. D.
Feb 17, 1932 (Address) Bancroft Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Pocatello Ida	2/20/32. 19
20. Undertaker	**Address**
C. W. Hall.	Pocatello Ida

RECEIVED MAR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78207

PLACE OF DEATH

County of Bannock

City of Grace

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 246

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

14 S

2. FULL NAME Olive Chatterton

(a) Residence. No. Grace, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of G. Clair Chatterton

6. DATE OF BIRTH (month, day, and year) Apr-13-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME John Winstead

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Loretta Beckstead

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) G. C. Chatterton

18. BURIAL, CREMATION, OR REMOVAL Place Grace, Ida Date Feb 28, 1932

19. UNDERTAKER (Address) M. W. Hendricks Preston Ida

20. FILED Feb. 29, 1932 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-21-31, 193..., to 2-24-32, 193...

I last saw her alive on 2-24-32, 193...: death is said to have occurred on the date stated above, at 5:00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal- Difficult Labor	2-20-32

Other contributory causes of importance:

Chronic Myocarditis
Varicosities of legs
Acute Neuritis

Name of operation Date of

What test confirmed diagnosis? Asit & Phy. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78209

PLACE OF DEATH
County of Benewah
City of Plummer

Registration District No. 46
Primary Registration District No. 2123
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Waldo Loe

(a) Residence. No. Plummer, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worley, Idaho R F D.

FATHER
13. NAME George Loe
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Iva Beaudreau
16. BIRTHPLACE (city or town) (State or country) So. Dakota

17. INFORMENT (Address) Mrs. George Loe.

18. BURIAL, CREMATION, OR REMOVAL
Place Worley, Ida Date 1-29, 1932

19. UNDERTAKER H. G. Jaeger
(Address) Fairfield Wn

20. FILED 1-29, 1932 Fred A Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18th, 1932, to Jan 28th, 1932.
I last saw him alive on Jan 27th, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Influenza	Jan 15-32

Other contributory causes of importance:
Weakened Heart

Name of operation ..... Date of .....
What test confirmed diagnosis? Stillness Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. C. Kissinger, M. D.
(Address) Worley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 12 1932

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78210

1 PLACE OF DEATH
County Benewah State Idaho Registered No.
Township ..... or Village De Smet Idaho or
City ..... No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josette Smo

119

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Pius Elbemsmo

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE: about 86 Years | Months | Days | If LESS than 1 day, ---- hrs. or ---- min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Reservation Ida.

PARENTS
10 NAME OF FATHER Sodautekan
11 BIRTHPLACE OF FATHER (city or town) Coeur d'Alene
(State or country) Reserve
12 MAIDEN NAME OF MOTHER Lucy Tray
13 BIRTHPLACE OF MOTHER (city or town) Coeur d'Alene
(State or country) Reserve

14 Informant Anasta Williamsmo
(Address) Worley, Idaho

15 Filed March 2, 1932 John Post
REGISTRAR

11—3184 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 29 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932, to Feb 29, 1932
that I last saw her alive on Feb 21, 1932
and that death occurred, on the date stated above, at 10 a m.
The CAUSE OF DEATH* was as follows:
Influenza
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Senility
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Clinical
(Signed) J. A. Nelson, M. D.
3/1, 1932 (Address) Tekoa Ore

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: De Smet, Idaho
DATE OF BURIAL: March 2, 1932

20 UNDERTAKER: Anasta Gustagen
ADDRESS: De Smet, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2—209 d
V. S. No. 98

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78211

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Denewah
City of St. Maries Idaho

Registration District No. 32
Primary Registration District No. 2049
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 7

89

2. FULL NAME John Ruff

(a) Residence. No. 11th St St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Widowed

6 DATE OF BIRTH (month, day and year)

7 AGE: Years 79 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Thompson Ohio

PARENTS
10 NAME OF FATHER: Fredlin Ruff
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Caroline Miller
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katherine Schlues
(Address) St Paul Minn

15 Filed 3-9, 1932 Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 26 (Day) 1932 (Year)

17 2/10 I HEREBY CERTIFY, That I attended deceased from ....., 1932, to 2/26, 1932, that I last saw him alive on 2/26, 1932, and that death occurred, on the date stated above, at 10 40 a m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Influenza

..... (duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) C A Robins M D, M. D.

3/4, 1932 (Address) St Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Woodlawn
Date of Burial: 2/29 1932

20. Undertaker: Geo. E Mitchell
Address: St Maries Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78212

PLACE OF DEATH

County of Bonneville
City of Emidia

Registration District No. 32
Primary Registration District No. 2049
(No.) (If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 6

2059

2. FULL NAME Gus Johnson

(a) Residence. No. Ranch St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE: Years 71 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Tennesta Sweden

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Dr. Platt
(Address) St Maries Idaho

15 Filed 3-9, 1932 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 16 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ✓, 19__, to ✓, 19__, that I last saw h✓ alive on ✓, 19__, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:
General Senility
Found dead lying on bed
(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)
(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? General Conditions
(Signed) Owen D. Platt, Coroner, M. D.
2/18, 1932 (Address) St Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Woodlawn
Date of Burial: Feb 18 19

20. Undertaker: Geo. E. Mitchell
Address: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78213

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2a49
(No.)
Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Fred Lee 94

(a) Residence. No. Valley House St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Don't know

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) ~~Feb 12 1932~~

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Unknown	about 60		

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Timber worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Miss Jessie Swinkes
(Address) St Maries

15 Filed 3-9, 1932 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February (Month) 12, (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from October 30, 1931, to February 12, 1932, that I last saw him alive on February 10th, 1932, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(duration) ____ yrs. ____ mos. 3 ds.
CONTRIBUTORY (Secondary) 2 previous strokes of palsy
Arteriosclerosis (duration) 7 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Not known
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) C A Robins, M. D.
2/13/32, 19 (Address) St. Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
St Maries	Feb 16 19
20. Undertaker	Address
Geo E Mitchell	St Maries

RECEIVED MAR 1 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78214

Local Registrar's No. 3

PLACE OF DEATH

County of Benewah
City of St. Maries, Ida.
Registration District No.
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Nels Ed Nyberg Nels Edward Nyberg

(a) Residence. No. 930-2 St.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) June 17 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	7	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Maries Idaho

PARENTS
10 NAME OF FATHER Frederick Ed Nyberg
11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden
12 MAIDEN NAME OF MOTHER Emma Davies
13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Frederick Ed Nyberg
(Address) St Maries, Ida.

15 Filed 3-9, 1932 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb (Month) 3 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 1932, to Feb 3 1932, that I last saw him alive on Feb 3 1932, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) acute cold

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Carl Clinic, M. D.
2-13, 1932 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
St Maries	Feb 6 1932
20. Undertaker	Address
Geo E Mitchell	St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAR 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7215

PLACE OF DEATH
County of Benewah
City of St. Maries, Ida
Registration District No.
Primary Registration District No.
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 2

1119

2. FULL NAME Thomas R. Duncan

(a) Residence. No. 518 - Main Ave
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
HUSBAND of
~~(or) WIFE of~~

6. DATE OF BIRTH (month, day and year) Nov 10 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day,
	77	2	22	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mining
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER Lewis R Duncan

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Lewis R Duncan
(Address) St Maries

15. Filed 3-9, 1937 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 2 (Day) 1937 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jany 21, 1937, to Feb 2, 1937
that I last saw him alive on Feb 2, 1937
and that death occurred, on the date stated above, at 12½ a m.
The CAUSE OF DEATH* was as follows:
Perforated gastric Ulcer
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) 7 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? None
What test confirmed diagnosis? Clinical
(Signed) Carl Cline, M. D.
Feb 3, 1937 (Address) St. Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
St Maries Ida	Feb 4 1937
20. Undertaker	Address
Geo E Mitchell	St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78217

PLACE OF DEATH
County of Bingham
City of Basalt

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amelia Glindo

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Mex
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Glindo

6. DATE OF BIRTH (month, day and year): Oct 8 - 1894

7. AGE: Years 38 Months 3 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (city or town) (State or country): Mace Arizona

PARENTS
10. NAME OF FATHER: Manuel Cardenas
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Senora Mexico
12. MAIDEN NAME OF MOTHER: Mary Ortez
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Senora Mexico

14. Informant: F. Gallinas
(Address): Shelley Ida

15. Filed Feb 5, 1932 Mrs. Walter E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to Feb. 2, 1932
that I last saw her alive on Feb. 2, 1932
and that death occurred, on the date stated above, at 7 35 P m.
The CAUSE OF DEATH* was as follows:
Acute Myocarditis
(duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (Secondary): Following Confinement
(duration) ..... yrs. ..... mos. 7 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. G. Roberts, M. D.
Feb 3, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~: Shelley Dist Cemetery — Date of Burial: Feb 4 — 1932

20. Undertaker: Jack, A. Wood. Ida — Address: Falls, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78218

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 12
Primary Registration District No. 2164
Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

11-a

2. FULL NAME Lloyd Robert Cook

(a) Residence. No. Near Thomas, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1931.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riverside Idaho

FATHER

13. NAME Robert H. Cook

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Mildred L. Hopla

16. BIRTHPLACE (city or town) (State or country) Lund, Ida.

17. INFORMENT (Address) Robert H. Cook Blackfoot. Ida.

18. BURIAL, CREMATION, OR REMOVAL Thomas-Riverside Date 2-12-32 193

19. UNDERTAKER Modern Mortuary
(Address) Blackfoot, Ida.

20. FILED Feb 11, 193 2 Walter E. Petrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10 193 2

22. I HEREBY CERTIFY, That I attended deceased from 2-8 193 2, to 2-10 193 2

I last saw h— alive on 2-10 193 2 death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2-6-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. Hamblen M. D.

(Address) Blackfoot Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78219

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME John Ethan Allen
(a) Residence. No. Blackfoot, R.F.D.#1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 29, 1875

7. AGE: Years 56 | Months 10 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willard Utah

FATHER
13. NAME Marshall F. Allen
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Emma Holmes
16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMENT (Address) Clyde Allen Blackfoot R#1

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Paradise Utah Date ....., 193..

19. UNDERTAKER (Address) G. T. Peck Blackfoot, Idaho

20. FILED Feb 17, 1932, Mrs Walter E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 15, 1932
I last saw him alive on Feb 6, 1932: death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	Aug 1931

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Idaho

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bingham
City of Blackfoot.

DO NOT WRITE IN THIS SPACE
State File No. 78220

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earsle Maurice Goodenough

11-a

(a) Residence. No. No. Stout St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1931

7. AGE: Years 0 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot.
(State or country)

FATHER
13. NAME Earsle Goodenough
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER
15. MAIDEN NAME Florence Middleton
16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMENT Earsle Goodenough
(Address) Blackfoot.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Grove City Date 2-19-32, 193

19. UNDERTAKER Modern Mortuary
(Address) Blackfoot, Ida.

20. FILED Feb 19, 1932 Mrs Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932, to Feb 18, 1932
I last saw him alive on Feb 18, 1932: death is said to have occurred on the date stated above, at 2:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/14/32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78221

PLACE OF DEATH

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 25

179

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Jensen.

(a) Residence. No. 729 No. E. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Jensen

6. DATE OF BIRTH (month, day, and year) Oct. 6. 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Harry Fields

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Clara Harrison

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Harry Field Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date 2-26-32 193..

19. UNDERTAKER (Address) Modern Mortuary Blackfoot, Ida.

20. FILED Feb 26, 1932 Mrs Martin E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 23-32 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931, to Feb 23, 1932

I last saw her alive on Feb 23, 1932: death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia nephritis	
& Chronic Myocarditis	1928
Other contributory causes of importance:	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. O. Jamplace, M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78222

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 26

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME JOHN PHLUMAN

(a) Residence. No. ... St. ...
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 1850 Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho

18. BURIAL, CREMATION, OR ~~REMOVAL~~
Place Pleasant View Date March 1, 1932

19. UNDERTAKER Victor Marion Clark
(Address) Blackfoot, Idaho.

20. FILED Mar. 1, 1932 Mrs Valeria E. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1931, 193..., to Feb 29, 1932, 193...
I last saw him alive on Feb 29th, 1932: death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CANCER OF THE STOMACH	
(Has been having coffee ground vomitis for about one month)	
Other contributory causes of importance:	
his age and secondary anemia.	

Name of operation None Date of
What test confirmed diagnosis? Clinical diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Ida.

RECEIVED MAR 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78223

PLACE OF DEATH

County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
(No. .....)
Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jackline S. Jacobson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

19 V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write this word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year): Feb. 14th 1932

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (city or town) (State or country): Shelley Ida

PARENTS

10. NAME OF FATHER: Ford B. Jacobson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Shelley, Idaho
12. MAIDEN NAME OF MOTHER: Bernice Linton
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Saybrooville Utah

14. Informant: Ford B. Jacobson
(Address) Shelley Idaho

15. Filed Mar. 2 1932 Mrs. Walter E. Baker
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 29th 32
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 32, to Feb 29, 32,
that I last saw h-e alive on Feb. 26th, 32
and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Malnentrition

..... (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY ✓
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) J. M. Roberts, M. D.
Feb 29, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Shelley, Idaho	March 1st 1932

20. Undertaker: None — Address: .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78224

PLACE OF DEATH
County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

205 V

2. FULL NAME Isaiah Mc Kusker

(a) Residence. No. St. Wright Coroner
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): a widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Aug 25-1846

7. AGE: Years 85 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter & farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saratoga New York -

FATHER
13. NAME John Mc Kusker
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Febie Targee
16. BIRTHPLACE (city or town) (State or country) New York -

17. INFORMENT (Address) Mrs W. A. Giffing Bellevue Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Bellevue Cemetery Date Feb 6, 1932

19. UNDERTAKER L. J. Hawes
(Address) Hailey Ida.

20. FILED 2-20, 1932 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 4 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No attending Physician	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert H. Wright, M. D.
(Address) Coroner - Blaine Co. Ida
Hailey Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78225

PLACE OF DEATH
County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hester Smyth Wrenches — 72 Fox

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 28 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chatham Ontario Canada

FATHER

13. NAME Robert Smyth

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Agnes Morrow

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Eva M Coates Bellevue Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Cemetery Date Feb 3, 1932

19. UNDERTAKER (Address) L. J. Hamp Hailey

20. FILED 2-20, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Feb 1, 1932

I last saw h[illegible] alive on Feb 1, 1932; death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteo arthritis	1925
all joints involved	

Other contributory causes of importance:

Mitral lesion	1 yr.

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Fox, M. D.
(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78226

PLACE OF DEATH
County of Boise
City of Harrisons Bend Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 129
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Letson A Goodin

(a) Residence. No. Harrisons Bend Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day and year) June 13 - 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	7	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Woodberry County Ohio

PARENTS

10. NAME OF FATHER Isaac Goodin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) U.S.A.
12. MAIDEN NAME OF MOTHER Fannie Gardner
13. BIRTHPLACE OF MOTHER (city or town) (State or County) U.S.A.

14. Informant (Address) L Ray W. Goodin

15. Filed 2/4 1932 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 4 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Feb. 4 1932
that I last saw him alive on Jan 15 1932
and that death occurred, on the date stated above, at 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis Complicated with Myocardial Lesions

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) J L Reynolds M. D.
2/4/32 19 ..... (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Haines Ore	2/7 1932
20. Undertaker	Address
West & Co	Baker Ore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

Registration District No. 28

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78227

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 13

Township ____ or Village Samuels or

City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Horner 44

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Horner

6. DATE OF BIRTH (month, day, and year) July 24 1858

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
73	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Eureka (State or country) Wisconsin

FATHER

13. NAME Garner F. Williams

14. BIRTHPLACE (city or town) ____ (State or country) N.Y.

MOTHER

15. MAIDEN NAME Emily Delaney

16. BIRTHPLACE (city or town) ____ (State or country) N.Y.

17. INFORMANT Frank Horner (Address) Samuels Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pinecrest Cem Date Feb 20, 1932 Sandpoint, Ida.

19. UNDERTAKER L. P. Moon (Address) Sandpoint Idaho

20. FILED Feb 18, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 1 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probable Carcinoma Stomach.	1 year

Other **contributory causes** of importance:

Senility	

Name of operation ____ Date of ____

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) L. P. Moon Coroner

(Address) Sandpoint, Idaho.

c11—8184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 I
V. S. No. 98

RECEIVED MAR 7 1932 Registration District No 78

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78228

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No.
Primary Registration District No. Local Registrar's No. 12
(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Olaf Nelson Seeland

(a) Residence. No. 306 Larch St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gusta Olea Seeland

6. DATE OF BIRTH (month, day, and year) Dec 29 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	I	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timekeeper

10. Date deceased last worked at this occupation (month and year) 8/1/31

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Nelson Seeland

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Eiliv S Seeland Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview cemetery Date Feb 28, 1932

19. UNDERTAKER Turnbull Co. (Address) Sandpoint Idaho

20. FILED Feb 27, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Feb 26, 1932

I last saw him alive on Feb 26, 1932; death is said to have occurred on the date stated above, at 3:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza complicated with Empyema	Feb 12, 1932

Other contributory causes of importance:

Name of operation Pleurotomy Date of Feb 22, 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Sandpoint, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Registration District No 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78229

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 11

Township ..... or Village ..... or

City Sandpoint No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hans Knudson Neilson Norgaard 11a

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Norgaard

6. DATE OF BIRTH (month, day, and year) Dec 15, 1865

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Roundrup Denmark

FATHER

13. NAME Sorem Norgaard

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs Hattie Norgaard R. F. D. 2 - Sandpoint Ida

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida Date Feb 28 1932 Pinecrest Cemetery

19. UNDERTAKER (Address) L. G. Moon Sandpoint Ida.

20. FILED Feb 27, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from for many years - last sickness Feb 20, 1932, to Feb 25, 1932

I last saw h..... alive on ....., 19...; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2-20-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. P. Stackhouse, M. D.

(Address) Sandpoint, Idaho

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 f
V. S. No. 98

Registration District No. 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78230

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 10

Township ____ or Village Sagle R.F.D. or

City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sarah Elizabeth Deeter. 749

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney C. Deeter.

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1849.

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
82	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Cornelius Runyon

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT L. J. Deeter (Address) Sagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Westwood Cem. Date Feb. 11, 1932

19. UNDERTAKER L. L. Moon (Address) Sandpoint, Idaho

20. FILED Feb. 10, 1932 Nicole Allen Registrar. By Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cerebral Hemmorhage	
Natural Causes.	

Other contributory causes of importance:

Senility.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) L. L. Moon Coroner

(Address) Sandpoint, Idaho.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 f.
V. S. No. 98

Registration District No 76

RECEIVED MAR 7 1932

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
78231

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 159

Township ____ or Village ____ or

City Sandpoint No. 701 N. Jefferson St., ____ Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Stanley Loren Greenfield.

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint Idaho.
(State or country)

FATHER

13. NAME Loren A. Greenfield

14. BIRTHPLACE (city or town) Mercer N. Dak.
(State or country)

MOTHER

15. MAIDEN NAME Ruby Stellflue

16. BIRTHPLACE (city or town) Culbertson
(State or country) Montana

17. INFORMANT Loren Greenfield
(Address) Sandpoint Idaho.

18. BURIAL, CREMATION, OR REMOVAL Emerald Cemetery
Place Sandpoint Idaho Date Feb. 11, 1932

19. UNDERTAKER L. F. Moon
(Address) Sandpoint Idaho.

20. FILED Feb 11, 1932 Viola Alden Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from
Birth, 19__ to February 8, 1932

I last saw him alive on February 7, 1932, death is said to have occurred on the date stated above, at 10.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) W. B. Graves, M. D.

(Address) Sandpoint, Idaho

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 68

RECEIVED MAR [illegible]

Registration District No. 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78232

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 I
V. S. No. 98

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 8

Township _____ or Village _____ or

City Sandpoint No. Parnell Hospital St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 3 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Jeanie Hall Couture

(a) Residence: No. _____ St., _____ Ward. Sagle, Idaho.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Raymond E. Couture

6. DATE OF BIRTH (month, day, and year): Sept 18, 1888

7. AGE — Years: 43 | Months: 4 | Days: 15 | If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Glasgow Scotland

FATHER

13. NAME: Wm Tennent

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Sarah Turnbull

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Raymond E. Couture Sagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL — Place: Sandpoint, Ida. Date: Feb 6, 1932 — Pinecrest Cemetery

19. UNDERTAKER (Address): R. E. Wessa Priest River, Idaho.

20. FILED: Feb. 4, 1932 — Viola Allen, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 3, 1932

I last saw her alive on Feb 3, 1932 death is said to have occurred on the date stated above, at 10:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown

Other **contributory causes** of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Floyd G Wendle M. D.

(Address) Sandpoint, Ida

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78233

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 23

Township _____ or Village _____ or

City Priest River No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 5 mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Samuel LeRoy Gates

(a) Residence: No. _____ St., _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

14-a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	53	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ladora (State or country) Iowa

FATHER

13. NAME James D. Gates

14. BIRTHPLACE (city or town) Oswego County (State or country) N. Y.

MOTHER

15. MAIDEN NAME Sarah C. Tucker

16. BIRTHPLACE (city or town) Unknown (State or country) Pa.

17. INFORMANT A. O. Gates (Address) Priest River, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place I.O.O.F. Cemetery Date Feb. 17, 1932

19. UNDERTAKER Moon Mortuary (Address) Priest River, Idaho.

20. FILED Feb. 16, 1932 H. E. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h____ alive on _____, 19____; death is said to have occurred on the date stated above, at 11: A m.

The **principal cause of death** and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/29/32

Other **contributory causes** of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. D. Moon Coroner

(Address) Sandpoint, Idaho.

c11—3184

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78234

PLACE OF DEATH
County of Bell
City of

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 53.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Washington Hooper 86 B

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Bright Hooper

6. BIRTH (month, day, and year) March 12-1861

Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	28	

OCCUPATION
7. Profession, or particular work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine
10. Date deceased last worked at this occupation (month and year) March 12-32
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Indian Creek Indiana

FATHER
13. NAME James Hooper
14. BIRTHPLACE (city or town) (State or country) U. S. North Carolina

MOTHER
15. MAIDEN NAME Sarah Elig. Parker
16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMENT (Address) May Reid.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) E. F. Peck Blackfoot Idaho

20. FILED Feb 20, 1932 T. C. Salt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1932, to Feb 16, 1932
I last saw him alive on Feb 16, 1932, death is said to have occurred on the date stated above, at Mt Pleasant
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 years

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Information Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. R. Eckert, M. D.
(Address) Ariel Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78235

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 29
(No.) 101
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Esther Crook
(a) Residence. No. Notus Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of V. L. Crook
6. DATE OF BIRTH (month, day and year) Aug 21-1900
7. AGE Years 31 Months 6 Days 17 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Nebraska

PARENTS
10. NAME OF FATHER C. S. White
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Montesilla Iowa
12. MAIDEN NAME OF MOTHER Ethel Beaver
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dunkirk Indiana

14. Informant (Address) V. L. Crook Notus Ida

15. Filed 3-11, 1932 John S. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mch (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1932 to March 8 Inc 1932
that I last saw her alive on March 8, 1932
and that death occurred, on the date stated above, at 11 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Flu 10 days
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? x
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) S. B. Dudley M. D.
Mch 9, 1932 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal Canyon Hill
Date of Burial 3-13 1932
20. Undertaker C. V. Peckham
Address Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1005

Local Registrar's No. 28

DO NOT WRITE IN THIS SPACE
State File No. 78236

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 A

2. FULL NAME Ivan C. Abe

(a) Residence. No. Caldwell, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Japanese	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 27, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho.

FATHER

13. NAME Roy Abe

14. BIRTHPLACE (city or town) .....
(State or country) Japan

MOTHER

15. MAIDEN NAME Sakuko Matsuzaki

16. BIRTHPLACE (city or town) .....
(State or country) Japan

17. INFORMENT Roy Abe
(Address) Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Mar. 10, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 3-11-, 1932 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-8- 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1932, to Mar 8-, 1932

I last saw him alive on Mar 8, 1932; death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) T. S. Forrest, M.D.

(Address) Caldwell Idaho

RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78237

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 27
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rich William Richmond Williams 1019
(a) Residence. No. Greenleaf, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 2 - 1851

7. AGE Years: 80 Months: 7 ~~25~~ Days: 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Paloi Orange Co. Ind.

PARENTS

10. NAME OF FATHER John Williams
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Orange Co. Ind.
12. MAIDEN NAME OF MOTHER Anna Lamdin
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Tenn

14. Informant (Address) Ledru A. Williams 1611 Cave Caldwell, Ida

15. Filed 3-11-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 32, to Mar. 7, 1932
that I last saw him alive on Mar 7, 1932
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
followed after crisis
with nephritis & uraemia
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Nephritis
(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Phy. Exam
(Signed) M. Maley, M. D.
3-8-, 1932 (Address) Caldwell Id

19. Place of Burial, Cremation, or Removal: Greenleaf
Date of Burial: March - 8 1932

20. Undertaker: C. V. Peckham
Address: Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78238

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Caldwell
City of Canyon — Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 26
(No. 78)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Sarah Virginia Moffitt

(a) Residence. No. 104 Deforrest St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of W. M. Moffitt

6. DATE OF BIRTH (month, day and year) April 5 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	11	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Clearfield Co. Pennsylvania

PARENTS

10. NAME OF FATHER W. C. Thompson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pennsylvania
12. MAIDEN NAME OF MOTHER Sarah C. Wilder
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Illinois

14. Informant (Address) Wm. Moffitt Caldwell Idaho

15. Filed 3-11-, 1932. John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 5, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932, to Mar 5, 1932
that I last saw her alive on May 5, 1932
and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

a. Epileptic Seizure
Chronic "

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tyo time Epileptic

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) L. D. Forrest M. D.
3/8, 1932 (Address) Caldwell

19. Place of Burial, Cremation, or Removal	Date of Burial
Canyon Hill	3-8 1932

20. Undertaker	Address
C. V. Packham	Caldwell Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78239

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 24

(No. Odd Fellows Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W B Yoakley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-18-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jonesboro Tenn

FATHER

13. NAME G Yoakley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Viola Price Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 3-9-, 1932

19. UNDERTAKER Paul L. Case (Address) Caldwell Idaho

20. FILED 3-7-, 1932. John L Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-6-32, 193

22. I HEREBY CERTIFY, That I attended deceased from Not treated, 193..., to March 3, 1932

I last saw h. alive on March 1, 1932; death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death,	
(Probably Coronary Thrombosis)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 14 1932

K 1/16

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78240

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 23
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Lee Bennedict 88 V
(a) Residence. No. Dearborn St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harney Bennedict

6. DATE OF BIRTH (month, day and year) Oct 17 1869

7. AGE Years 62 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kentucky Town Texas

PARENTS
10. NAME OF FATHER Sam E Marshell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Green Co. Kentucky
12. MAIDEN NAME OF MOTHER Mollie Wayne White
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Green Co. Kentucky

14. Informant (Address) H Bennedict Caldwell Idaho.

15. Filed 3-5-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 3 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-16, 1932, to 3-3-, 1932
that I last saw her alive on 3-3-, 1932
and that death occurred, on the date stated above, at 3 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Chronic Myocarditis with aortic leakage

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Texas
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) [signature], M. D.
3-4-, 1932 (Address) Caldwell Id

19. Place of Burial, Cremation, or Removal: Whitewright Texas
Date of Burial 19

20. Undertaker: C. V. Peckham
Address: Caldwell Idaho.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

2/9-32

RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78241

PLACE OF DEATH
County of Canyon
City of Caldwell

CERTIFICATE OF DEATH
Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 21
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rebeca Jane Lyallen 88b
(a) Residence. No. 1107 Main Caldwell
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 23 1859

7. AGE Years: 72 Months: 2 Days: 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS
10. NAME OF FATHER Thomas Stilwell
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Cynthia Elliott
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Tennessee

14. Informant (Address) Floyd S Robertson Main St Caldwell Ida

15. Filed 3-3-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-9-, 1932, to 2-25, 1932
that I last saw her alive on 2-25, 1932
and that death occurred, on the date stated above, at 11-28 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis has had attacks for several years
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (Secondary) Paranoymalous Nephritis
(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Phys & Chem & Micro
(Signed) M Kaley, M. D.
2-29-1932 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal: Canyon Hill
Date of Burial: 2-28 1932

20. Undertaker: C. V. Peckham
Address: Caldwell Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

K. 2/13 RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78242

PLACE OF DEATH
County of Canyon
City of Caldwell

CERTIFICATE OF DEATH
Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 20
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Samuel Burnett. 1019
(a) Residence. No. Caldwell R#2 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Jan 15-1848
7. AGE Years 84 Months 1 Days 5 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) New York
PARENTS
10. NAME OF FATHER Henry Burnett
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Ruth Sweet
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York
14. Informant (Address) J M Sweet Notus Idaho
15. Filed 2-26, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 20 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 2-13, 1932, to 2-20, 1932
that I last saw ~~him~~ alive on 2-18, 1932
and that death occurred, on the date stated above, at 5 P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Lobar Pneumonia
(duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) 1 yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) M Staley, M. D.
2-22, 1932 (Address) Caldwell Id
19. Place of Burial, Cremation, or Removal: Tucker
Date of Burial: Feb 23 1932
20. Undertaker: C. V. Peckham
Address: Caldwell Idaho.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 14 1932

Mar 25
Oct 29

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78243

PLACE OF DEATH

County of Canyon
City of Notus

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 19
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Carl Edward Petersen
(a) Residence. No. Notus Ida St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 16 1873

7. AGE Years 58 Months 5 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Notus
(State or country) Idaho

PARENTS

10. NAME OF FATHER Chas J. F. Petersen
11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Germany
12. MAIDEN NAME OF MOTHER Katherine Diegel
13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Germany

14. Informant (Address) Birthy M. Rowland

15. Filed 2-19- 1932- John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to Feb 13, 1932
that I last saw him alive on Oct 29, 1931
and that death occurred, on the date stated above, at 10-45 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy

..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Symptoms
(Signed) J. M. Cole, M. D.
2/16, 1932 (Address) Caldwell, Ida

19. Place of Burial, Cremation, or Removal Tucker Cem
Date of Burial 2-16 1932

20. Undertaker C. V. Peckham
Address Caldwell Ida

RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78244

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Middleton

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 18
(No. 157)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mrs Laura Surdam

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
(HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 17 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER W E Wiggins

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky

12. MAIDEN NAME OF MOTHER Nancy Mackey

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Missouri

14. Informant (Address) W E Wiggins Midvale Idaho

15. Filed 2-15-, 1932. John S. Meyer, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13., 1932, to Feb. 13., 1932
that I last saw her alive on Feb. 13., 1932
and that death occurred, on the date stated above, at 6 20 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

General Gangrenous Infection.

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Surface degeneration & Skin or Groin (duration) ..... yrs. 6 mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? no
What test confirmed diagnosis? General Clinical.
(Signed) David E Baird, M. D.
Feb 14, 1932 (Address) Caldwell. Ida

19. Place of Burial, Cremation, or Removal: Midvale Idaho — Date of Burial: 2-16- 1932

20. Undertaker: Paul L.Case — Address: Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78245

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 06 Local Registrar's No. 21
(No. 111-12 ave N)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Liona Arte 179

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) —
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 5/29/29
7. AGE Years 2 Months 8 Days 22 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Ida

FATHER
13. NAME Joaquin Arte
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Marie Gasica
16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMENT (Address) J. Arte Nampa Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Nampa Ida Date ....., 193..
19. UNDERTAKER (Address) F. K. Robinson Nampa Ida
20. FILED 2-26, 1932 Bertha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-21-1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932, to 2-21, 1932
I last saw her alive on Feb 21, 1932: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia from burns on back & hips	

Other contributory causes of importance:
Intestinal flu

Name of operation None Date of ✓
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) V. C. Bellmont, M. D.
(Address) Nampa Ida

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78246

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 22
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank J Orr

(a) Residence. No. Near Wasing St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Nettie E. Spivey

6. DATE OF BIRTH (month, day, and year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Alex Orr
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Julia Allen
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Frank Orr Jr Nampa Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kohlenbaum Date 2/25, 1932
19. UNDERTAKER F. K. Robinson (Address) Nampa Ida
20. FILED 2-27, 1932 Stella Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-24 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to Feb 24, 1932
I last saw him alive on Feb. 23, 1932; death is said to have occurred on the date stated above, at 5:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis & Diabetis	
Other contributory causes of importance:	
Enlarged Prostate	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W C Wolfe, M. D.
(Address) Nampa, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78247

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lula Burnham 119

(a) Residence. No. State School & Colony St. 11 ave no.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 25 1908

7. AGE Years 23 Months 9 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Okla

FATHER

13. NAME C R Burnham

14. BIRTHPLACE (city or town) (State or country) McClain Ill

MOTHER

15. MAIDEN NAME Catherine Pochel

16. BIRTHPLACE (city or town) (State or country) McClain Ill

17. INFORMENT (Address) Dorr Boynter

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Nampa Date 2-28, 1932

19. UNDERTAKER (Address) F. A. Robinson

20. FILED 2-25, 1932 Bertha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-25- 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1925, to 2-25-, 1932

I last saw he alive on 2-25-, 1932: death is said to have occurred on the date stated above, at 8 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal influenza	2-18-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dorr Boynter, M. D.

(Address) Nampa Idaho

RECEIVED MAR 10 1932

PLACE OF DEATH

County of Canyon

City of Nampa.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78248

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Edna Louise Little.

(a) Residence. No. 6 mi. North of Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July, 29, 1923

7. AGE 8 Years Months 7 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. S student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME Stanly J. Little

14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER

15. MAIDEN NAME Cinda Maroney

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Stanly J. Little. Nampa, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Nampa, Ida. Date 3-4-32, 193

19. UNDERTAKER (Address) F. F. Robinson Nampa Ida

20. FILED 3-4, 1932 Bertha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/29 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932, to Feb 29, 1932

I last saw her alive on Feb 29, 1932: death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos E Mangum, M. D.

(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78249

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 10
(No. R.F.D. # 3)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob James Roth 1019
(a) Residence. No. R.F.D. # 3 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? 75 yrs. about mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Abigail Roth

6. DATE OF BIRTH (month, day and year) Aug. 2nd 1849

7. AGE Years 82 Months 5 Days 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS
10. NAME OF FATHER Joseph Roth
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Katie Zimmerman
13. BIRTHPLACE OF MOTHER (city or town) (State or County) France

14. Informant (Address) Mr. Menno Roth Nampa, Ida

15. Filed 2-27, 1932 Feather Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
(Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to 2-24, 1932
that I last saw ~~him~~ alive on 2-22, 1932
and that death occurred, on the date stated above, at 8 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia lobular (Hypostatic)
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Horace Bilnap M. D.
2/28, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 2-27 1932
20. Undertaker Wm D. Talley Address Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78250

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 11
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** Tom Gregory

(a) Residence. No. R.F.D. #4 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lily M. Gregory

6. DATE OF BIRTH (month, day and year) March 27, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	10	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9. BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS

10. NAME OF FATHER Dallas Gregory
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tennessee
12. MAIDEN NAME OF MOTHER Nancy Barnett
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Tennessee

14. Informant Mrs. Lily M. Gregory
(Address) R.F.D. #4 Nampa, Idaho

15. Filed 2-6, 193- Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 4, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1932, to Feb. 4, 1932
that I last saw him alive on Feb. 4, 1932
and that death occurred on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute dilatation of heart and resulting acute odema of lungs and liver (duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Leo. R. Proctor, M. D.
Feb 6, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn-Nampa	2-7 1932
20. Undertaker	Address
Wm. D. Talley	Nampa, Ida

Proctor

FORM V. S. No. 5-25 M. 1-19.

RECEIVED MAR 10 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 2006
File No. 78251
Registered No. 12

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Albert S McAnally
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widower

6. DATE OF BIRTH: Oct (Month) 25 (Day) 1847 (Year)

7. AGE: 84 Yrs. 3 Mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer when
(b) General nature of industry, business or establishment in which employed (or employer): at work.

9. BIRTHPLACE (State or Country): Paris. Illinois

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Aileen Skinner
(Address) Nampa Ida.

15. Filed 2-6 1932 Ruth Conway
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1932 to Feb 4 1932
that I last saw him alive on Feb 2 1932
and that death occurred on the date stated above, at 5 — M.

The CAUSE OF DEATH* was as follows:
Some chronic Kidney Trouble
In bed for past 8 months
from broken hip bone
(Duration) Yrs 8 mos. ds.
Contributory (Secondary) Senility
(Duration) 5 yrs. mos. ds.

(Signed) J. H. Murray M. D.
2/4 1932 (Address) Nampa Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 7 yrs. mos. days. In the State 7 yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kohlerdawn-Nampa
DATE OF BURIAL: 2-6 1932

20. UNDERTAKER: Wm. D. Talley
ADDRESS: Nampa, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78252

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 13

(No. Lenox Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Lewis C. Davis

(a) Residence. No. 4-Miles South of Nampa ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-29-79

7. AGE Years 52 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME J. F. Davis
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Stimson
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) A. L. Rempro Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Halton Kansas Date , 193

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED 2-6, 1932 Bertha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Gunshot wound in head - entering at right temple

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Sue Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. V. Peckham Coroner

(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78253

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Franklin James Beckwith

(a) Residence. No. 12 Miles S-W. Nampa St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 11-1-47

7. AGE Years 84 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Augusta Beckwith

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Wilkenson

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Clarence Beckwith Houston Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida Date 2/8, 1932

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED 2-9, 1932 Estha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 6 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to Feb 6 , 1932

I last saw him alive on Feb 6, 1932: death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Pneumonia	

Other contributory causes of importance:

Flu

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V C Bellmap, M. D.

(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78254

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 15
(No. 8)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1 5 1

2. FULL NAME Emily Hildreth Oylear
(a) Residence. No. 1016-1st St-N St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 11-4-66
7. AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER
13. NAME H. L. Patterson
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) J. J. Hughs, Nampa Ida
18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date , 193
19. UNDERTAKER (Address) F K Robinson Nampa Ida
20. FILED 2-9, 1932 Seth Conway Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 1930, to Feb 7, 1932
I last saw her alive on Feb 6, 1932; death is said to have occurred on the date stated above, at 12 2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene right leg	

Other contributory causes of importance:
Diabetes

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) V E Bell M.D.
(Address) Nampa Idaho

13

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED MAR 10 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 1006

(No. State School & Colony St.)

File No. 78255

Registered No. 6

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Fay Cox

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Aug. (Month) 27 (Day) 1905 (Year)

7. AGE: 27 Yrs. Mos. ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Marlin Cox

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER: Olieva Ostensen

13. BIRTHPLACE OF MOTHER (State or Country): Fairview Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. W. Poynter

(Address) Nampa

15.

Filed 2-12 1932 Bertha Conway
Local Registrar

MEDICAL CERTIFICATE OF DEATH

78

16. DATE OF DEATH: Feby (Month) 10th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 , to 2-10- 1932

that I last saw her alive on 2-10- 1932

and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) since birth Yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Poynter M. D.

19 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 4 yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death? Utah

Former or usual residence Jerome Idaho

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida

DATE OF BURIAL 19

20. UNDERTAKER: F. K. Robinson

ADDRESS: Nampa Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

RECEIVED MAR 10 1932

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78256

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 17
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME Elmer E. Shaver
(a) Residence. No. 205-12 ave-N ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 10-17-69
7. AGE Years 62 Months 4 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Grocerman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ran small store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME John Shaver
14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER
15. MAIDEN NAME Mary Greenman
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs E. E. Shaver Nampa Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Nampa Ida Date 2-19, 1932
19. UNDERTAKER (Address) F. K. Robinson Nampa Ida
20. FILED 2-25, 1932 Bertha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-16 1932
22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1932, to 2-16, 1932
I last saw him alive on 2-16, 1932: death is said to have occurred on the date stated above, at 5 m. a
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:
Hypertrophy Prostate
Nephritis chronic

Name of operation Drain Bladder locally Date of 2/14/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Horace P. Belknap, M.D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78257

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 1
Primary Registration District No. 2006 Local Registrar's No. 18
(No. 1/2 mi. Bowmont)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Bower 90
(a) Residence. No. Bowmont, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) widow

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Susan Bower

6. DATE OF BIRTH (month, day and year) April 15th 1842

7. AGE Years 89 Months 10 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer retired

9. BIRTHPLACE (city or town) (State or country) Penna

PARENTS
10. NAME OF FATHER S. G. Bower
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Mary Glock
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mrs. A. L. Boyd Bowmont, Ida

15. Filed 2-18, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932 to Feb 17, 1932
that I last saw him alive on Feb, 19
and that death occurred, on the date stated above, at 11 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Dilatation of heart

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Flu

(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) V. C. Bellmore, M. D.
Feb 18, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal McPherson Kansas
Date of Burial 19

20. Undertaker Wm. D. Talley
Address Nampa, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78258

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 3
Primary Registration District No. 006 Local Registrar's No. 19
(No. 312 - 7th Ave No)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Jennie Phares
(a) Residence. No. 312 - 7th Ave No St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jesse A. Phares

6. DATE OF BIRTH (month, day and year) Jan. 14th 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	- 1	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Notus
(State or country) Idaho

PARENTS

10. NAME OF FATHER Frank Gess.
11. BIRTHPLACE OF FATHER (city or town) Ireland
(State or Country)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant Mr. Jesse A. Phares.
(Address) Nampa, Idaho

15. Filed 2-20, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 19 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 31, 1932, to Feb 19, 1932
that I last saw her alive on Feb 19, 1932
and that death occurred, on the date stated above, at 11:20 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cancer of Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. C. Holt, M. D.
Feb 20, 1932 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Canyon Hill-Caldwell	19

20. Undertaker Address
Mrs. Nina M. Talley Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 15 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78259

PLACE OF DEATH

County of Canyon
City of Parma
Registration District No. 3
Primary Registration District No. 2007
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Going, Pleasant Thomas

(a) Residence. No. Parma #2 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr-16-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J. D. Going, Parma #2,

18. BURIAL, CREMATION, OR REMOVAL Place Parma Date 2-8, 1932

19. UNDERTAKER (Address) Caldwell Idaho

20. FILED Mar 1, 1932 L. Waldorf Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 9:50 AM 2/3, 1932, to 10 AM 2/3, 1932

I last saw him alive on Feb 3, 1932: death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/2/32
Other contributory causes of importance:	
Hypertension	unknown

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 1932

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Eugene Adelman M.D., M. D.

(Address) Parma, Idaho

RECEIVED MAR 15 1932

PLACE OF DEATH

County of Canyon

City of Roswell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78260

Registration District No. 3

Primary Registration District No. 2507 Local Registrar's No. 5

(No.) 88b

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amil Henry Brandt

(a) Residence. No. Roswell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Louise Brandt

6. DATE OF BIRTH (month, day, and year): Sept 21-1834

7. AGE: Years 77 Months 4 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: gardner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Eden Pennsylvania

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Willis Milligan Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Roswell Date Jan 2 1932

19. UNDERTAKER (Address): E. V. Peckham Caldwell Ida

20. FILED 3-1, 1932 John Waldrop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Jan 31, 1932

I last saw him alive on Jan 31, 1932. death is said to have occurred on the date stated above, at 10-15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mycarditis	1919

Other contributory causes of importance: Hypertension

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Mitchell, M. D.

(Address) Parma Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78261

PLACE OF DEATH
County of Cassia
City of Burley.

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 314
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Orson McBride

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word.): Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 26 - 1852

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Grantsville Utah.

PARENTS

10. NAME OF FATHER: James Orson McBride
11. BIRTHPLACE OF FATHER (city or town) (State or Country):
12. MAIDEN NAME OF MOTHER: Olive Chenney
13. BIRTHPLACE OF MOTHER (city or town) (State or County):

14. Informant (Address): Martha Moore Burley Idaho.

15. Filed Mar 3, 1932 J. H. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 10, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4. 1932, to Feb. 4. 1932
that I last saw him alive on Feb. 4. 1932
and that death occurred, on the date stated above, at 11:50 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Hypertension
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Joseph Brumstead M. D.
Feb. 15, 1932 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal: Burley Ida. | Date of Burial: 2-12 1932

20. Undertaker: D. E. Johnson | Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED ... 1932

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78262

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 315

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Henry F. Sampson

(a) Residence. No. Oakley, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Julia Wynel

6. DATE OF BIRTH (month, day, and year) Apr. 26, 1839

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	92	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Speculater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining stock

10. Date deceased last worked at this occupation (month and year) Apr. 1918

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Utica N. Y.

FATHER

13. NAME Joseph, Sampson

14. BIRTHPLACE (city or town) (State or country) New Bedford Mass.

MOTHER

15. MAIDEN NAME Martha Crossman

16. BIRTHPLACE (city or town) (State or country) Dearfield N. Y.

17. INFORMENT (Address) Lena B. Price Oakley, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Oakley, Idaho Date Feb. 29, 1932

19. UNDERTAKER (Address) Payne-Kimball Paul Beer Twin Falls, Idaho

20. FILED Mar 3, 1932 F H Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/28 1932

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1932, to February 27, 1932

I last saw him alive on February 1, 1932: death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1931

Other contributory causes of importance:

Chronic Hypertrophy Prostate	Unknown

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles B. Beymer, M. D.

(Address) Oakley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78263

PLACE OF DEATH
County of Cassia
City of Albion.

Registration District No. 119
Primary Registration District No. 298
(No.)
Local Registrar's No. 1015

2. FULL NAME Petera Jorgensen
(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Jorgensen

6. DATE OF BIRTH (month, day and year) Jan. 26 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82		26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark.

PARENTS

10. NAME OF FATHER Peter Stuebolt.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark.
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark.

14. Informant Thos Jorgensen
(Address) Albion Ida

15. Filed Mar 2 1932 C. L. Soter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 12, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb. 12, 1932, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) D. E. Johnson Coroner M. D.
2-15, 1932 (Address) Burley Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Albion Ida.	2-17 1932
20. Undertaker D. E. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78264

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 119
Primary Registration District No. 2198
Local Registrar's No.
(No. 126)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore Grey

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Mahoney

6. DATE OF BIRTH (month, day and year) Sept 20 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Harrison Co Mo.

PARENTS

10. NAME OF FATHER Charles Grey
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Clay Co Mo.
12. MAIDEN NAME OF MOTHER Sarah Stephenson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Clay Co Mo.

14. Informant (Address) Mary Grey Albion Idaho

15. Filed Mar 1, 1932 C. C. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 28 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to February 28, 1932
that I last saw him alive on February 27, 1932
and that death occurred, on the date stated above, at 6 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Glomerular Nephritis

(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Pituitary Cachexia
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory
(Signed) Theodore B. Beymer, M. D.
Feb. 29, 1932 (Address) Oakley, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Albion Ida.	3-2 1932
20. Undertaker H. E. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78265

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2176
Local Registrar's No. 310
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Schodde

(a) Residence. No. ... St. ...
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

88b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schodde

6. DATE OF BIRTH (month, day, and year) Aug 22 - 1857

7. AGE Years 74 Months 5 Days 13 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10. NAME OF FATHER Henry Wessel
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany.

14. Informant (Address) George Schodde Burley Ida

15. Filed Mar 3, 1932 Y H Cutler Registrar.
Mrs Greer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 5, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1929, to Feb 5, 1932
that I last saw her alive on Feb. 5, 1932
and that death occurred, on the date stated above, at 3:15 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocardite

... (duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage
... (duration) 2 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ...
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean, M. D.
..., 19... (Address) Burley Id

19. Place of Burial, Cremation, or Removal Albion Ida. Date of Burial 2-9 1932

20. Undertaker D. E. Johnson Address Burley.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78266

PLACE OF DEATH
County of Cassia
City of Declo

Registration District No. 117
Primary Registration District No. 2176
Local Registrar's No. 211
(No. 719)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willis Dean Garrett

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 26 - 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	4	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Declo
(State or country) Idaho

PARENTS

10. NAME OF FATHER Samuel R Garrett
11. BIRTHPLACE OF FATHER (city or town) Nephi
(State or Country) Utah
12. MAIDEN NAME OF MOTHER Ethel Packer
13. BIRTHPLACE OF MOTHER (city or town) Preston
(State or County) Idaho

14. Informant S. R. Garrett
(Address) Declo Ida

15. Filed Mar 3, 1932 — H Cutler, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 6, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb. 6, 1932, to Feb 6, 1932,
that I last saw him alive on Feb 6, 1932
and that death occurred, on the date stated above, at 11:0 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebro - Meningitis
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Virgil E Dean, M. D.
....., 19..... (Address) Burley Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Declo Ida	2-6 1932
20. Undertaker D. C. Johnson	Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78267

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 372
(No.) 206
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Peck
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Feb 7-1932
7. AGE Years Months Days Still Born If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Burley Ida.

PARENTS
10. NAME OF FATHER June Leroy Peck.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lund Ida.
12. MAIDEN NAME OF MOTHER Opal M Bright
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Nebraska.

14. Informant (Address) J. L. Peck Burley Ida.
15. Filed Mar 3, 1932 P. H. Cotter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 7 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932, to Feb 7, 1932
that I last saw him alive on Feb 7, 1932
and that death occurred, on the date stated above, at — m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Intra Uterine Asphyxia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean, M. D.
, 19 (Address) Burley

19. Place of Burial, Cremation, or Removal Heyburn Ida. Date of Burial 2-7 1932
20. Undertaker D. E. Johnson Address Burley.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78268

PLACE OF DEATH
County of Cassia
City of Declo

Registration District No. 117
Primary Registration District No. 2116 Local Registrar's No. 212
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mary Woodrow Polsipher

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 7-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Declo Idaho

PARENTS

10. NAME OF FATHER Woodrow Polsipher

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Mary Rose

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ogden Utah Weber Co

14. Informant (Address) W S Rose Burley Idaho

15. Filed Feb 3, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 9, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1932, to Feb 9, 1932
that I last saw her alive on Feb. 9, 1932
and that death occurred, on the date stated above, at 9:20 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Injury at Birth

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Lloyd E. Dean, M. D.
, 19 (Address) Burley Id

19. Place of Burial, Cremation, or Removal: Burley Idaho — Date of Burial: Feb-11 1932

20. Undertaker: D. C. Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78269

PLACE OF DEATH
County of Clearwater
City of Weippe

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Wilson

(a) Residence. No. Weippe Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write word)
Male	W	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Wilson

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Joe Wilson Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Weippe Date Feb 29, 193

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED Feb 28, 193 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 19 193

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 193 2, to 2-26, 193 2

I last saw him alive on 2-26, 193 2; death is said to have occurred on the date stated above, at 1. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	5

Other contributory causes of importance:

Senility	

Name of operation none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) W. F. Robertson M. D.

(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78270

Registration District No. 96

Primary Registration District No. 2187 Local Registrar's No. 19

(No. Orofino Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Nils Carlen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 14 1859

7. AGE Years 72 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Gunn Carlen

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Leroy Carlen Pierce Ft

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date Mar 1, 1932

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED 4/28, 1932 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1931, to Feb. 27, 1932

I last saw him alive on Feb. 27, 1932: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1930

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) R. J. Hopkins, M. D.

(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78271

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 18

(No. Nelson Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME A Delia Edmonson

(a) Residence. No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

20 S V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9 1845

7. AGE: Years 86 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME C Fairbanks

14. BIRTHPLACE (city or town) (State or country) N.Y

MOTHER

15. MAIDEN NAME Chamberlin

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT (Address) Frank Edmonson Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date Feb 28, 193

19. UNDERTAKER (Address) W A Shaw Orofino

20. FILED Feb 29, 193 W A Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 10.30 m.P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Had no Doctor	
Had Heart Disease. Valvular.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W A Shaw Reg. No. 90, ~~M.D.~~

(Address) Orofino

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78272

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 17-

(No. Nelson Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

84

2. FULL NAME Elmer Prettyman

(a) Residence. No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6 1882

7. AGE Years 49 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash

FATHER

13. NAME George Prettyman

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mary A. Prettyman Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date Feb 29, 193

19. UNDERTAKER (Address) W.A. Shaw Orofino Idaho

20. FILED Feb 28, 193 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1932, to Feb. 26, 1932

I last saw him alive on Feb. 26, 1932; death is said to have occurred on the date stated above, at 11.50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis, chronic	1927
Other contributory causes of importance:	
Acute tonsillitis	2/26/32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Hopkins, M. D.

(Address) Orofino, Idaho

RECEIVED MAR 4 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78273

PLACE OF DEATH
County of Shoshone
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 16

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Effie Pearl Messner

(a) Residence. No. ____ St. Burke, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? 13 yrs. 2 mos. ? ds.

71 V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Messner

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	35	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) The Bayne, Ontario - Canada.

FATHER

13. NAME Royal Delacy Price

14. BIRTHPLACE (city or town) (State or country) Canada Fillmore

MOTHER

15. MAIDEN NAME Julia May Barkly

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Records, State Hospital North.

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date 2/25, 193

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 2/25, 193 2 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 23 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11 1931, to February 23, 1932

I last saw her alive on February 23, 1932: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Spinal Syphilis.	
Other contributory causes of importance: Psychosis with cerebro-spinal Syphilis.	

Name of operation ____ Date of ____

What test confirmed diagnosis? Wessermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John Irvine McKelvey, M. D.

(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 4 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78274

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 15-

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME V. (Vic) Rosa

(a) Residence. No. ..... St. Wallace, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? 24 yrs. 7 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE: Years 53; Months ?; Days ?; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North

18. BURIAL, CREMATION, OR REMOVAL Place St. Hosp. No. Cemetery Date Feb. 21, 1932

19. UNDERTAKER (Address) F. A. Billberg - Hosp. Attdt. State Hosp. No., Orofino - Idaho.

20. FILED Feb 21, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 20 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to February 20, 1932

I last saw him alive on February 19, 1932: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
Alcoholic psychosis

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78275

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 96
Primary Registration District No. 2187
Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

17

2. **FULL NAME** Edith Marion Earle

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Earle

6. DATE OF BIRTH (month, day and year) Aug 1- 1896

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	6	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Powers Mich.

PARENTS

10. NAME OF FATHER Edward Ramond
11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown
12. MAIDEN NAME OF MOTHER Bradmer
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mich.

14. Informant George Earle
(Address) Orofino Ida.

15. Filed 2/15, 19.... H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from 1-17-, 1932, to 2-13, 1932
that I last saw her alive on 2-13, 1932
and that death occurred, on the date stated above, at 8 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Anemia mal nutrition from Colitis, caused by infected teeth.
(duration) several years— yrs. mos. ds.
CONTRIBUTORY (Secondary) Infected teeth
(duration) several years yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? blood tests & Symptoms
(Signed) W Robertson M. D.
2/16, 1932 (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Westmon Ida	2/17 1932
20. Undertaker	Address
Orofino Mortuary	Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78276

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 14
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

78

2. FULL NAME Donald L. Murray

(a) Residence. No. St. Sandpoint - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 1. 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detour, Michigan

FATHER
13. NAME John Murray
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Margaret McKay
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Sandpoint Idaho Date 2/16, 193✓

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 2/15, 193✓ V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/14 193

22. I HEREBY CERTIFY, That I attended deceased from July 13, 193✓ to February 14, 193✓
I last saw him alive on February 14, 193✓: death is said to have occurred on the date stated above, at 7.50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	20 yrs. ago
Other contributory causes of importance: Epileptic psychosis	

Name of operation Date of
What test confirmed diagnosis? Phys. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho.

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78277

PLACE OF DEATH
County of Clearwater
City of Weippe

Registration District No. 70
Primary Registration District No. 2187
Local Registrar's No. 13
(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin - Bonner
(a) Residence. No. Weippe Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bonner

6. DATE OF BIRTH (month, day and year) July

7. AGE Years 75 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm work
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS
10. NAME OF FATHER Archibal Bonner
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Roy
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) H. Bonner Weippe Ida

15. Filed 2/15, 19 H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-12, 1932, to 2-14, 1932
that I last saw him alive on 2-12, 1932
and that death occurred, on the date stated above, at 130 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Valvular heart lesion
arteo-sclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Inter capsular fracture hip 6 mo ago - and Haemorrhage in Brain 10 days ago
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? his home farm
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Symptoms
(Signed) J. H. Robertson M. D.
2/16, 1932 (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal Weippe Ida
Date of Burial 2/15 1932

20. Undertaker Orofino Mortuary
Address Orofino Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78278

PLACE OF DEATH
County of Clewarwter
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 11

(No. Nelson Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Young

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	?

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Nelson Hospital Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date Feb 6, 193

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED Feb 6, 1932 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1931, to Feb. 4, 1932
I last saw h~~e~~alive on Feb 4, 1932: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial sclerosis	Several years.
Other contributory causes of importance: Cerebral hemorrhage	1/4/32

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. J. Hopkins, M. D.
(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 4 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78279

PLACE OF DEATH
County of Nezperce
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 10
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. George Dennler (Doris Dennler) - 17

(a) Residence. No. ..... St. Juliaetta, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? ~ yrs. ~ mos. ~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Dennler

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nebreska

FATHER

13. NAME Henry Zumhofe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Juliaetta Date 2/6, 193..

19. UNDERTAKER John Pickard
(Address) Troy Ida

20. FILED 2/5, 193.. H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 4 193 7

22. I HEREBY CERTIFY, That I attended deceased from January 27, 193 7, to February 4, 193 7

I last saw her alive on February 3, 193 7: death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion of psychosis	
Other contributory causes of importance: Manic depressive psychosis	Over 2 months

Name of operation None Date of .....

What test confirmed diagnosis? Phys Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John Lowell McKelvey, M. D.

(Address) Orofino - Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 78280

Local Registrar's No. .....

Registration District No. .....

Primary Registration District No. .....

(No. ..... St.)

1. PLACE OF DEATH

County of Clearwater

City of Elk River

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William John Beadone

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6. DATE OF BIRTH December 8 1872
(Month) (Day) (Year)

7. AGE 59 Yrs. 1 Mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Millwright

(b) General nature of industry, business or establishment in which employed (or employer): Lumber mill

9. BIRTHPLACE (State or Country) Germany

10. NAME OF Father John Beadone

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER (?)

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Anna Beadone

(Address) Elk River, Idaho

15. Filed March 2 1932 Mildred S. Hamby
Local Registrar

MEDICAL CERTIFICATE OF DEATH

57

16. DATE OF DEATH January 22 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1932, to Jan 22 1932

that I last saw h~~im~~ alive on Jan. 21 1932

and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(Duration) 7 yrs. ..... mos. ..... ds.

Contributory (Secondary) Diabetis Gangrene

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Henry N. Potter M. D.

Jan. 24 1932 (Address) Elk River, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Elk River, Idaho | **DATE OF BURIAL** Jan. 23 1932

20. UNDERTAKER J. Frank Modine | **ADDRESS** Elk River Ida.

RECEIVED MAR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78281

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

68

2. FULL NAME Catherine Stetzel

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles. Stetzel

6. DATE OF BIRTH (month, day and year) 11-9-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

PARENTS

10. NAME OF FATHER Anthony Deiss
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.
12. MAIDEN NAME OF MOTHER Eva Stuckmeyer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) France.

14. Informant Mrs. J. L. Barrett
(Address) Glenns Ferry Ida

15. Filed 2-9-, 32 Mrs M Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2- (Month) 9- (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1930, to Feb 9, 1932
that I last saw her alive on 2/9/32, 19
and that death occurred, on the date stated above, at 6.35A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Generalized arterio sclerosis,
chr myocarditis
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Cerebral hemorrhage
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death? ---
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) M. D.
2.9.32, 19 (Address) Glenns Ferry Ida

19. Place of Burial, Cremation, or Removal: River Falls, Wis — Date of Burial: 19

20. Undertaker: G. S. Zacher. — Address: Mt. Home Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78282

PLACE OF DEATH

County of Elmore
City or Glenns Ferry Ida
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine Carmen Larrondo 100

(a) Residence. No. Glennis Ferry S. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 8-17-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Glenns Ferry Ida
(State or country)

FATHER
13. NAME Hilario Larrondo
14. BIRTHPLACE (city or town) Spain
(State or country)

MOTHER
15. MAIDEN NAME Maria Gastranga
16. BIRTHPLACE (city or town) Spain
(State or country)

17. INFORMENT Hilario Larrondo
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Glenns Ferry Date 2-12, 1932

19. UNDERTAKER GC Facher
(Address)

20. FILED 2-12, 1932 Mrs Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 — 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931, to Feb 10, 1932

I last saw h[illegible] alive on Feb 10, 1932; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchus pneumonia	

Other contributory causes of importance:

Congenital debility	

Name of operation No. Date of No.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Fuendeling M. D.

(Address) Glennis Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78283

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No. 83

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Omalia

(a) Residence. No. Glenns Ferry Ida (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) —
7. AGE: Years 74; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: none
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: John Omalia
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): John Omalia Glenns Ferry
18. BURIAL, CREMATION, OR REMOVAL Place: Glenns Ferry Date: Feb 22 1932
19. UNDERTAKER (Address): G.C. Zucher
20. FILED Feb 21, 1932 Mrs M Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-21 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Feb 21, 1932
I last saw him alive on Feb 20, 1932; death is said to have occurred on the date stated above, at 1 1/2 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral softening due to arteris sclerosis	
Other contributory causes of importance:	
Arteris sclerosis	

Name of operation — Date of —
What test confirmed diagnosis? Observation Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr J W Davis, M. D.
(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO RECEIVED MAR 11 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78284

PLACE OF DEATH
County of Franklin
City Preston Idaho

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 12

(No.) 106
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Colleen Hollingsworth

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 13 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston

FATHER

13. NAME Ezra Hollingsworth

14. BIRTHPLACE (city or town) (State or country) Preston Idaho

MOTHER

15. MAIDEN NAME Dora Thatcher

16. BIRTHPLACE (city or town) (State or country) Thatcher Idaho

17. INFORMENT (Address) Ezra Hollingsworth Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Feb. 15, 1932

19. UNDERTAKER MW. Henricks Preston Idaho
(Address)

20. FILED Mar 8, 1932 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932 to Feb 13, 1932
I last saw h alive on Feb, 1932: death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	Feb 7
Other contributory causes of importance:	
Lobar pneumonia	Jan 30

Name of operation Thoracotomy Date of Feb. 11, 1932
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Orval R. Cutler, M.D.
(Address) Preston, Idaho

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78285

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2114
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Johansen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 4 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Jacob Johansen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Pearl Mitchel

16. BIRTHPLACE (city or town) (State or country) Ammon Idaho

17. INFORMENT (Address) Jacob Johansen Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ammon Idaho Date Feb 29, 1932

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Mar 8, 1932 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Febr 25, 1932, to Febr 26, 1932
I last saw her alive on Febr 26, 1932; death is said to have occurred on the date stated above, at 11:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchis pneumonia	Feb 24 1932

Other contributory causes of importance: Very young infant

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Stoker, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78286

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earnest Alfred Willmore

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thelma Taylor Willmore

6. DATE OF BIRTH (month, day, and year) Jan 18 1905

7. AGE Years 27 Months Days 28 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER
13. NAME Alfred Earnert Willmore
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Jane Williams
16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Thelma Willmore Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED March 8, 1932 G. W. Sates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1932, to Feb. 14, 1932
I last saw him alive on Feb. 13, 1932: death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Heart Disease	1914

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Orson S. Daines, M. D.
(Address) Preston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Weston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 78287

Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Coburn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Polly Coburn

6. DATE OF BIRTH (month, day, and year) July 27 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Weston Idaho

FATHER

13. NAME Joseph Coburn

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emma Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. Joseph Coburn Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weston Idaho Date Feb., 8 1932

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Mar. 8, 1932 G. W. Sales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1932 to Feb 7, 1932
I last saw him alive on Feb 7, 1932; death is said to have occurred on the date stated above, at 12 45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Jan 28, 1932
& Paralytic Ileus	

Other contributory causes of importance:

Chronic Myocardial degeneration & Hypertension	1927

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Orson L. Daines, M. D.
(Address) Preston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 219

DO NOT WRITE IN THIS SPACE
State File No. 78288

Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Max K. Olsen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 27 24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Erastus P. Olsen
14. BIRTHPLACE (city or town) (State or country) Ephriam Utah

MOTHER

15. MAIDEN NAME Maude L. Kirkup
16. BIRTHPLACE (city or town) (State or country) Franklin Idaho

17. INFORMENT (Address) Mrs Maude L. Olsen Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Idaho Date Feb. 4 1932

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Mar. 8, 1932 G. W. States Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 4:0 a.m.
The principal cause of death and related causes of importance were as follows: Did not see or treat the child or any physician but there is every evidence that it died of Influenza Pneumonia G. W. States M.D. Local register

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.
(Address) Preston Idaho Franklin Co.

RECEIVED MAR 10 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 97

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 78289

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Purmeila H. Elliott

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Joseph Elliott

6. DATE OF BIRTH (month, day, and year) Sept. 25-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baplatia Mo.

FATHER

13. NAME Joseph F. Downbey

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Nancy F. Garrett

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) Mrs. Nancy Woolsey St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Riverview Date Mar. 2-1932

19. UNDERTAKER [illegible] (Address) St. Anthony, Idaho.

20. FILED March 1, 1932 Isaac Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 -, 1932 to Feb. 29-32, 1932

I last saw h[illegible] alive on Feb. 25, 1932; death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Feb. 24-32

Other contributory causes of importance: Chronic Bright's

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Kelly, M. D.

(Address) St. Anthony, Idaho.

RECEIVED MAR 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78290

PLACE OF DEATH
County of Fremont
City of Wilford

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No.

(No.) 100 a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Don William Spellman

(a) Residence. No. St. Anthony Route 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 12-1931

7. AGE Years — Months 10 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilford Idaho

FATHER
13. NAME Wm E. Spellman
14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER
15. MAIDEN NAME Darline White
16. BIRTHPLACE (city or town) (State or country) Teton Idaho

17. INFORMENT (Address) Wm E. Spellman St. Anthony Route 1

18. BURIAL, CREMATION, OR REMOVAL Place Wilford Date Feb. 27, 1932

19. UNDERTAKER (Address) Wm M. Hansen St. Anthony Idaho

20. FILED Feb 26, 1932 Sarah Meink Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to Feb. 24, 1932
I last saw him alive on Feb. 24, 1932: death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Rexburg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78291

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Mary Agnes Smith

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced ~~XXXXXXX~~ (or) WIFE of Samuel W. Orme

6. DATE OF BIRTH (month, day, and year) Nov. 19th, 1865

7. AGE: Years 67 | Months 3 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tooele, Utah

FATHER

13. NAME John A. Smith

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Mary Meiklejohn

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs Elva Swensen St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilford Date Feb. 29, 1932

19. UNDERTAKER (Address) [signature] St. Anthony, Idaho.

20. FILED Feb. 28, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1932, to Feb. 26, 1932

I last saw her alive on Feb. 26, 1932: death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-19-'32
Other contributory causes of importance:	
Traumatic neurosis	1-13-'32

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury Jan 13, 1932

Where did injury occur? Home St. Anthony
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall in cellar

Nature of injury compound com. fracture [illegible]

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. M. Kelly, M. D.

(Address) St. Anthony, Idaho.

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78292

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 6
Primary Registration District No. 6
Local Registrar's No. 9
(No. 100)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James W. Sifton

(a) Residence No. Emmett Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie M. Sifton

6. DATE OF BIRTH (month, day and year) May 24 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	8	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ontario Canada

PARENTS

10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) " "
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) " "

14. Informant (Address) Nellie M. Sifton Emmett Idaho

15. Filed 2/11 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
Jan 20 1932 to Feb 9 1932
that I last saw h— alive on Feb 6th 1932
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
following Influenza

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Bronchial Asthma several
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. L. Reynolds M. D.
2/11 1932 (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	2/11 1932
20. Undertaker C. D. Buckmeun	Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78293

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Ferdinand Samuel Blaser
(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 21 - 1862

7. AGE: Years 69, Months 5, Days 12. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Switzerland

PARENTS
10. NAME OF FATHER: Ferdinand Blaser
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Switzerland
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): "

14. Informant: F. L. Blaser
(Address)

15. Filed 2/5, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 1930, to Feby 3, 1932
that I last saw him alive on Jan 13, 1932
and that death occurred, on the date stated above, at 11 30 P m.
The CAUSE OF DEATH* was as follows:
Chronic exudative nephritis
(duration) 3 or 4 yrs. mos. ds.
CONTRIBUTORY (Secondary) arterial atherome with hypertension. chronic valvular disease (duration) 3 or 4 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) R. N. Cummings, M. D.
2/4, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Ida
Date of Burial: 2/4 1932

20. Undertaker: C D Bucknum
Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78294

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)

Local Registrar's No. 129

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Barbour

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Barbour

6. DATE OF BIRTH (month, day and year) Sept 30 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Drygoods Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10. NAME OF FATHER William Barbour
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Mary Rattle
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14. Informant Milbry Abermeyer
(Address) Emmett Idaho

15. Filed 2/6, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to Feb 4, 1932
that I last saw him alive on Feb 1, 1932
and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration Mar yrs. mos. ds.)

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J L Reynolds, M. D.
2/6, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	2/7 1932

20. Undertaker C D Buckmann — Address Emmett Idaho

RECEIVED JAN 4 1937

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78295

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. .....
Primary Registration District No. 6
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cyrus H. Wolfe
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

100 a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Ellen Wolfe

6. DATE OF BIRTH (month, day and year) Jan 6-1858

7. AGE Years 74 Months 1 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10. NAME OF FATHER Barnhart Wolfe
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Lydia Hainer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant (Address) Delmer E. Wolfe Emmett Idaho

15. Filed 2/17, 1932 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 11 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 9, 1932, to Feby 15, 1932
that I last saw him alive on Feby 15, 1932
and that death occurred, on the date stated above, at 4 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Broncho pneumonia
complicating influenza
..... (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) arterio sclerosis
..... (duration) several yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) R. N. Cummings, M. D.
2/17, 1932 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal: Emmett Idaho
Date of Burial: 2/18 1932

20. Undertaker: C. D. Buckman
Address: Emmett Idaho

MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78296

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Lem
City of Ola

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. **FULL NAME** Charles E. Blessinger

(a) Residence. No. Ola Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day and year) February 16, 1925

7. AGE Years	Months	Days	If LESS than 1 day, ____hrs. or ____min.
7 yrs.	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Ola Idaho
(State or country)

PARENTS

10. NAME OF FATHER Walter E. Blessinger
11. BIRTHPLACE OF FATHER (city or town) Star Idaho
(State or Country)
12. MAIDEN NAME OF MOTHER Eva J. Hoyt
13. BIRTHPLACE OF MOTHER (city or town) Colorado
(State or County)

14. Informant Walter E. Blessinger
(Address) Ola, Idaho

15. Filed Feb. 17, 1932 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
____, 19____, to ____, 19____
that I last saw h____ alive on ____, 19____
and that death occurred, on the date stated above, at ____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Death was caused by fire when their house at Ola Ida. burned
"accidental death"
(duration) ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? ____ Date of ____
Was there an autopsy? ____
What test confirmed diagnosis? ____ Coroner
(Signed) C. C. Adkins, M. D.
____, 19____ (Address) Emmett Ida.

19. Place of Burial, Cremation, or Removal: Ola Idaho — Date of Burial: Feb. 17 1932
20. Undertaker — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78297

PLACE OF DEATH

County of Gem

City of Emmett Registration District No. 4

Primary Registration District No. ..... Local Registrar's No. 4

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ellen Nichols

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day and year) Sept 7 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	5	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) ..... (State or country) Kansas

PARENTS

10. NAME OF FATHER David Moore Bivens

11. BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Not Known

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) ..... (State or County) " "

14. Informant Dave Nichols (Address) .....

15. Filed 2/13, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 12 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

This woman was Christian Scientist no doctor in attendance -
Probably died of Bronchial Pneumonia (duration) ..... yrs. ..... mos. ..... ds.
following Influenza
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. L. Reynolds, M. D.
2/13, 1932 (Address) .....

19. Place of Burial, Cremation, or Removal New Plymouth Idaho — Date of Burial 2/15 1932

20. Undertaker O. D. Buckmeun — Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78298

PLACE OF DEATH
County of Gem
City of Emmett — Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Frances Jane De Walt 78

(a) Residence. No. Emmett Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word.)
fem	white	widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 1 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, ____hrs. or ____min.
80	1	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9. BIRTHPLACE (city or town) Galena (State or country) Ill

PARENTS

10. NAME OF FATHER Perkins
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (city or town) " " (State or County)

14. Informant Georgie Murray (Address) Emmett Ida

15. Filed Feb 10, 1932 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from ____, 19____, to Feb 4th, 1932, that I last saw h____ alive on Feb 7th, 1932, and that death occurred, on the date stated above, at 7 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis
Epilepsy
(duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY (Secondary) Epilepsy
(duration) Several yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? ____ Date of ____
Was there an autopsy? ____
What test confirmed diagnosis? ____
(Signed) J. L. Reynolds, M. D.
Feb 10, 1932 (Address) ____

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Ida	2/11 1932
20. Undertaker O. D. Buckmeun	Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78299

PLACE OF DEATH

County of Gem

City of Emmett

Registration District No. 6e

Primary Registration District No. .....

Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Minnie E. Smith

(a) Residence. No. Emmett Idaho St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo F Smith

6. DATE OF BIRTH (month, day and year) Dec 26-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	1	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) ..... (State or country) Utah

PARENTS

10. NAME OF FATHER Charles Denney

11. BIRTHPLACE OF FATHER (city or town) ..... (State or Country) England

12. MAIDEN NAME OF MOTHER Sarah Emma Gold

13. BIRTHPLACE OF MOTHER (city or town) ..... (State or County) Utah

14. Informant George F Smith (Address) Emmett Ida

15. Filed 2/8, 1932 J K Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 5 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 5, 1932, to Feby 5, 1932

that I last saw her alive on Feby 5, 1932

and that death occurred, on the date stated above, at 6 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

about 30 minutes (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular disease of the heart.

(duration) 8 or 10 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) [illegible] M. D.

2/8, 1932 (Address) .....

19. Place of Burial, Cremation, or Removal Emmett Ida — Date of Burial 2/9 1932

20. Undertaker C D Buckmeun — Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78300

PLACE OF DEATH

County of GOODING

City of "

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 8

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1 1

2. FULL NAME JOHN WILLIAM MALICOAT

(a) Residence. No. GOODING IDAHO St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) SEP. 23-1918

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	13	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) GOODING
(State or country) IDAHO

FATHER

13. NAME SAM MALICOAT

14. BIRTHPLACE (city or town)
(State or country) MISSOURI

MOTHER

15. MAIDEN NAME LOLA B. SAVAGE

16. BIRTHPLACE (city or town)
(State or country) IDAHO

17. INFORMENT Lola 13 Malicoat
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Gooding Date 2-22, 1932

19. UNDERTAKER A. E. Thompson Gooding Ida
(Address)

20. FILED 2-29, 1932 J H Cranmyll
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) FEB. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1932, to 2-20, 1932

I last saw him alive on 2-20, 1932: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CANCRENOUS APPENDIX	2-17
PERITONITIS -	2-18
PNEUMONIA - POST-OP	2-19
Other contributory causes of importance:	
INFLUENZA	2-10

Name of operation APPENDECTOMY Date of 2-18,

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ____

(Signed) J H Cranmyll, M. D.

(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78301

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Idaho
City of Grangeville, I
Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 7
(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. **FULL NAME** Donald LeRoy King

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 11, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Grangeville Idaho

PARENTS

10. NAME OF FATHER Claude King
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill.
12. MAIDEN NAME OF MOTHER Hazel Twiligar
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Minnesota.

14. Informant (Address) Claude King Grangeville, Idaho

15. Filed 3-1-, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 27 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932, to Feb 24, 1932, that I last saw him alive on Feb 24, 1932, and that death occurred, on the date stated above, at 6 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Tuberculosis under
head.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? Symptoms
What test confirmed diagnosis?
(Signed) [illegible] M. D.
Feb 25, 1932. (Address) Grangeville

19. Place of Burial, Cremation, or Removal	Date of Burial
Grangeville	2-26- 1932
20. Undertaker	Address
Ailor Mortuary	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78302

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 163
Primary Registration District No. 1061
Local Registrar's No. 6

Norman Eugene (No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Baby~~ Birkeland

(a) Residence. No. 614 Junction St. 162
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years | Months | Days: 1 | If LESS than 1 day 10 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Grangeville

FATHER
13. NAME: Oliver Birkeland
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Annie E Hamhorne
16. BIRTHPLACE (city or town) (State or country): Neb

17. INFORMENT (Address): Oliver Birkeland, Ferdinand Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Grangeville Date: 25 Feb, 1932

19. UNDERTAKER (Address): C A Hancock, Grangeville

20. FILED 3-1-, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-24 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-22-, 1932, to 2-24-, 1932
I last saw him alive on 2-24-, 1932: death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
spina bifida	at birth

Other contributory causes of importance: breech presentation

Name of operation: none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J D Shimmel, M. D.
(Address) Grangeville Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO RECEIVED MAR 4 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78304

PLACE OF DEATH

County of Idaho
City of Grangeville

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 4
(No. At Home Elk City, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Maude E. Baskett

(a) Residence. No. ElkCity, Idaho. St. 128
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day and year) Jan. 18, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hotel Owener
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) San Joe
(State or country) California

PARENTS

10. NAME OF FATHER Charlie Parr

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant (Address) Foster Morgan Elk City, Idaho

15. Filed 3-1, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to Feb, 1931
that I last saw her alive on June, 1931
and that death occurred, on the date stated above, at 5.10 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Uremia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Urinalysis
(Signed) J. D. Shinnick, M. D.
Feb 4, 1932 (Address) Grangeville Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Salem, Oregon	19

20. Undertaker	Address
Ailor Mortuary	Grangeville

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78305

PLACE OF DEATH
County of Idaho
City of State Cruise

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Tipton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

9 ✓

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Roney Tipton

6. DATE OF BIRTH (month, day, and year): No 24 1875

7. AGE: Years 56 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Servis Station
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 9 nov
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 3 y 6 [illegible]

12. BIRTHPLACE (city or town) (State or country): Gaffer Wash

FATHER
13. NAME: James L Tipton
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: Margit Francis
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Mrs Ines Tipton, White Bird Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: White Bird Date: Jan 12, 1932

19. UNDERTAKER (Address): Hancock Mnd. Co. Grangeville Ida.

20. FILED 3-1-, 1932 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1-10 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to 1-10, 1932
I last saw him alive on 1-10-, 1932; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-10-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) B. Chipman, M. D.
(Address) Grangeville Ida.

RECEIVED MAR 4 1932

FORM V. S. No. 5-25 M. C. 1b

CERTIFICATE OF DEATH

RECEIVED MAR 4 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 105

Primary Registration District No. 2183

File No. 78306

County of Idaho

City of Ferdinand (No. ....., ... St.)

Registered No. 4

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Valine Anthony Leo Behler

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
male	White	Infant

6. DATE OF BIRTH: Feb. (Month) 14 (Day) 1931 (Year)

7. AGE: Yrs. 11 Mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Herman Behler

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Katherine Willenborg

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herman Behler
(Address) Ferdinand Idaho

15. Filed Feb 4 1932 W. F. Orr L.R.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14th 1931, to Jan 5th 1932, that I last saw him alive on Jan 5th 1932, and that death occurred on the date stated above, at 1:30 A.M.

The CAUSE OF DEATH* was as follows:

Attended him for Eczema, from which he entirely recovered. No physicians called for last illness - Cause not known.

(Duration) ..... Yrs. ..... mos. 10 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. A. Woodcock M. D.

2/4 1932 (Address) Cottonwood Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ferdinand Idaho — DATE OF BURIAL: 2-5 1932

20. UNDERTAKER: Father Reyes — ADDRESS: Ferdinand, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED MAR 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78308

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 16 / 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David R. Jones.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Ibra V. Jones.

6. DATE OF BIRTH (month, day and year) October 13, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wales.

PARENTS

10. NAME OF FATHER David D. Jones.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales.

12. MAIDEN NAME OF MOTHER Ann Jones.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales.

14. Informant Ibra V. Jones
(Address) Rigby, Idaho. R. #1

15. Filed 3-10, 1932 C. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 8 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Mar 8, 1932, to , 19
that I last saw h~~im~~ alive ~~on~~ on Jan , 1932
and that death occurred, on the date stated above, at 9:30 m.
The CAUSE OF DEATH* was as follows:
Paralytic Stroke

sudden (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) H. A. Anderson, M. D.
Mar 9, 1932 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	3-10 1932

20. Undertaker C. B. Eckersell — Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED MAR 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78309

PLACE OF DEATH

County of Jefferson
City of Hamer

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 15

90

2. FULL NAME John C. Freeman Markham
(a) Residence. No. Hamer, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 5, 1856

7. AGE: Years 75, Months 9, Days 18. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retire Miner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Cold Water Mich.

PARENTS

10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Not Known

14. Informant: Mrs. A. W. Richell
(Address) Harton, Kansas.

15. Filed 2-29, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 4-20p m.
The CAUSE OF DEATH* was as follows: Chronic Valvular heart disease
Died before I reached him
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical history
(Signed) [signature], M. D.
....., 19.... (Address) Roberts Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Allinance, Nebraska — Date of Burial: Mar. 3 1932

20. Undertaker: Jack A. Wood — Address: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 1 2 1932

DO NOT WRITE IN THIS SPACE

State File No. 78311

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Jefferson.

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Hugh McDerment.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) March 9 1851

7. AGE

Years	Months	Days	If LESS than 1 day,
80	11	8	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Vermont.

PARENTS

10. NAME OF FATHER: Unknown.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): "

14. Informant: Mrs. Gavin.

(Address) Heise Hot Springs, Idaho.

15. Filed 2/18, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 17 1932 19..
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Feb 17, 1932 that I last saw him alive on Feb 1, 1932 and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Asthma Bronchial

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) — yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A Gavin M. D.

2-20, 1932 (Address) Rigby Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho.

Date of Burial: 2/20/32 19

20. Undertaker: A B Eckersell Address Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAR 12 1932

DO NOT WRITE IN THIS SPACE
State File No. 78312

PLACE OF DEATH
County of Jefferson
City of Annis

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amelia Marie Duffy.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Jacob Anton Duffy.

6. DATE OF BIRTH (month, day and year) Sept 15, 1888

7. AGE	Years	Months	Days	If LESS than 1 day,
	43	4	29	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Annis, Idaho.

PARENTS

10. NAME OF FATHER Tiomthy Brown.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Margaret Smith.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant J. A. Duffy
(Address) Lorenzo, Idaho.

15. Filed 2-14, 1932 A. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 13, 1932
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932 to Feb 13, 1932
that I last saw h[illegible] alive on Feb 13, 1932
and that death occurred, on the date stated above, at 4:10 p. m.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) 0 yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? None.
(Signed) J. A. Jayne, M. D.
2-17, 1932 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Cedar Buttes.	2/16/32 19
20. Undertaker A. B. Eckersell	Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1932

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78313

Registration District No. 18
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Garrett Thomas

(a) Residence. No. Portland, Ore. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100-9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ruth Thomas

6. DATE OF BIRTH (month, day, and year) Feb 23-1899

7. AGE Years 33 Months x Days x If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spanish Fork, Utah

FATHER
13. NAME D. B. Thomas
14. BIRTHPLACE (city or town) (State or country) Spanish Fork, Utah

MOTHER
15. MAIDEN NAME Mattie B. Robison
16. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

17. INFORMENT (Address) D. B. Thomas Jerome

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date 2/26, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl L. J. Johnson

20. FILED 3/2, 1932 Chas F Zeller Inc Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1932, to Feb 23, 1932
I last saw him alive on Feb 22, 1932: death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal pneumonia	Feb 20/32

Other contributory causes of importance:
[illegible]

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [illegible] Chmerskay M. D.
(Address) Jerome Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of "

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAR 2 193

DO NOT WRITE IN THIS SPACE
State File No. 78314

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Rebecca J Walkington

(a) Residence. No. Twin Falls Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, and year) July 4 - 1852

7. AGE Years Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keithly Eng

FATHER
13. NAME ~~Matthew~~ Steven Holgate
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Margaret Duckworth
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs W W Powell Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nebr Date Feb 25 1932

19. UNDERTAKER (Address) White Mortuary Twin Falls Ida

20. FILED Mar 2, 1932 Chas F Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932, to Feb 23, 1932
I last saw her alive on Feb 23, 1932: death is said to have occurred on the date stated above, at 9 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary influenza	Feb 13/32
Other contributory causes of importance:	
Parkinsons disease	1926

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) John F. Schmershall, M. D.
(Address) Jerome Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78315

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Althea B. Torr

(a) Residence. No. Jerome, Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

749

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: P. M. Torr

6. DATE OF BIRTH (month, day and year): May 3 - 1860

7. AGE: Years 71 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Mitchel Ind

PARENTS

10. NAME OF FATHER: Harry Walker
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ind
12. MAIDEN NAME OF MOTHER: Gertrude Hayes
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Ind.

14. Informant (Address): P. M. Torr, Jerome Ida.

15. Filed Mar 2, 1932 Chas F. Zeller Inc. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb - 14, 1932, to Feb - 16, 1932
that I last saw her alive on Feb - 15, 1932
and that death occurred, on the date stated above, at 8:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) — Hypertension —
..... (duration) 10 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? Place of death
Did an operation precede death? No Date of .....
Was there an autopsy? no
What test confirmed diagnosis? —

(Signed) G. H. Cooper, M. D.
Feb - 17 - 1932 (Address) Jerome Ida.

19. Place of Burial, Cremation, or Removal: Twin Falls Cemetery | Date of Burial: 19

20. Undertaker: White Mortuary Inc | Address: Twin Falls Ida.

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED MAR 15 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2017
File No. 78316
Registered No.

1. PLACE OF DEATH
County of Jerome
City of Hazelton
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Houston Hapton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: widowed (Write the word.)

6. DATE OF BIRTH: Jan (Month) 1 (Day) 1848 (Year)

7. AGE: 84 Yrs. 2 Mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boonville Missouri

10. NAME OF FATHER: Thomas F Huston

11. BIRTHPLACE OF FATHER (State or Country): N. Carolina

12. MAIDEN NAME OF MOTHER: Mary M Hampton

13. BIRTHPLACE OF MOTHER (State or Country): Ala

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) I H Hapton
(Address) Emmett Ida

15. Filed Apr 1 1932 S Hopper Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan Mar 4 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1931 to Mar 4 1932
that I last saw h[e] alive on Mar 4 1932
and that death occurred on the date stated above, at 1[5]55 M.

The CAUSE OF DEATH* was as follows:
Mitral regurgitation
and myocarditis
(Duration) ..... Yrs. 4 mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S Hopper M. D.
19 ..... (Address) Hazelton

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? .....
Former or usual residence Hazelton

19. PLACE OF BURIAL OR REMOVAL: Caldwell
DATE OF BURIAL 19 .....

20. UNDERTAKER: W A L Herrison
ADDRESS: Jerome

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED MAR 15 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 5017
File No. 7851
Registered No.

1. PLACE OF DEATH

County of Jerome
City of Eden
(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Karl Leslie Juchau

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: single (Write the word.)

6. DATE OF BIRTH: Nov (Month) 14 (Day) 1926 (Year)

7. AGE: 5 Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Virginia Idaho

10. NAME OF FATHER: Leslie J Juchau

11. BIRTHPLACE OF FATHER (State or Country): McCammon Ida

12. MAIDEN NAME OF MOTHER: Frida Sittle

13. BIRTHPLACE OF MOTHER (State or Country): Kanab, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. J. Juchau
(Address)

15. Filed Mar 1 1932 S Hopper
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

100 a

16. DATE OF DEATH: Feb (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1932 to Feb 16 1932
that I last saw h alive on Feb 15 1932
and that death occurred on the date stated above, at 5:15 A.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Influenza
Broncho Pneumonia

(Duration) ..... Yrs. ..... mos. 14 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S Hopper M. D.
19 ..... (Address) Rupert

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence Eden Idaho

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: Feb 18 1932

20. UNDERTAKER: none
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78318

PLACE OF DEATH

County of Jerome

City of Hagelton

Registration District No. 23

Primary Registration District No. 2017

Local Registrar's No. 88

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Henry Eyers

(a) Residence. No. [illegible] Hagelton Ida. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day and year) May 28 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	8	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Boscobel Wis

PARENTS

10. NAME OF FATHER Robert Eyers

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Eliza Wye

13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Mrs Emma Eyers Hagelton Idaho.

15. Filed Feb 24 1932 L Hopper Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1932 to Feb 23 1932 that I last saw him alive on Feb 23 1932 and that death occurred, on the date stated above, at 4 00A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. 4 weeks ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? ND Date of

Was there an autopsy? ND

What test confirmed diagnosis? Physical Exam

(Signed) L Hopper, M. D.

Feb 24, 1932 (Address) Hagelton Ida

19. Place of Burial, Cremation, or Removal: Boscobel Wis — Date of Burial: Feb. 1932

20. Undertaker: White Mortuary Inc — Address: Twin Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78319

PLACE OF DEATH
County of Kootenai
City of Lane

Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 14
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

186

2. **FULL NAME** Lester Drummond

(a) Residence. No. Coeur d Alene St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Sept 11 - 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	5	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Great Northern Copper Co

9. BIRTHPLACE (city or town) .....
(State or country) Idaho

PARENTS

10. NAME OF FATHER L. A. Drummond

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Mich

12. MAIDEN NAME OF MOTHER May Nilson

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Canada

14. Informant Steve Crumpe
(Address) Coeur d'alene Idaho

15. Filed 2-26, 1932 W. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 22 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept., 1931, to Feb, 1932, that I last saw him alive on Jan, 1932, and that death occurred, on the date stated above, at 8 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Dynamite explosion in mine

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Examination

(Signed) Harold J Sturges, M. D.
Feb 24, 1932 (Address) Cda Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Forest Cemetery	2/25 1932
20. Undertaker	Address
R B Mooney	Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN
MARGIN RESERVED FOR BINDING

RECEIVED MAR 0 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78320

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 15

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

685

2. **FULL NAME** Jennie R Terwilliger

(a) Residence. No. 812 Penn Ave. St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry R Terwilliger

6. DATE OF BIRTH (month, day and year) April 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	10	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Yankton (State or country) So Dak.

PARENTS

10. NAME OF FATHER Robieau

11. BIRTHPLACE OF FATHER (city or town) (State or Country) W. T.

12. MAIDEN NAME OF MOTHER Smith

13. BIRTHPLACE OF MOTHER (city or town) (State or County) W. T.

14. Informant (Address) Harry R Terwilliger Coeur d'Alene Ida.

15. Filed ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 25 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Feb 25, 1932
that I last saw her alive on Jan, 1932
and that death occurred, on the date stated above, at 12:15 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Harold J Sturgus M. D.

Feb 26, 1932 (Address) Cda Idaho

19. Place of Burial, Cremation, or Removal: Forest Cemetery — Date of Burial: 2/29 1932

20. Undertaker: R. B. Mooney — Address: Cour d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 3 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78321

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. Scarbrough.

(a) Residence. No. 4th + Locust St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Mamie Scarbrough

6. DATE OF BIRTH (month, day, and year) 1870 - 8 - 4

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mill wright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. saw mills
10. Date deceased last worked at this occupation (month and year) Feb. 1929
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Henry Scarbrough
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Lue
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Chas. Scarbrough Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Ida Date 2-14, 1932

19. UNDERTAKER (Address) Cassady Funeral Home Coeur d'Alene Ida.

20. FILED 2-29, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2 - 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932, to Feb. 9, 1932
Last saw him alive on Feb. 9, 1932: death is said to have occurred on the date stated above, at 5:30 p.m. - Feb. 11 1932
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	Dec. 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John O. Wood, M. D.
(Address) Coeur d'Alene Ida.

RECEIVED MAR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78322

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1.5.0 Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Anderson

(a) Residence. No. 210 - 5th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of: Louis B. Anderson

6. DATE OF BIRTH (month, day, and year): 1856 - 2 - 15

7. AGE: Years 76 | Months 0 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Eric Rosa Lindquist
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Margrete —
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): H. A. Erickson

18. BURIAL, CREMATION, OR REMOVAL. Place Forest Cem. CDA Date 2-24, 1932

19. UNDERTAKER (Address): Cassedy Funeral Home CDAlene

20. FILED 2-29, 1932 N. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Feb, 1932
I last saw her alive on Feb 20, 1932 death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J. Sturgess, M. D.
(Address) CDA Idaho

Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78323

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 18

(No.) 91 B
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Thun

(a) Residence. No. C D Alene Home for the Aged St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 1842-3-26
7. AGE Years 89 Months 10 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Millie Rockne

18. BURIAL, CREMATION, OR REMOVAL Place C D Alene Date 2-15, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home C D Alene

20. FILED 2-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1932, to Feb 13, 1932
I last saw her alive on Feb 9, 1932: death is said to have occurred on the date stated above, at 7:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Gradual

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no
(Signed) O M Husted M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 78324

Local Registrar's No. 19

719

(No. 824-N. 15th St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. Singer

(a) Residence. No. 824-N. 15th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of: Ada Singer

6. DATE OF BIRTH (month, day, and year): 1878-3-14

7. AGE — Years: 53 | Months: 10 | Days: 26 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minn.

FATHER

13. NAME: Wm Curtis Singer

14. BIRTHPLACE (city or town) (State or country): Don't Know

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town) (State or country): Don't Know.

17. INFORMENT (Address): Ada Singer. Coeur d'Alene, Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Mount Vernon Date 2-14, 1932

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene, Ida

20. FILED 2-29, 1932 H. J. Steiger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1932, to Feb 10, 1932

I last saw h. alive on Feb 10, 1932; death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis. Non Contagious	Feb 6th

Other contributory causes of importance:

Pneumonia as reported by H. J. Steiger	Jan 30th

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Dopping, M. D.

(Address) Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78325

PLACE OF DEATH
County of Kootenai
City of

Registration District No. 90
Primary Registration District No. 1050 Local Registrar's No. 20
(No. 1019)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Agustus Morse

(a) Residence. No. Post Falls, Route #2 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minerva Jackson Morse

6. DATE OF BIRTH (month, day and year) Nov. 27, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10. NAME OF FATHER Steve Morse

11. BIRTHPLACE OF FATHER (city or town) (State or Country) U. S.

12. MAIDEN NAME OF MOTHER Margeret S. Barger

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ill.

14. Informant Mrs. Minerva Morse
(Address) Post Falls, Idaho.

15. Filed 2-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6th, 32, to Feb 12, 1932
that I last saw him alive on Feb 12, 1932
and that death occurred, on the date stated above, at 9300 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms

(Signed) H. L. McCauley M. D.
Feb. 15th, 1932 (Address) Post Falls Ida.

19. Place of Burial, Cremation, or Removal: Post Falls Cemetery — Date of Burial: 2/14 1932

20. Undertaker: R. B. Mooney — Address: Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78326

Registration District No.
Primary Registration District No. Local Registrar's No. 21

(No. 2)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Adolph Knittle

(a) Residence. No. 1702 - Park St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Caroline Knittle

6. DATE OF BIRTH (month, day, and year) 1838-2-28

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 7-3-1931

11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (city or town) (State or country) Crimea S. Russia

FATHER

13. NAME John Knittle

14. BIRTHPLACE (city or town) (State or country) South Russia

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) John H. Knittle

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Dalton Gardens, Ida. Date 2-29, 1932

19. UNDERTAKER Cassady Funeral Home
(Address) CdAlene

20. FILED 2-29, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Feb 23, 1932
I last saw him alive on Feb 22, 1932: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach and liver	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold J. Driggs, M. D.
(Address) CdA. Idaho

Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78327

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 22
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

V1

2. **FULL NAME** Harold Vernon Barber

(a) Residence. No. 2107 Sherman St.
(Usual place of abode.)
Length of residence in city or town where death occured yrs. 11 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mch 29 - 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	11	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Coeur d Alene
(State or country) Idaho

PARENTS

10. NAME OF FATHER Harved A Barber.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) England

12. MAIDEN NAME OF MOTHER Vera Ives

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) No Dak.

14. Informant Harold A Barber
(Address) Coeur d Alene Ida

15. Filed 3-4, 1932 W. G. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1932, to Mar. 2, 1932
that I last saw him alive on Mar. 2, 1932
and that death occurred, on the date stated above, at 9. P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Erysipelas. (face.)

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Usual

(Signed) John O. Wood M. D.
Mar. 4, 1932 (Address) Coeur d'Alene Ida

19. Place of Burial, Cremation, or Removal: Forest Cemetery — Date of Burial: 3/4 1932

20. Undertaker: R B Mooney — Address: Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 105 0
Local Registrar's No. 23

DO NOT WRITE IN THIS SPACE
State File No. 78328

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvin Pearl Estell

(a) Residence. No. 104 Emma St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1904 - 1 - 28

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Corve Estell

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Emma Randolph

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Carol Estell

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Ida Date , 193

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 2-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/29 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 9, 1932
I last saw h alive on Jan 9, 1932; death is said to have occurred on the date stated above, at 5 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplectic Seizure	one Week

Other contributory causes of importance:

Atheromatous Arteries	

Name of operation 2 Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [redacted] M.D.
(Address) [redacted] Idaho

RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78329

PLACE OF DEATH
County of Shoshone
City of Springston
Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 27
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME John Bare

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Ellen Bare

6. DATE OF BIRTH (month, day, and year) 1846 - 8 - Day not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86 ~~Dec~~	6	Date Unknown	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil War Vet
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retired Minister & Farmer
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME David Bare
14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER
15. MAIDEN NAME Jessie ——
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Albert Nederhood Springston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Harrison Idaho Date ...., 193..

19. UNDERTAKER Cassedy Funeral Home
(Address) Harrison Idaho

20. FILED 2-7, 1932 H. W. Shymock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2 - 6 1932

22. I HEREBY CERTIFY, That I attended deceased from 2 - 2, 1932, to 2 - 6, 1932
I last saw h~~i~~m alive on 2 - 6, 1932: death is said to have occurred on the date stated above, at 7:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Heart muscle weakness	

Name of operation —— Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) H. W. Shymock, M. D.
(Address) Harrison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78330

PLACE OF DEATH

County of Kootenai

City of Between Harrison & St. Maries. Route #1

Registration District No. 126

Primary Registration District No. 2304

Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Alice Miller

(a) Residence. No. North & South Highway, between St. Maries, St. Idaho & Harrison.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of J. W. Miller

6. DATE OF BIRTH (month, day and year) 1879-8-5

7. AGE: 52 Years | Months: 6 | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Hous wife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): England

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant

(Address)

15. Filed 2-7, 1932 H. W. S. Logrock Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 6, 1932 19 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/23/31, 19..., to 2/6/32, 19...

that I last saw her alive on 11/15/31, 19...

and that death occurred, on the date stated above, at 4 A. M. m.

The CAUSE OF DEATH* was as follows:

Metastatic carcinoma glands of right groin.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Primary carcinomatous mole behind right external malleolus

(duration) yrs. 19 mos. ds.

18. Where was disease contracted if not at place of death? ----

Did an operation precede death? yes Date of 8/17/31

9/5/31 9/22/31.

Was there an autopsy? no

What test confirmed diagnosis? Laboratory, stained section

(Signed) D. E. Cornwall, M. D.

2/9/32, 19... (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Harrison Ida | Date of Burial: 2-7 1932

20. Undertaker: Cassedy Funeral Home | Address: Harrison Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78331

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 19

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

144

2. FULL NAME Pearl Edith Wilde

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Willard J. Wilde

6. DATE OF BIRTH (month, day, and year) Jan. 2, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
36	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hoitsville
(State or country) Utah

FATHER

13. NAME Chas. H. West

14. BIRTHPLACE (city or town) London
(State or country) England

MOTHER

15. MAIDEN NAME Hannah Brown

16. BIRTHPLACE (city or town) Hoitsville
(State or country) Utah

17. INFORMENT W. J. Wilde
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Calville Utah Date 2/28, 1932

19. UNDERTAKER H. P. Short
(Address) Moscow, Idaho

20. FILED 3/3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, 193..., to Feb. 28, 1932
I last saw her alive on Feb 28, 1932: death is said to have occurred on the date stated above, at 12:20 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	
Other contributory causes of importance:	
Placenta previa.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Chas. H. Gritman, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78332

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 18
(No. U. of I. Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Ethelyn Marjorie Albert

(a) Residence. No. ..... St. Boise, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 19, 1914

7. AGE Years 17 Months 11 Days 6 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. U. of I. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida.

FATHER
13. NAME Lester Albert
14. BIRTHPLACE (city or town) (State or country) New Shore Penn.

MOTHER
15. MAIDEN NAME Gladys Nankervis
16. BIRTHPLACE (city or town) (State or country) Spokane Wash.

17. INFORMENT (Address) Lester Albert Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Ida. Date Feb. 26, 1932

19. UNDERTAKER (Address) H. R. Short Moscow, Ida.

20. FILED 3/3, 1932 J. Harry Einhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute anuria.	

Other contributory causes of importance:
Acute influenza.
Acute interstitial nephritis

Name of operation None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. Armstrong, M. D.
(Address) Moscow, Idaho.

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78333

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Jacob Victor Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 44 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Hulda Anderson

6. DATE OF BIRTH (month, day, and year): Apr. 20, 1864

7. AGE: Years 67 | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Meat shop man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Butcher shop
10. Date deceased last worked at this occupation (month and year): 1929
11. Total time (years) spent in this occupation: 40 yr.

12. BIRTHPLACE (city or town) (State or country): Seweden

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Seweden

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Seweden

17. INFORMENT (Address): Hulda Anderson, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow, Ida. Date: 2/24, 1932

19. UNDERTAKER (Address): H. R. Short, Moscow, Ida.

20. FILED: 3/3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1932, to Feb. 21, 1932
I last saw him alive on Feb. 21, 1932; death is said to have occurred on the date stated above, at 11 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	

Other contributory causes of importance:
Arteriosclerosis
Hypertension.

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78334

PLACE OF DEATH

County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 16
(No. 715 Mabelle Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Emma L. Berry

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James A. Berry

6. DATE OF BIRTH (month, day and year) April 16, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	10	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (city or town) Oswego
(State or country) Kansas

PARENTS

10. NAME OF FATHER W.S. Matthews
11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)
12. MAIDEN NAME OF MOTHER Susan Dewey
13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or County)

14. Informant Mrs, Ed Snow
(Address) Moscow, Idaho

15. Filed March 3, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 20, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1932, to Feb. 20, 1932,
that I last saw her alive on Feb. 20, 1932
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditus
(duration) ....yrs. ....mos. 5 ds.
CONTRIBUTORY (Secondary) Chr. interstitial nephritis
(duration) 10 yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical only.

(Signed) [signature], M. D.
2/20, 1932 (Address) Moscow

19. Place of Burial, Cremation, or Removal: Avon? Ida. — Date of Burial: 2/22/32 19

20. Undertaker: J.R. Short — Address: Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78335

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 15
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. **FULL NAME** Baby Moore

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 16, 1932

7. AGE	Years	Months	Days

If LESS than 1 day, 4 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Moscow, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Henry Floyd Moore

11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country) Oklahoma

12. MAIDEN NAME OF MOTHER Ester Alberta Long

13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or County) Canada

14. Informant Henry Floyd Moore
(Address) Princeton Idaho

15. Filed March 3, 1932. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 16, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932 to Feb. 16, 1932
that I last saw him alive on Feb. 15, 1932
and that death occurred, on the date stated above, at 11:AM m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Was premature baby born at 7 mo. gestation.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
2/17, 1932 (Address) [illegible]

19. Place of Burial, Cremation, or Removal	Date of Burial
Potlatch, Ida.	2/17/32 19
20. Undertaker NONE	Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 78337

Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Mary Elenor Hannan

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Dan Hannah

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sacremento, Cal.

FATHER

13. NAME G. I. Martin

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah Babcock

16. BIRTHPLACE (city or town) (State or country) LaFette, Ind.

17. INFORMENT (Address) H. D. Martin

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Feb. 9, 1932

19. UNDERTAKER H. R. Short
(Address) Moscow, Ida.

20. FILED March 3, 1932 John Erhorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932, to Feb 6, 1932

I last saw h[illegible] alive on Feb 6, 1932; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2/22/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. M. Leitch M. D.

(Address) Moscow Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78338

PLACE OF DEATH
County of Latah
City of Moscow (rural)
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. V. Van De Walker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ellen N. Van De Walker

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Belvidere
(State or country) Ill.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Clive Rayburn
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Feb. 5, 1932

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED March 3, 1932 Johnny Einhorn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1932, to Feb. 2, 1932
I last saw him alive on Jan. 30, 1932: death is said to have occurred on the date stated above, at 6:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes of importance:	
acute respiratory infection	Jan. 29 1932
Bronchitis.	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Johnny Einhorn, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78339

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Margaret Isadore McWreath

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Allison G. McWreath

6. DATE OF BIRTH (month, day, and year) May 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Little Valley, Minn.

FATHER

13. NAME Reuben Black

14. BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

MOTHER

15. MAIDEN NAME Susan Mccre

16. BIRTHPLACE (city or town) (State or country) New York, N. Y.

17. INFORMENT (Address) A. G. McWreath Moscow, Ida.

18. BURIAL, CREMATION, or REMOVAL Place Moscow Date Feb. 4, 1932

19. UNDERTAKER H. R. Short
(Address) Moscow, Ida.

20. FILED March 3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932, to Jan 30, 1932
I last saw he alive on Jan 30, 1932: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma R. breast	Years ago

Other contributory causes of importance:
Carcinoma of R. Breast operation in Oct 1919. Recurrence and operation June 1922, 2nd recurrence causing death as above

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. M. Leitch, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78340

PLACE OF DEATH
County of Latah
City of Bovill

Registration District No.
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 A

2. FULL NAME Larry Gene Todd

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 28, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bovill, Idaho

PARENTS

10. NAME OF FATHER Ralph Morris Todd
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Troy, Idaho
12. MAIDEN NAME OF MOTHER Marie Anne Zogelaar
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kendrick, Idaho

14. Informant Ralph Morris Todd
(Address) Bovill, Idaho

15. Filed Feb 13, 1932. E. B. Flasher Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 13 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 2:30 P. m.
The CAUSE OF DEATH* was as follows:
Baby not seen by me alive:
Cause Probably — Bronchial Pneumonia
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H. J. Potter, M. D.
Feb. 13, 1932 (Address) Elk River, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Moscow, Ida.	Feb 15 1932
20. Undertaker	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Near Viola

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78341

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Dora Frances Randall

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Virgil Randall

6. DATE OF BIRTH (month, day, and year) Feb. 5. 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	---	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dodge Co, Wis.

FATHER

13. NAME Harvey S. Walker

14. BIRTHPLACE (city or town) (State or country) Allegahany Co, N.Y.

MOTHER

15. MAIDEN NAME Lovisa Morse

16. BIRTHPLACE (city or town) (State or country) Genesee Co, N.Y.

17. INFORMENT (Address) Mrs E. Ball Palouse Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash. Date Feb. 11, 1932

19. UNDERTAKER (Address) D. D. Kimball Palouse Wash.

20. FILED Feb. 9th, 1932 Dr. J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1932, to Feb 8th, 1932

I last saw her alive on Feb 5th, 1932; death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Decay	
No other appreciable cause,	

Other contributory causes of importance:

None other

Name of operation None Date of ✓

What test confirmed diagnosis? General Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Brandon M. D.

(Address) Garfield Wash

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Onoway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78342

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME James H. Nesbitt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lou Nesbitt

6. DATE OF BIRTH (month, day, and year): Not Known

7. AGE: Years: About 70 years old; Months: ; Days: ; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Confectionary & Poolhall

10. Date deceased last worked at this occupation (month and year): Feb. 1932

11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (city or town) (State or country): New Brunswick Canada

FATHER

13. NAME: Thomas Nesbitt

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Jane Johnson

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): B.F. Nesbitt Onoway Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Sheridan Mont. Date: Feb. 16, 1932

19. UNDERTAKER (Address): D.D. Kimball Palouse Wash.

20. FILED: Feb. 14th, 1932. Dr J.W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7th, 1932, to Feb. 12th, 1932.

I last saw him alive on Feb 7th, 1932: death is said to have occurred on the date stated above, at 550 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J.W. Thompson, M. D.

(Address) Potlatch

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78343

PLACE OF DEATH
County of Latah
City of Potlatch

Registration District No. 65
Primary Registration District No. 2145

Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Frances Dandridge McFarlane

(a) Residence. No. 415 Cedar St.
(Usual place of abode)
Length of residence in city or town where death occurred. 18 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: James Jerome McFarlane

6. DATE OF BIRTH (month, day and year): Jan 19 1841

7. AGE: Years 91 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Richmond, Va.

PARENTS
10. NAME OF FATHER: Spotswood Dandridge
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Richmond Va
12. MAIDEN NAME OF MOTHER: Jane F. Harding
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Richmond Va

14. Informant: Mrs. N. B. Hakeman
(Address): Potlatch, Idaho

15. Filed Feb 29 1932 J. W. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 22 1932 to Feb 29 1932
that I last saw her alive on Feb 26 1932
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? ✓

(Signed) J. W. Thompson, M. D.
Feb 29 1932 (Address) Potlatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Spokane, Wash.	3/2 1932
20. Undertaker	Address
Hennessey & Calloway	Spokane Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78344

PLACE OF DEATH

County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No. 1
(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

125

2. FULL NAME Verna Marilda Bircher

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Bircher

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	2	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Freeze Idaho

PARENTS

10. NAME OF FATHER George I. Benson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sublimuity Oregon
12. MAIDEN NAME OF MOTHER Harriet Miller
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Marion Co. Oregon

14. Informant Frank Bircher
(Address) Palouse, Wash.

15. Filed Feb. 23, 1932. Dr. J.W. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 19 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 18, 1932, to February 19, 1932
that I last saw her alive on February 19, 1932
and that death occurred, on the date stated above, at 5:10 a.m.
The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (Secondary) Previous removal of gall bladder
(duration) 1 yrs. 6 mos. ..... ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? yes Date of Feb 18 - 1932
Was there an autopsy? No.
What test confirmed diagnosis? J
(Signed) G. C. Ebrau, M. D.
2/19/, 1932 (Address) Potlatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Freeze, Idaho	Feb. 21 1932
20. Undertaker: D. D. Kimball	Address: Palouse, Wash.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO RECEIVED MAR 11 1932

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 78345

PLACE OF DEATH

County of Latah

City of Potlatch

CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.

(No. Potlatch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

74

2. **FULL NAME** David A. Neilson

(a) Residence. No. St. Bovill, Ida.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 14, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist, repairer
(b) General nature of industry, business, or establishment in which employed (or employer) Last worked 10/1/31 Lumbering
(c) Name of employer Potlatch Lumber Co.

9. BIRTHPLACE (city or town) (State or country) Prince Edwards Island Canada

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (city or town) (State or Country) "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) From old insurance policy

15. Filed Feb 20th, 1932 D J W Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 16, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 15, 1932, to February 16, 1932

that I last saw him alive on February 16, 1932

and that death occurred, on the date stated above, at 4:00p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis.

(Signed) F. C. Hebron, M. D.

, 19 (Address) Potlatch Ida.

19. Place of ~~Burial, Cremation~~, or Removal	Date of Burial
Moscow, Ida.	19

20. Undertaker	Address
H R Short	Moscow

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78346

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Guy Mulkey

(a) Residence. No. Tendoy St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 6 – 1889

7. AGE: Years 42 | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer & Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) November 1931
11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) (State or country) Nevada Missouri

FATHER
13. NAME William H. Mulkey
14. BIRTHPLACE (city or town) (State or country) Aulville Missouri

MOTHER
15. MAIDEN NAME Carrie L. Sheets
16. BIRTHPLACE (city or town) (State or country) Troy Missouri

17. INFORMENT (Address) William C Doebler Salmon Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date ....., 193..

19. UNDERTAKER (Address) Wm. C Doebler Salmon

20. FILED Mar 7, 1932 Clio E Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-25 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1932, to Feby 25, 1932
I last saw him alive on Feby 25, 1932: death is said to have occurred on the date stated above, at 8-10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of head of Pancreas	

Other contributory causes of importance:
Cirrhosis of liver

Name of operation ..... Date of Jany 15/32
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) B Wright, M. D.
(Address) Salmon Ida.

RECEIVED MAR 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78347

PLACE OF DEATH
County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 216
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Homer Clefford Chaffee

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 36 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Mary V Huggins

6. DATE OF BIRTH (month, day, and year) Jan 24 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 8 1932

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) Allegan
(State or country) Allegany Co. Mich

FATHER

13. NAME Ira Chaffee

14. BIRTHPLACE (city or town)
(State or country) Lawrence N.Y.

MOTHER

15. MAIDEN NAME Lavinda Kimball

16. BIRTHPLACE (city or town) Homesdale
(State or country) Wayne Co. Pa.

17. INFORMENT Harry Snyder
(Address) Salmon Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Williams & Toelle
(Address) Salmon, Ida.

20. FILED Mar 7, 1932 Chas E Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 193 to Feb 14, 1932
I last saw h alive on Feb 10, 1932; death is said to have occurred on the date stated above, at 6-40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	Feb 9/32
Had had Segmental Arterial Sclerosis	
& Senile Dementia	
for two years.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. E. Bratton, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78348

PLACE OF DEATH
County of Lemhi
City of

Registration District No. 41
Primary Registration District No. 216
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Susan Mitchell

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 15 1831

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
100	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Wm Canning

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) E B. Mitchell

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Williams & Dahl
(Address) Salmon Ida.

20. FILED Mar 8, 193 2 Chas C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-15- 193 2

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 11-30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	June 1931

Other contributory causes of importance:

Senile debility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas F Hammer, M. D.

(Address) Salmon

TION is very important. See instruction on back of certificate.

RECEIVED MAR 1 8 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE
State File No. 78349

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Daniel B. Thrasher

(a) Residence. No. Salmon Idaho. St. (Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Thrasher

6. DATE OF BIRTH (month, day, and year) May 2. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	65	9-	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truck Ring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hannibal Marmable Mo.

FATHER

13. NAME Joseph Thrasher.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Mary Jane Thrasher

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs Edith Thrasher

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 3-20, 1932

19. UNDERTAKER Ira C Fackler (Address) Salmon

20. FILED Mar 8, 1932 Chas C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to Feb 18, 1932

I last saw h alive on Feb 15, 1932: death is said to have occurred on the date stated above, at 3.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D J Wright, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78350

PLACE OF DEATH.
County of Lemhi
City of Salmon.

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 159

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Frances Lee.

(a) Residence. No. ..... Salmon Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8. 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	8 mo	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Butte Mont.

FATHER
13. NAME Wilson Scott Lee
14. BIRTHPLACE (city or town) (State or country) Independence Mo

MOTHER
15. MAIDEN NAME Jessie Hornbagk
16. BIRTHPLACE (city or town) (State or country) Salmon Idaho

17. INFORMENT (Address) Mrs Wilson Lee

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 2-13, 1932

19. UNDERTAKER Van C. Haeb (Address) Salmon Ida.

20. FILED Mar 8, 1932 Alice Billow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-12-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-11-, 1932, to ....., 193..
I last saw h[illegible] alive on 2-11-, 1932; death is said to have occurred on the date stated above, at 3.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida. Hydrocephalus Insufficiency from birth. Congenital Collapse	
Other contributory causes of importance: Strikes Epileptiform for eight hours prior to death	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....

(Signed) G. Hamilton M. D.
(Address) Salmon, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78352

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No. 91 B

(No.) (If death occurred in a hospital or institution, give its name inst[illegible] street and number.)

2. FULL NAME Nellie Nicie Vance Nellie Nicie Vance

(a) Residence. No. Salmon St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Everett J Vance

6. DATE OF BIRTH (month, day, and year) Aug 22 - 1849

7. AGE Years 82 Months 5 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesterton Co. Ohio

FATHER

13. NAME Wm Scott

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Everette J. Vance

18. BURIAL, CREMATION, OR REMOVAL Place Date , 193

19. UNDERTAKER (Address) William C Doebler Salmon Ida

20. FILED Mar 3, 1932 Chas. Kellogg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-25-11 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan , 1930, to Jan 25, 1932

I last saw him alive on Jan 25, 1932 death is said to have occurred on the date stated above, at 3-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	
About 1927	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Chas F Hamme, M. D.

(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78353

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Lyman Dale Wornek

(a) Residence. No. May Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3rd 1927

7. AGE Years 4 " Months 7 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John M Wornek Jr.

14. BIRTHPLACE (city or town) Hanslong Idaho (State or country)

MOTHER

15. MAIDEN NAME Fern Alfretta Brown

16. BIRTHPLACE (city or town) Tenny Neb (State or country)

17. INFORMENT John M. Wornek (Address) Salmon Ida.

18. BURIAL, CREMATION, OR REMOVAL Place 2-14" Date , 1932

19. UNDERTAKER Wm C. Hoehler (Address) Salmon Ida

20. FILED Mar 8, 1932 Chas E Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-13- 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932, to Feb 13, 1932

I last saw him alive on Feb. 13, 1932: death is said to have occurred on the date stated above, at 8-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/7/32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas F Hausner, M. D.

(Address)

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 60

DO NOT WRITE IN THIS SPACE
State File No. 78354

PLACE OF DEATH

County of Lewis
City of Winchester
Registration District No. 30
Primary Registration District No. 2129
Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jannie Emmaline Jobe

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martin Edward Jobe

6. DATE OF BIRTH (month, day and year) Apr 29 1867

7. AGE	Years	Months	Days	If LESS than 1 day,
	64	9	19	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife, At Home

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hillsboro, Ore

PARENTS

10. NAME OF FATHER George Morrow

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Advira Ebbert

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Hillsboro Ore

14. Informant Blanche Hutley
(Address) Craigmont Idaho.

15. Filed Mar 30, 1932 — Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932, to Feb 17, 1932
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 9:00 P m.

The CAUSE OF DEATH* was as follows:

Nephritis acute

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Gastro Intest

Influenza (duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E M Laughlin M. D.

Feb 18 1932 (Address) Winchester Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
I.O.O.F. Cemetery Craigmont Ida	Feb 20 1932
20. Undertaker	Address
Craigmont Hdwe Co	Craigmont Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78355

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matthew Armstrong.

(a) Residence. No. St Anthony # 3. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lucy Strange Armstrong

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Matthew Armstrong
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Elizabeth Parker
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) James L. Armstrong St Anthony # 3.

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date May 14, 1932

19. UNDERTAKER W. M. Rawson (Address) St. Anthony

20. FILED 3/5, 1932 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Mar 1, 1932
I last saw ~~be~~alive on Mar 1, 1932: death is said to have occurred on the date stated above, at 2.10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Prostate	
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78356

PLACE OF DEATH
County of Madison
City of Lyman

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marguerite Bybee

(a) Residence. No. Lyman Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~(or)~~ WIFE of Ray Bybee

6. DATE OF BIRTH (month, day, and year) July 4th 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33,	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rockspring's (State or country) Wyo.

FATHER

13. Henry Robbie Palmer
14. BIRTHPLACE (city or town) Springfield (State or country) Ill.

MOTHER

15. MAIDEN NAME Annie Young
16. BIRTHPLACE (city or town) England (State or country)

17. INFORMENT (Address) Ray Bybee Thornton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sutton Cem. Date Feb 18th 1932

19. UNDERTAKER Dean & Kelly (Address)

20. FILED 3/5, 1932 J Rysoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Feb. 15, 1932
I last saw her alive on Feb. 15, 1932; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	

Other contributory causes of importance:

Name of operation Hysterectomy Date of July 1931
What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Sutherland, M. D.
(Address) Rexburg, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78357

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arlen Holland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 2-1918.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lorenzo, Ida.

FATHER

13. NAME John W. Holland

14. BIRTHPLACE (city or town) (State or country) Ogden, Utah

MOTHER

15. MAIDEN NAME Annie Stutzer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMENT (Address) John W. Holland Lorenzo Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Ryan & Kelly
(Address) Rexburg, Ida.

20. FILED 3/5, 1932 J. R. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932, to Feb 10, 1932
I last saw her alive on Feb 10, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Feb 7-32
Other contributory causes of importance: Chicken Pox - Jan 11 to 18-32	
Hemorrhage with effusion	
Feb 5-1932	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Lorin A. Rich, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78358

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 9

2. FULL NAME David Hirschi

(a) Residence. No. Rex St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): S.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8th 1932

7. AGE: Years X; Months X; Days 2. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg, Idaho

FATHER

13. NAME John H. Hirschi.

14. BIRTHPLACE (city or town) (State or country) Montpelier, Ida.

MOTHER

15. MAIDEN NAME Mable Peterson.

16. BIRTHPLACE (city or town) (State or country) Georgetown, Bear Lake, Idaho

17. INFORMENT (Address) John H. Hirschi, Rexburg, Ida. #2.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Ida. Date Feb. 11th 1932

19. UNDERTAKER (Address) Vern J. Keller, Rexburg, Ida.

20. FILED 3/5/32, 1932 R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932, to Feb. 10, 1932

I last saw him alive on Feb. 10, 1932: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Difficult Color

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. R. Rigby, M. D.

(Address) Rexburg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78359

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Schuyler C. Clay.

(a) Residence. No. Archer Addn. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 9 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 7. - 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63.	X	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Archer Idaho Date Feb. 15, 1932

19. UNDERTAKER Nixon & Fellows (Address) Rexburg, Idaho.

20. FILED 3-5, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1932, to Feb. 9, 1932

I last saw him alive on Feb. 5, 1932; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/5/32

Other contributory causes of importance:

Arterio-sclerosis	

Name of operation — Date of —

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Sutherland, M.D.

(Address) Rexburg, Idaho

RECEIVED MAR 4 1932

STATE OF IDAHO 15

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 78360

PLACE OF DEATH

County of Minidoka

City of Rupert

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 9

(No.) 205 a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawerance J Pickering

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 3 — 1929

7. AGE Years 2 Months 3 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Charles Pickering

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rupert

12. MAIDEN NAME OF MOTHER Mary DeNaugel

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Rupert

14. Informant (Address) Mary De Naugel Pickering Rupert Idaho

15. Filed 3-1, 1932 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 26 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to Jan 26, 1932

that I last saw him alive on Jan 26, 1932

and that death occurred, on the date stated above, at 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Intussusception

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? rectal, & clinical

(Signed) Fayre H. Kenagy, M. D.

3-1-, 1932 (Address) Rupert Idaho

19. Place of Burial, Cremation, or Removal Rupert Cemetery Cath Sec

Date of Burial Jan 30 1932

20. Undertaker W. A. Goodman

Address Rupert Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 4 1932

STATE OF IDAHO K.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78361

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 8
(No.) 101 A
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John A Rutledge
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nov 7 1877

6. DATE OF BIRTH (month, day and year)

7. AGE Years 55 Months 2 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS
10. NAME OF FATHER Henry Rutledge
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tennessee
12. MAIDEN NAME OF MOTHER Senova Sample
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant (Address) Lenora Rutledge Rupert Idaho

15. Filed 3-1, 1932 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932, to Jan 21, 1932
that I last saw him alive on Jan 21, 1932
and that death occurred, on the date stated above, at 4 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Empyema
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death? home
Did an operation precede death? yes Date of Jan 19
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Fayre H. Konagy, M. D.
3-1, 1932 (Address) Rupert Ida

19. Place of Burial, Cremation, or Removal Rupert Cemetry Date of Burial Jan 24 1932

20. Undertaker W. A. Goodman Address Rupert Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78362
Local Registrar's No. 37

PLACE OF DEATH

County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
(No.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Joyce F. Mallon

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. H. Mallon

6 DATE OF BIRTH (month, day and year) Aug 26. 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Minnesota

PARENTS
10 NAME OF FATHER Humphrie Fifield
11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont
12 MAIDEN NAME OF MOTHER Julia Haskell
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Minn.

14 Informant William Mallon
(Address) Rupert. Idaho

15 Filed 2-29, 1932 E. H. Elmore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. (Month) 26 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1931, to Feb. 26, 1932, that I last saw her alive on Feb. 26, 1932, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:
General Septicemia
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Intra-Uterine Instrumentation
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. H. Elmore, M. D.
, 19 (Address) Rupert, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Twin Falls. Idaho — Date of Burial: 2-29 1932
20. Undertaker: W A Goodman — Address: Rupert, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO E

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78363

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2013 Local Registrar's No. 6

(No.) 90

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Elsie May Mix

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 24 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	0	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) New Zeland

PARENTS

10. NAME OF FATHER James H Thomas

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Anna M Cunningham

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Oregon

14. Informant Martha H Patton R.F.D.
(Address) Burley Idaho

15. Filed 2-10, 1932 E W Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 3 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Dec 27, 19..., to Jan 3, 1932
that I last saw her alive on Jan 3, 1932
and that death occurred, on the date stated above, at 8-40 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) E W Elmore, M. D.
2-10, 1932 (Address) Rupert, Idaho

19. Place of Burial, Cremation, or Removal Rupert Cemetery — Date of Burial Jan 5 1932

20. Undertaker W. A. Goodman — Address Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78364

PLACE OF DEATH Minidoka
County of ~~Cassia~~
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 5
(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Krivanec
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 21

7. AGE Years 28 Months 0 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS
10. NAME OF FATHER Jess R. Holt
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Agatha Holt
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) Charles Krivanec Rupert Idaho

15. Filed 2-11, 1932 E. W. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 31 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic valvular heart disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza & Pregnancy
Had some labor pains shortly before death (duration) yrs. 9 mos. 10 ds.
Preg. Sufl.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Symptoms
(Signed) E. W. Elmore, M. D.
2-10, 1932 (Address) Rupert Ida.

19. Place of Burial, Cremation, or Removal Rupert Cemetry
Date of Burial Feb 2 1932

20. Undertaker W. A. Goodman
Address Rupert

RECEIVED JUL 14 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Adaline c. (Last) Kivanec

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1932

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 21 1904

9. AGE (If 1 year or over, last birthday): 28 — IF UNDER 1 YEAR: Months 0, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse R. Holt. BIRTHPLACE: Utah.

14. MOTHER'S MAIDEN NAME: Agatha Woolfey. BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Charles Kivanec ADDRESS: Rupert Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Maternity.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Leakage of Heart.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: E. H. Elmore (Degree or title): M. D.

23b. ADDRESS: Rupert, Idaho.

23c. DATE SIGNED: 2-3-1932

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-3-1932

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR ADDRESS: W. A. Gardner Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED MAR 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78367

PLACE OF DEATH
County of Minidoka
City of Acequia

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Moncur
(a) Residence. No. Acequia, Idaho St. 91 b
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 27 yrs. mos. ds. How long in U. S. if of foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Francess Jolley

6. DATE OF BIRTH (month, day and year) Feb. 24-1839

7. AGE Years 93 Months 0 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Agriculture
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Dundee Scotland

PARENTS
10. NAME OF FATHER Robert Moncur
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dundee Scotland
12. MAIDEN NAME OF MOTHER Helen Whitock
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dundee Scotland

14. Informant (Address) D. Moncur

15. Filed 2-27, 1932 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1930, to Feb. 26, 1932
that I last saw him alive on Feb. 6, 1932
and that death occurred, on the date stated above, at 2 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis - Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E H Elmore, M. D.
2-27, 1932 (Address) Rupert, Idaho

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker Pierce & Kimball Burley Address
Paul Beer #2225

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78368

PLACE OF DEATH

County of Minidoka
City of Paul
Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 1
(No. Paul, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. **FULL NAME** Bertha Hansen

(a) Residence. No. Paul Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Henry Hansen

6. DATE OF BIRTH (month, day and year) Oct. 24, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	3	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Unknown
(State or country) Germany

PARENTS

10. NAME OF FATHER Paul Ansorge
11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Germany
12. MAIDEN NAME OF MOTHER Bertha Shneiber
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country) Germany

14. Informant Wm Hansen
(Address) Paul, Idaho.

15. Filed 2-11, 1932 O. H. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932, to Feb 10, 1932, that I last saw her alive on Feb 10, 1932, and that death occurred, on the date stated above, at 11:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetis
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Hugh E Dean, M. D.
Feb. 11, 1932 (Address) Burley Id

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley City Cemetery	Feb. 12, 1932

20. Undertaker Ed Kimball Address Burley
By Paul Beer Twin Falls Idaho
License C223

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO J B K

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78369

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 13

(No.) 10 a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Thomas Vanderlick

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cobler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) ?

PARENTS

10. NAME OF FATHER ?

11. BIRTHPLACE OF FATHER (city or town) (State or Country) ?

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (city or town) (State or County) ?

14. Informant Frank Vanderlick (Address) Paul Idaho

15. Filed 3-15, 1932 O. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Feb 24, 1932

that I last saw him alive on Feb 24, 1932

and that death occurred, on the date stated above, at 7 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 2 yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Kanaga, M. D.

Mar. 15, 1932 (Address) Rupert Ida

19. Place of Burial, Cremation, or Removal: Rupert Cemetery — Date of Burial: Feb 24 1932

20. Undertaker: W. J. Goodman — Address: Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78370

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2013

Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John W Hunt

(a) Residence. No. St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 3 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tennessee

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Joel E Hunt
(Address) Paul Idaho

15. Filed 3-16-, 1932 E M Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932, to Feb 12, 1932, that I last saw him alive on Feb 11, 1932, and that death occurred, on the date stated above, at 12 N m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Myocarditis

Arteriosclerosis

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilatation

(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. N. Kruger M. D.

3-15-, 1932 (Address) Rupert

19. Place of Burial, Cremation, or Removal: Rupert Cemetery — Date of Burial: Feb 14 1932

20. Undertaker: W A Goodman — Address: Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 7837-1

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2010

Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Emma Meier

(a) Residence. No. St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 24 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) North Dakota

PARENTS

10. NAME OF FATHER Andrew Meier

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Russia

12. MAIDEN NAME OF MOTHER Sophie Vaher

13. BIRTHPLACE OF MOTHER (city or town) (State or County) North Dakota

14. Informant Andrew Meier
(Address) Rupert Idaho

15. Filed 3-17, 1932 A. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 27 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932, to Feb 27, 1932

that I last saw her alive on Feb 23, 1932

and that death occurred, on the date stated above, at 2:40 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis and acute Pneumonitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. 1 mos. 6 ds.

18. Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no (and examination)

What test confirmed diagnosis? Symptoms & Course

(Signed) A. H. Elmore, M. D.

3-15, 1932 (Address) Rupert, Ida.

19. Place of Burial, Cremation, or Removal: Rupert Cemetery — Date of Burial: Mar 1 1932

20. Undertaker: W. G. Goodman — Address: Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78372

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2013

Local Registrar's No. 10

(No. 109 St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** George Vaden

(a) Residence. No. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): July 28 1891

7. AGE: Years 40 | Months 5 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Idaho

PARENTS

10. NAME OF FATHER: Elisha A Vaden

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Alice Tolbolman

13. BIRTHPLACE OF MOTHER (city or town) (State or County): California

14. Informant (Address): Hagen V. Vaden Rupert Idaho

15. Filed 2-15, 1932 E. R. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 12 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1932, to Feb 11, 1932

that I last saw him alive on Feb 11, 1932

and that death occurred, on the date stated above, at 5-50 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Influenza and
Broncho Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fayne H. Scroggy, M. D.

3-15-1932 (Address) Rupert Ida.

19. Place of Burial, Cremation, or Removal: Rupert Cemetery — Date of Burial: Feb 15 1932

20. Undertaker: W. G. Goodman — Address: Rupert Idaho

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 78373

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1119

2. FULL NAME W. R. Seals
(a) Residence. No. Clarkston Wash St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) 1886.

7. AGE Years 46 Months X Days X If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Woodsman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fresno Calif.

PARENTS
10. NAME OF FATHER Clemm Seals
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Calif.
12. MAIDEN NAME OF MOTHER Jessie Tout.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ill.

14. Informant (Address) Earl Seals. Spokane Wash.

15. Filed Feb. 20, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 - 17, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-17, 1932, to 2-17, 1932
that I last saw him alive on 2-17, 1932
and that death occurred, on the date stated above, at 11.50 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Ruptured gastric ulcer with general peritonitis.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hyperacidity
(duration) 6 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? yes Date of 2-17-32
Was there an autopsy? no
What test confirmed diagnosis? Operative findings
(Signed) E. L. White M. D.
2-18, 1932 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal Clarkston Wn. Date of Burial Feb. 21 1932

20. Undertaker H. R. Merchant Address Clarkston

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78374

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Mary Catherine Lyon.

(a) Residence. No. Lewiston orchards. xxx
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 16th, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	5.	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At hpme.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME ---------- Ronan.

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) R. L. Lyon Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Feb. 15th 1932.

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED Feb. 25, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 12th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Feb-12, 1932

I last saw her alive on Feb-12, 1932; death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Hypertension & Arterio-sclerosis

Name of operation none Date of

What test confirmed diagnosis? Physical Lemundry Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Paul G. Harvey, M. D.

(Address) Lewiston, Idaho.

RECEIVED MAR 1 - 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Nez Perce

City of Lewiston

DO NOT WRITE IN THIS SPACE

State File No. 78375

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Carl M. Smith Jr.

(a) Residence. No. Clarkston Wash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 10 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	6	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarkston W Wash.

FATHER

13. NAME Carl M. Smith

14. BIRTHPLACE (city or town) (State or country) Mt Vernon Ill

MOTHER

15. MAIDEN NAME Eva Brown

16. BIRTHPLACE (city or town) (State or country) Waseka Ill

17. INFORMENT (Address) Carl M. Smith Clarkston Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Juliette Ida Date 2/4/32 193

19. UNDERTAKER (Address) Vassar Mortuary Inc. Lewiston Idaho

20. FILED Feb 10, 1932 [signature] Registrar. By [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/2/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932, to Feb 2, 1932

I last saw him alive on Feb 2, 1932; death is said to have occurred on the date stated above, at 11 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sinus Thrombosis	1/16/32
Septic Throat	1/6/32

Other contributory causes of importance:

Acute Mastoiditis Bilateral	1/10/32

Name of operation Double Mastoid Date of 1/16/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L B Stockslager, M. D.

(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 1 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78377

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 9 C

Primary Registration District No. 1009

Local Registrar's No. 49

(No. 520 5th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Callie Powers.

(a) Residence. No. 520 5th, Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 1st, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	10.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME T. H. Murray.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Lydia Sperry.

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Coeur D'Alene Date , 193

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Feb. 4, 1932 J. M. Lyle Registrar.
By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1931, to Feb 4, 1932
I last saw he alive on Jan 31, 1932: death is said to have occurred on the date stated above, at 10 48 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Gall Bladder,	June 1931
Other contributory causes of importance:	

Name of operation Exploratory Date of Nov 1931
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ely Brossard, M. D.
(Address) Lewiston, Idaho.

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78378

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1209

Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Benjiman Franklin Meyers.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23rd, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70.	6.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Henry Meyers.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) W. L. Meyers Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Feb. 27th 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Feb. 29, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Feb-25, 1932

I last saw him alive on Feb-21, 1932; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAR 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 78379

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 9
Primary Registration District No. 1809
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Silas Samuels

(a) Residence. No. Mission Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Red	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Wheat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Peter Samuels
(Address) Mission Creek

18. BURIAL, CREMATION, OR REMOVAL
Place Slickpoo Ida Date 2/4/32 193

19. UNDERTAKER Vassar Mortuary Inc.
(Address) Lewiston

20. FILED Feb. 7, 193 2 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/1/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to Feb 1, 1932
I last saw him alive on Feb 1, 1932: death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance:

Influenza	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W O Clark, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78380

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 9c
Primary Registration District No. 1009
Local Registrar's No. 21

(No. North Lewiston.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lela May Weaver.

(a) Residence. No. ..... St. Elberton, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 30th, 1892.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39.	2.	31.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pullman, Washington.

FATHER
13. NAME R. L. Hall.
14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER
15. MAIDEN NAME Rebecca McFarland.
16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) F. W. Weaver, Elberton, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Feb. 23rd 1932.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Mar. 3, 1932 J. M. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 21st, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lupus vulgaris	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) F. W. Weaver M.D.
3/22/32 (Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE
State File No. 78381

Local Registrar's No. 67

(No. Lewiston orchards.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evaline Reta Lusk.

(a) Residence. No. Lewiston orchards. SX
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 18th, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
----.	----.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, (Orchards). Idaho.

FATHER

13. NAME Robert E. Lusk.

14. BIRTHPLACE (city or town) (State or country) Keyapaha, Nebraska.

MOTHER

15. MAIDEN NAME Stella Anderson,

16. BIRTHPLACE (city or town) (State or country) Minnesota.

17. INFORMENT (Address) Robert E. Lusk Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho, Date Feb. 27 193

19. UNDERTAKER Brower-Vann Company,
(Address) Lewiston, Idaho.

20. FILED March 2, 1932 J. M. Lyle, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1932, to Feb 25, 1932
I last saw h alive on Feb 24, 1932: death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thymic death	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) W. O. Clark, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78383

Registration District No. 26

Primary Registration District No. 2064 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Earl Hadfield

(a) Residence. No. [illegible] St. 151
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Clio Hawkes Deceased.

6. DATE OF BIRTH (month, day, and year) Dec. 27-1886

7. AGE Years 45 Months 1 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Utah

FATHER

13. NAME James Hadfield

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Gardener

16. BIRTHPLACE (city or town) (State or country) Preston England

17. INFORMENT (Address) Kenneth Hadfield

18. BURIAL, CREMATION, OR REMOVAL Place Pleasantview Ida Date Burial Feb. 28, 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Ida

20. FILED 2/24, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to Feb 24, 1932

I last saw him alive on Feb 24, 1932 death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

Thrombosis of right leg with gangrene.

Date of onset

Other contributory causes of importance:

Arteriosclerosis.

Rheumatism.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Mabey, M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78384

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME George Cocks

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 14. 1847

7. AGE Years 90 Months 10 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tettwell England

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) John S. Bennett Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Burial Feb. 20 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED 2/24, 1932 J. M. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to Feb 17, 1932
I last saw him alive on Feb 17, 1932 death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) O. H. Mabey, M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78386

PLACE OF DEATH
County of ONEIDA
City of MALAD

Registration District No.
Primary Registration District No.
Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Dr R. E. Owens
(a) Residence. No. Malad Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 51 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Sadie Owens
6. DATE OF BIRTH (month, day, and year) Oct. 23. 1886
7. AGE: Years 51 | Months 43 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year) FEB 4-32
11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) MALAD IDAHO

FATHER
13. NAME Richard T. Owens
14. BIRTHPLACE (city or town) (State or country) MALAD, CITY ONEIDA Co. IDAHO

MOTHER
15. MAIDEN NAME Susann Thomas
16. BIRTHPLACE (city or town) (State or country) OGDEN UTAH

17. INFORMENT (Address) Helen Owens MALAD IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place MALAD Ida Date Burial FEB 8, 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Ida

20. FILED 2/8, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 4 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to Feb 4, 1932
I last saw him alive on Feb 4, 1932: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in head - Accidental (Coroners jury verdict)	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Yes Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/4, 1932
Where did injury occur? Malad Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Office
Manner of injury Gun shot in Head
Nature of injury Right side of head above right eye

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Jas. R. Davis County Coroner
(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 7 1932

DO NOT WRITE IN THIS SPACE
State File No. 78387

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2669
Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby — Jones (Stillborn)

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 1 - 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER
13. NAME Perry L. Jones
14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER
15. MAIDEN NAME Mary E. Jones
16. BIRTHPLACE (city or town) Cherry Creek
(State or country) Idaho

17. INFORMENT Perry L. Jones
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Malad Idaho Date Feb. 1, 1932 Burial

19. UNDERTAKER J. Leroy Benson
(Address) Malad Idaho

20. FILED 2/29, 1932 J. M. Reese
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw him alive on Stillborn, 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature, Ruptured Membranes, Instrumental Entry into Uterus, Lung Disease, Delayed Delivery.	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Delivery Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Reese, M. D.
(Address) Malad Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78388

PLACE OF DEATH
County of Owyhee
City of Homedale

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Simon Icraian
(a) Residence. No. ~~Jord~~ arock, Ore St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 28" 1888

7. AGE: Years 43 | Months 2 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ~~Fa~~ Sheepman
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer self.

9. BIRTHPLACE (city or town) (State or country) Spain

PARENTS
10. NAME OF FATHER John antonia Icaran
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spain
12. MAIDEN NAME OF MOTHER Juleana Madariea
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Spain

14. Informant (Address) Deogracias Achabal

15. Filed Jan. 8, 1932 F. A. Benjamin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 19 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from unattended, 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 2:15 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Heart disease. Died suddenly

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of —
Was there an autopsy? No.
What test confirmed diagnosis? —
(Signed) F. A. Benjamin Heath officer, M. D.
Jan 20 1932 (Address) Homedale Idaho
Inquest at request of coroner.

19. Place of Burial, Cremation, or Removal: Jordon Valley, Ore
Date of Burial: Jan 22 1932

20. Undertaker: C. V. Peckham
Address: Caldwell Idaho.

RECEIVED MAR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78389

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Owyhee
City of Homedale R#1
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 22
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John Glen Ford 92
(a) Residence. No. Homedale St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Bessie Ford.

6. DATE OF BIRTH (month, day and year) Feb 12 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Scotland.

PARENTS
10. NAME OF FATHER James Ford.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland.
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland.

14. Informant Victor C. Ford. (Address) Homedale, Idaho #1

15. Filed 3-4-, 1932 L. L. Meyers. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 28 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19, to Feb 28, 1932
that I last saw him alive on Feb 20, 1932
and that death occurred, on the date stated above, at 3.15 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardiac Thrombosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Robert C. Talbot M. D.
Mar 2, 1932 (Address) Murdock Idaho

19. Place of Burial, Cremation, or Removal: Canyon Hill — Date of Burial: 3-3-1932

20. Undertaker: E. V. Peckham — Address: Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78390

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha A Herline

100 a

(a) Residence. No. 504 N. 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank Herline

6. DATE OF BIRTH (month, day, and year) Nov 16 - 1851

7. AGE: Years 80 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Appleton Maine

FATHER

13. NAME Mark Conant

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Lucina Wellman

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT ✓ Leila Jenkins
(Address) Ontario Ore.

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Idaho Date 2-28, 1932

19. UNDERTAKER Glenn C Pauldon
(Address) Payette Idaho

20. FILED Feb 29/32, 193 J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1932, to Feb 26, 1932

I last saw her alive on Feb 26, 1932: death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2/15/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. R. Woodward, M. D.

(Address) Payette, Idaho

W. W. Kettle
J. C. Woodward

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78391

PLACE OF DEATH
County of Fayette
City of N. Plymouth

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 6
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lorenzo J. Wiseman
(a) Residence. No. New Plymouth St. 88 b
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A Wiseman

6. DATE OF BIRTH (month, day and year) 12-15-1850

7. AGE Years 81 Months 2 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS
10. NAME OF FATHER B. Wiseman
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) H. M. Wiseman New Plymouth Ida.

15. Filed Feb 25, 1932, J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 21st (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1932, to Feb. 21st, 1932
that I last saw him alive on Feb. 20, 1932
and that death occurred, on the date stated above, at 9 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) W. W. Kettle M. D.
Feb. 21, 1932 (Address) New Plymouth, Ida

19. Place of Burial, Cremation, or Removal New Plymouth Ida Date of Burial 2-24 1932

20. Undertaker H. L. Peterson Address Ontario Ore

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78392

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 5

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Lindberg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Formerly Sailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME H Lindberg

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT J. Hedges
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Plymouth Cemetery Date Feb 23 1932

19. UNDERTAKER J. Hedges
(Address) Payette Ida

20. FILED Feb 23, 1932 J C Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932 to Feb 21, 1932

I last saw him alive on Feb. 21, 1932: death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Arrest	
Other contributory causes of importance:	
Syphilis	

Name of operation None Date of .....

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W W Foster M. D.

(Address) New Plymouth, Ida.

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78393

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles A Elliott

(a) Residence. ~~No.~~ Kendrick Ida St. 105
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lizzie A Elliott

6. DATE OF BIRTH (month, day, and year) Sept 1883

7. AGE Years 78 Months 3 Days 5 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME Erbin E Elliott
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Bullis
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) John Elliott

18. BURIAL, CREMATION, OR REMOVAL Place Kendrick Ida Date Feb 15, 1932

19. UNDERTAKER (Address) J. H. Adair Payette Ida

20. FILED Feb 15, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Jan 15, 1932
I last saw him alive on Jan 15, 1932: death is said to have occurred on the date stated above, at 2a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	1929

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. C. Woodward M. D.
(Address) Payette, Idaho

RECEIVED MAR 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78394

PLACE OF DEATH
County of Payette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maso C Decker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Bachelor
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓ ✓
6. DATE OF BIRTH (month, day, and year) Nov 10 1855
7. AGE Years 76 Months 2 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME Abel Decker
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Vibitha Hicks
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Ray J Decker Payette

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Date Feb 5 1932

19. UNDERTAKER (Address) J H Adair Payette Ida

20. FILED Feb 10, 1932 J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 3, 1932
I last saw her alive on Feb 3, 1932; death is said to have occurred on the date stated above, at 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Hypertension	

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓
(Signed) W J Weese, M. D.
(Address) Ontario Ore.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 8 1932

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78395

Registration District No. 4

Primary Registration District No. 7008 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernard T. Ackerman

(a) Residence. No. 737 N. 7th St. 10' a
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Ackerman

6. DATE OF BIRTH (month, day, and year) July 12 - 1857

7. AGE Years 74 Months 6 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Anton Ackerman

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Anna Marie McDought

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Anna Marie Ackerman Payette Ida

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Ida Date 2-4, 1932

19. UNDERTAKER (Address) Glenn E. Landon Payette Idaho

20. FILED Feb 10, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-2-32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Feb. 4, 1932

I last saw him alive on 2-2, 1932: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Jan 30, 1932

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry R. [illegible], M. D.

(Address) Payette Ida

MARGIN RESERVED FOR BINDING

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR ED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78396

Registration District No. 21
Primary Registration District No. 2179
Local Registrar's No. 6

(No. Bethany Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Charles I Bisbing

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not known

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) --

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	-------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Not Known

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Hospital Register

18. BURIAL, CREMATION, OR REMOVAL Place Am. Falls, Ida. Date Feb. 26, 1932

19. UNDERTAKER (Address) [illegible] Falls Idg.

20. FILED Mch. 1, 1932 Emerson Nott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1931, to February 24 1932.
I last saw him alive on February 24, 1932. Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (colon)	
Other contributory causes of importance:	

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) V H Fogan, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78398

Registration District No. 21
Primary Registration District No. 2072
Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME George Farrell Gilson

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Not Married

6. DATE OF BIRTH (month, day, and year) June 20 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Daniels, Idaho

FATHER
13. NAME Joseph A. Gilson
14. BIRTHPLACE (city or town) (State or country) Panguitch Utah

MOTHER
15. MAIDEN NAME Mary Thorp
16. BIRTHPLACE (city or town) (State or country) Samura, Idaho

17. INFORMENT (Address) Jas. G. Gibson Rockland

18. BURIAL, CREMATION, OR REMOVAL Place Rockland, Idaho Date Feb. 27, 1932

19. UNDERTAKER H. Davis (Address) American Falls

20. FILED 2-24, 1932 Geneva Nott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1932, to Feb. 23, 1932.
I last saw him alive on Feb. 23, 1932; death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Epilepsy	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. G. Logan, M. D.
(Address) American Falls, Ida.

RECEIVED MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78399

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Power
City of Crystal
Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 3
(No. 161 b)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Clyde Cowin Worley

(a) Residence. (No. Crystal, Idaho St.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 25. 32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
-		68	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pocatello, Ida

PARENTS

10. NAME OF FATHER C. W. Worley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Logan, Utah
12. MAIDEN NAME OF MOTHER Mary M. Robinson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Am. Falls, Idaho

14. Informant (Address) C. W. Worley Crystal, Idaho

15. Filed 2-2, 1932 Cowin Noah Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 31 (Month) (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 9.35 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Ms Doctor officiated child sick only few days started with cold turned into Pneumonia (duration) yrs. mos. ds. undertakers statement over phone, I did
CONTRIBUTORY (Secondary) not see the body)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) A. W. Davis Coroner, M.D.
Feb 2, 1932 (Address) Am. Falls, Ida.

19. Place of Burial, Cremation, or Removal: Pocatello Idaho — Date of Burial: Feb 3, 1932
20. Undertaker: McHan Undt Co. — Address: Pocatello

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer,** Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner,** (b) **Cotton Mill;** (a) **Saleman,** (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer. Farm laborer. Laborer—Coal Mine etc. Women at** home, who are engaged in the duties of the household only (not paid **House-keepers,** who receive a definite salary), may be entered as **Housewife, Housework,** or **At Home,** and children not gainfully employed, as **At school** or **At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidmic cerebrospinal meningitis"); **Diptheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma,** etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate. before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78400

MAR 7 1932

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 14

749

PLACE OF DEATH

County of Shoshone

City of Wallace.

Darragh

(No. Co Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dan Darragh.

(a) Residence. No. Co Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 16 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Lead Mining.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Co Hospital Records Wallace, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Feb 29, 1932

19. UNDERTAKER J. J. Rowe (Ward Und Co)
(Address) Wallace Ida.

20. FILED Feb 29, 1932 C. A. Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26 1932.

22. I HEREBY CERTIFY, That I attended deceased from 1926, 193..., to Feby 27, 1932

I last saw him alive on Feby 26, 1932; death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2 wk

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) James R Brown, M. D.

(Address) Wallace

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78401

PLACE OF DEATH
County of Shoshone
City of Near Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 13
(No. Road to Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James A. Kauffman
(a) Residence No. Nine Mile. St. Nine Mile - Near Wallace
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE Years About 78 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mng.
10. Date deceased last worked at this occupation (month and year) Not for several yrs.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known.

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Friends.
18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Ida Date Mar 5, 1932
19. UNDERTAKER (Address) J. A. Bowen - (Ward Und Co) Wallace Idaho
20. FILED Mar 5, 1932 P. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 25 1932.
22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932, to Feb 25, 1932
I last saw him alive on Feb 25, 1932: death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Max T. Smith, M.D.
(Address) Wallace Idaho

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78402

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 12 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John B. Steffes
(a) Residence. No. 9 Kellogg Ave St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Divorced

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 66 | Months 10 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mining Promoter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: " "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Scofield Mich.

FATHER
13. NAME: Anthoine Steffes
14. BIRTHPLACE (city or town) (State or country): Scofield, Mich

MOTHER
15. MAIDEN NAME: Miss Forman
16. BIRTHPLACE (city or town) (State or country): Scofield Mich

17. INFORMENT (Address): Edward P Stein Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Drummond Kellogg Idaho Date: Feb 17th, 1932

19. UNDERTAKER (Address): M. C. Thornhill Kellogg, Idaho

20. FILED Feb 17, 1932 R. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1932 to Feb 15th, 1932
I last saw him alive on Feb 14th, 1932 death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows: Myocarditis & fatty degeneration of the heart

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78403

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 11

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Hedlund

(a) Residence. No. Mullan Ida. St. Mullan Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): June 20-1861

7. AGE: Years 70 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMENT (Address): Mrs. C. W. Cartwright. Mullan Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Mullan Ida. Date: Feb 14, 1932

19. UNDERTAKER (Address): J. A. Burns (Wood Undertaking Co) Wallace Idaho

20. FILED: Feb 14, 1932 C. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 10 1932

22. I HEREBY CERTIFY, That I attended deceased from about June, 1926, to Feb 10, 1932.
I last saw him alive on Feb 10, 1932: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous Nephritis (Chronic)	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) C. W. Cartwright, M. D.
(Address) Mullan Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City Near Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78404

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 10 a D

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Donohue

(a) Residence. No. Mullan Road St. Near Wallace
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 84 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Co Records Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Feb 8, 1932

19. UNDERTAKER (Address) J. A. Bevin (Ward Und Co) Wallace Idaho

20. FILED Feb 8, 1932 C. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw him alive on Feb 15, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in Cabin apparently heart failure	Sudden

Other contributory causes of importance:

nephritis Chr Second Mo.

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Mowery Coroner, M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78405

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 9

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ralph Allen Slocum

(a) Residence. No. Mullan, Idaho St. Mullan, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Bessie Slocum

6. DATE OF BIRTH (month, day, and year) Sept 4 1873

7. AGE Years 58 Months 2 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mng.
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Nebr.

FATHER
13. NAME John D Slocum
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Oliva Day
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Miss Florence Slocum Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date Feb. 7, 1932

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace Idaho

20. FILED Feb 7, 1932 P. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to Febr 3, 1932
I last saw him alive on Febr 2, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed Febr 3 in morning about 10 am apparently heart disease	

Other contributory causes of importance:
myocarditis Chr Severe of MO

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Mowery Corone
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 7 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78406

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 8 3/6

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matt Jurkovich

(a) Residence. No. Osbourne Idaho St. Osbourne Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Jurkovich

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 43. Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) 1921
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Jugo Slavia

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Jugo Slavia

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Jugo Slavia

17. INFORMENT (Address) Mrs Mary Jurkovich Osbourne Ida

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date Feb. 3, 1932

19. UNDERTAKER (Address) Jakwer (Ward Wdl.)

20. FILED Feb 3, 1932 P. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Feb 1, 1932
I last saw him alive on Feb 1, 1932: death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary	1929
Tuberculosis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Sahatory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Paul W. Ellis, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78407

PLACE OF DEATH
County of Shoshone
City of ~~Kellogg~~ County Infirmary

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74

2. FULL NAME Louis Cossetta

(a) Residence. No. Kellogg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Emma Alberton

6. DATE OF BIRTH (month, day, and year) April 2, 1861

7. AGE: Years 71 | Months 10 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME No Inf
14. BIRTHPLACE (city or town) (State or country) No Inf

MOTHER
15. MAIDEN NAME No Inf
16. BIRTHPLACE (city or town) (State or country) No Inf

17. INFORMENT (Address) Jack Rodgers County Infirmary, Kellogg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date Feb 3, 1932

19. UNDERTAKER (Address) H. B. Thornhill 621 Division St. Kellogg Ida

20. FILED Feb 3, 1932 C. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 1926, 193.., to 1/29/32, 193..
I last saw h.....alive on 1/28/32, 193..: death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Jan 15

Other contributory causes of importance:

Arterio Sclerosis	Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) James R Dean, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78408

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 5

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Charles W Green

(a) Residence. No. Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ella Green

6. DATE OF BIRTH (month, day, and year) May 17-1865

7. AGE Years 66 Months 8 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 5 mos
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs Ella Green Wallace Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Ida. Date Jan 28 1932

19. UNDERTAKER (Address) J. A. Bower (Ward Mud Co) Wallace Ida.

20. FILED Jan 28, 1932 J. L. Quigley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1931, to Jan 25th, 1932

I last saw him alive on Jan 25th, 1932: death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:
Old enlarged Prostate gland
residuary urine

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) C S Stone, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78409

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 4

(No. Near Sampler on Osborne Road
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Deseri Villard

(a) Residence. No. Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, and year) Sept — 1855

7. AGE Years 76 Months 4 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belgium

FATHER
13. NAME Edward Villard
14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER
15. MAIDEN NAME Sophie Audemard
16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMENT (Address) Frank Willard Wallace

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace, Ida. Date Jan 23, 1932

19. UNDERTAKER (Address) Worstell Company By Worstell Wallace Id

20. FILED Jan 23, 1932 F. L. Quigley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932 to Jan 21, 1932

I last saw him alive on Jan 21, 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis acute	
Parenchymatous	Several wks
Other contributory causes of importance:	
Chronic nephritis	
& arteriosclerosis	Several yrs

Name of operation — Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mrs Mowrey, M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78410

Registration District No. 70
Primary Registration District No. 1911
Local Registrar's No. 3
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Henry Ritzdorf

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 4 - 1874

7. AGE Years 58 Months 0 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Records Co Hospital Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Date Jan 15, 1932

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace Ida.

20. FILED Jan 15, 1932 F. K. Quigley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12 1932

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1932, to January 12, 1932
I last saw him alive on January 11, 1932; death is said to have occurred on the date stated above, at 8:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	1/5/32
Bronchial Asthma	1 yr

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) James R Bean M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78411

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 2
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME John Fyalka
(a) Residence. No. Mullan, Idaho St. Mullan, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Fyalka
6. DATE OF BIRTH (month, day, and year) Jan 1 - 1891
7. AGE Years 40 Months 0 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.
10. Date deceased last worked at this occupation (month and year) 6 Aug
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

FATHER
13. NAME Joseph Fyalka
14. BIRTHPLACE (city or town) (State or country) Czelo Slovakia

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMENT (Address) Mrs Anna Fyalka Mullan Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Great Falls Mont. Date Jan 11, 1932
19. UNDERTAKER (Address) J. A. Bevis Ward Und Co. Wallace Ida.
20. FILED Jan 11, 1932 F. L. Quigley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 5 1932
22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ..... 193...
I last saw him alive on Jan 5, 1932 death is said to have occurred on the date stated above, at 4:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Heart

Other contributory causes of importance: None known pantwell bath had a fit.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Mowery Coroner
(Address) Wallace, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78412

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 1

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Manuel Grounds

(a) Residence. No. 512 River St Mullan St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 32 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMENT (Address) Mr Eugene Mingo Mullan, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Jan 6, 1932

19. UNDERTAKER (Address) J. A. Bever (Ward and Co.) Wallace Idaho.

20. FILED Jan 6, 1932 F. L. Quigley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1931, to Jan 4, 1932
I last saw him alive on Jan 3, 1932: death is said to have occurred on the date stated above, at 1.30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
T. B. Pericarditis	Abt Dec 1, 1931
Pul. T. B.	?

Other contributory causes of importance:
Influenza in Oct. 1931
(accurate dates not able to get)

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —
(Signed) F. W. Rolfs, M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78413

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2204
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Milos P. Novakovich

(a) Residence. No. Kellogg Ida St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) June 22, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	June 8	22 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Peter P. Novakovich

14. BIRTHPLACE (city or town) (State or country) Yugo Slavia

MOTHER

15. MAIDEN NAME Helen Novakovich

16. BIRTHPLACE (city or town) (State or country) Yugo Slavia

17. INFORMENT (Address) Sam Burage Kellogg, Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Spokane Date Feb 29, 1932

19. UNDERTAKER H B Thornhill (Address) Kellogg Idaho

20. FILED 3/1, 1932 Mrs. Helen M. Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1932, to Feb 27, 1932

I last saw him alive on Feb. 27, 1932; death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	Feb 19 1932
Other contributory causes of importance: Bronchopneumonia, bilateral	Feb. 20, 1932

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harold T Anderson, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 78414

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles E. Bushnell

(a) Residence. No. West Brown St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nan Bushnell

6. DATE OF BIRTH (month, day, and year) June 12, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead & Silver

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yr.

12. BIRTHPLACE (city or town) (State or country) Meredosia Illinois

FATHER

13. NAME William Bushnell

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Nunny

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs. Nan Bushnell

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Id. Date Feb 25 1932

19. UNDERTAKER (Address) H. B. Thornhill Kellogg Ida.

20. FILED 3/1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~Feb 25~~ Jan 5, 1932, to Feb 21, 1932
I last saw him alive on Feb 21, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of hip	2
(over)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. F. Kennett, M. D.
(Address) Kellogg, Idaho

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78415

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 13 1

(No. 7) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fritz Nier

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	German	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69 —	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME no information
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME no information
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sherman Cemetery Date Feb 17 1932

19. UNDERTAKER W. B. Thornhill (Address) Kellogg, Ida.

20. FILED 3/1, 1932 Mrs. Helen M. Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932, to Feb 15, 1932
I last saw him alive on Feb 12, 1932: death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac - Asthma	5 years.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. R. Mason, M. D.
(Address) Kellogg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78416

PLACE OF DEATH
County of Shoshone
City of Big Creek

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Karl John Lund 1889

(a) Residence. No. Big Creek Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Dilma Amanda Lund

6. DATE OF BIRTH (month, day, and year): Mch. 21 1889

7. AGE: Years 42 Months 8 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Silver Dale & Big Creek Mng. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 4 yrs. in U.S.

12. BIRTHPLACE (city or town) (State or country): Hanstrom, Kemes Finland

FATHER
13. NAME: —
14. BIRTHPLACE (city or town) (State or country): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): Don't Know

17. INFORMENT (Address): E. G. Johnson Kellogg Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Kellogg Ida Date: Feb 21, 1932

19. UNDERTAKER (Address): R. L. Stout Kellogg Ida

20. FILED 3/1, 1932 Mrs Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 2/12 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw him alive on Feb 12, 1932; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead Crushed in Snow Slide at Big Creek Gulch Idaho	Instant

Other contributory causes of importance: None

Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193..
Where did injury occur? Big Creek Gulch Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home Big Creek
Manner of injury: Crushed in snow
Nature of injury: slide

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. C. Mowery Coroner M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Big Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78417

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 11

(No.) 1887
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Oreander

(a) Residence. No. Big Creek, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No Inf

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silver Valley Big Hill M.C.

10. Date deceased last worked at this occupation (month and year) Jan 30 1929

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME No Inf

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Inf

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) E. G. Johnson Kellogg Ida

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Spokane Date Feby 21, 1932

19. UNDERTAKER Thornhill Co (per) H B Thornhill (Address) Kellogg Ida

20. FILED 3/1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 17 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 to , 193

I last saw him alive on Feb 17, 193 2, death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stoped dead Crushed	
Multiple Fracture of Right Leg	
Big Creek Gulch Idaho	

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-17 1932

Where did injury occur? Big Creek Gulch, Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public, Covered by Accident Policy

Manner of injury Stoped Dead

Nature of injury Crushed Fracture Pelvis

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. W. Wallace M. D.

(Address) Wallace Ida

RECEIVED MAR [illegible] 1932

Anderson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78418

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 10

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel Clara Cruse

(a) Residence. No. [illegible] St. [illegible]
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of married

6. DATE OF BIRTH (month, day, and year) Dec 16, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME John Robert Scott

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mabel Clara Scott

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) M. E. Cruse, Box 1103 Kellogg, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida. Date 3/9/32 193

19. UNDERTAKER (Address) M. C. Slaughter Kellogg Ida.

20. FILED 3/1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 1932

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1932, to February 10, 1932
I last saw her alive on Feb 9, 1932: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	about 12-1631
Other contributory causes of importance:	
Essential Hypertension	4 years
Chronic Nephritis	4 years

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 7 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78419

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Joesoph Rodgers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizebeth

6. DATE OF BIRTH (month, day, and year) Feb 3 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silver Mg Lead

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Omaha Nebraska

FATHER

13. NAME John Rodgers

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Cora May

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs. John Rodgers

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date 2/9, 1932

19. UNDERTAKER Hill & Thornhill (Address) 621 Division St. Kellogg Ida

20. FILED 3/1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1932, to Feb. 6, 1932

I last saw him alive on Feb. 6, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardeal Insufficiency	10-13-31

Other contributory causes of importance:

Mitral Valvular Disease	4 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold T Anderson M. D.

(Address) Kellogg, Ida Ho

RECEIVED MAR 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78420

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Dorene Coynne. 23

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12 - 1917

7. AGE: Years 14 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colfax Wn.

FATHER
13. NAME John L. Coynne
14. BIRTHPLACE (city or town) (State or country) Palouse Wn.

MOTHER
15. MAIDEN NAME Gladys M. Davis
16. BIRTHPLACE (city or town) (State or country) Colfax Wn.

17. INFORMENT (Address) Mrs. Gladys Heltzel

18. BURIAL, CREMATION, OR REMOVAL
Place Colfax Wash Date Feb. 8, 1932

19. UNDERTAKER (Address) Kellogg Idaho

20. FILED 3/1, 1932 Mrs Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 2nd, 1932 to Feb 5th, 1932
I last saw her alive on Feb 5th, 1932; death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	

Other contributory causes of importance:
Influenza

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Avery

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78421

Registration District No. 127
Primary Registration District No. 2400
Local Registrar's No. 19 1

(No.) 185
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Jo Bennes

(a) Residence. No. Missoula Mont St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) No information

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. No information

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No information

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation do,

12. BIRTHPLACE (city or town) (State or country) No information

FATHER

13. NAME No information

14. BIRTHPLACE (city or town) (State or country) do do

MOTHER

15. MAIDEN NAME Mrs W C Baker Present

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Ed Berg Butte Mont

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Ida Date Feb 24, 1932

19. UNDERTAKER Frank Mitchell (Address) St Maries Ida

20. FILED 2/16, 1932 C Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at 7 or 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fell from moving freight train on C. M. St. P. & P. R.R.	
Death Sudden and accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-14, 1932

Where did injury occur? About 5 miles west of Avery, Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Fell from Train-Ran over

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) C Berry, M. D.

(Address) Avery Idaho

RECEIVED MAR 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78423

PLACE OF DEATH
County of Teton
City of Victor

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 3
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amy Richins

(a) Residence. No. 1 Victor, Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 3, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Victor
(State or country) Idaho.

PARENTS

10. NAME OF FATHER Ethan Richins
11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)
12. MAIDEN NAME OF MOTHER Julia Thyra Richins
13. BIRTHPLACE OF MOTHER (city or town) Victor, Ida
(State or County)

14. Informant Delas Lauritzsen
(Address) Victor, Idaho

15. Filed 3-1-, 1932 Ellie M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 23 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb 23, 1932, to Feb 23, 1932,
that I last saw her alive on 2-23, 1932
and that death occurred, on the date stated above, at 11-30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningetis

(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. L. Parkinson, M. D.
2-24, 1932 (Address) Driggs Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Victor, Idaho.	2-25- 1932
20. Undertaker	Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 3 19[illegible]

DO NOT WRITE IN THIS SPACE
State File No. 78424

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonneville
City of Eden
Registration District No. 18
Primary Registration District No.
Local Registrar's No.
(No. Eden
(If death occurred in a hospital or institution give its name instead of street and number.)

749

2. FULL NAME David Fulton

(a) Residence. No. Eden Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Aug 31 1858

7. AGE: Years 76 | Months 4 | Days 17 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Scotland

PARENTS
10. NAME OF FATHER: Dont know
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Scotland

14. Informant (Address): Grant Fulton Eden Idaho

15. Filed 1/22, 1932 Elizabeth L. Smith Registrar.
acp

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932 to Jan 16, 1932
that I last saw him alive on Jan 14, 1932
and that death occurred, on the date stated above, at 7.9 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) J. W. Davis M. D.
Jan 16, 1932 (Address) Kimberly Idaho

19. Place of Burial, Cremation, or Removal: I.O.O.F. Cemetery — Date of Burial: 1-18 1932

20. Undertaker: S. C. Phillips — Address: Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78425

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
County Hospital
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

160-9

2. FULL NAME Orell Towner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ord. Towner

6. DATE OF BIRTH (month, day, and year): July-16-1876

7. AGE — Years: 55 | Months: 7 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Bancroft Idaho

FATHER
13. NAME: Mansfield Towner
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Alice Coyne
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMENT (Address): Mrs Orell Towner Castleford
18. BURIAL, CREMATION, OR REMOVAL — Place: Buhl Date: 1/27/37
19. UNDERTAKER (Address): Evans & Johnson Buhl Idaho
20. FILED Feb. 15, 1937 J. W. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-Feb, 1937, to 24-Feb, 1937
I last saw him alive on 24 Feb, 1937: death is said to have occurred on the date stated above, at 1.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion due to pneumonia bronchio, appendicitis, infected gall bladder, nephritis	

Other contributory causes of importance: .....

Name of operation: none Date of: -
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. W. MacMannus, M. D.
(Address) Buhl, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78426

PLACE OF DEATH
County of Twin Falls
City of Burley

Registration District No. 39
Primary Registration District No. 2087
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME David Leroy Williams

(a) Residence. No. Burley St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Dec 10 1931
7. AGE: Years — Months: 1 — Days: 28 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Burley

PARENTS
10. NAME OF FATHER: Lloyd Williams
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Okla
12. MAIDEN NAME OF MOTHER: Viva Higgins
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Kansas

14. Informant: A. Williams. (Address) Burley Idaho
15. Filed Feb. 10, 1932 J. H. Hurley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 8th 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932, to Feb 8, 1932, that I last saw him alive on Feb 8th, 1932, and that death occurred, on the date stated above, at 3.30 P m.
The CAUSE OF DEATH was as follows:
Acute Gastro Enteritis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? His Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) R. E. Hunt, M. D.
Feb 10, 1932 (Address) Burley Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Tiber Cemetery — Date of Burial: Feb 9 1932
20. Undertaker: Neville & Rugg — Address: Burley Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78427

PLACE OF DEATH
County of Twin Falls
City of Buhl, Ida

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ronald J. Magee

(a) Residence. No. Baymiller apt - St. Buhl, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lottie Magee
6. DATE OF BIRTH (month, day, and year) July 1 - 1886
7. AGE Years 45 - Months 6 Days 19 If LESS than 1 day ✓ hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) 2-3/32
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Brigham City Utah

FATHER
13. NAME T. Magee
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Roland Magee Buhl Ida
18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 2/9, 1932
19. UNDERTAKER (Address) Evans & Johnson L. J. Johnson, JES
20. FILED Feb. 8, 1932 J. H. Wurpley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6, 1932
22. I HEREBY CERTIFY, That I attended deceased from none, 193..., to ..., 193...
I last saw h... alive on none, 193...: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	2-Feb-'32

Other contributory causes of importance:
probably pneumonia
Influenza

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. W. MacManus, M. D.
(Address) Buhl, Idaho

RECEIVED MAR 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78428

PLACE OF DEATH
County of Twin Falls
City of Burley

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Melissie Sechler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of D. C. Sechler

6. DATE OF BIRTH (month, day, and year) Jan. 31-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
75	11	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Henry Lane
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Jane Daniel
16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMENT (Address) Mrs Nell Lunte Burley Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Burley Date Feb 2, 1932

19. UNDERTAKER (Address) Evans & Johnson L. Johnson Burley Ida

20. FILED Feb. 4, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1932, to Jan 30, 1932
I last saw her alive on Jan 30, 1932; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Geo Jennings, M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1931
1899

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78429

PLACE OF DEATH
County of Twin Falls Registration District No. 37
City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 40
(No. Twin Falls Co General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mrs Pauline Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Anderson

6. DATE OF BIRTH (month, day and year) Nov 9 1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	3	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) So. Dakota

PARENTS
10. NAME OF FATHER Robert Paulsen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway
12. MAIDEN NAME OF MOTHER Jo La Grande
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant Gilbert Paulsen (Address) Amsterdam

15. Filed 3/1, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 24, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Feb. 24, 1932
that I last saw h.er alive on Feb. 24, 1932
and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bowel Obstruction due to adherent twists + kinks of Ileum —
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Surgery
(duration) ....yrs. ....mos. 30 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes no Date of 1/29/30
Was there an autopsy?
What test confirmed diagnosis? Phys. Findings
(Signed) Dr John P Morgan, M. D.
2/29, 1932 (Address) Twin Falls Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Mar 1 1932

20. Undertaker F E Drake Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78430

PLACE OF DEATH

County of Twin Falls Registration District No. .....

City of Filer Primary Registration District No. ..... Local Registrar's No. 37

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

69

2. **FULL NAME** G. L. Kirkpatrick at 1-15

(a) Residence. No. Filer St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 79 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Contractor
(c) Name of employer Lexington

9. BIRTHPLACE (city or town) (State or country) .....

PARENTS

10. NAME OF FATHER John Kirkpatrick

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown Unknown

12. MAIDEN NAME OF MOTHER W Cox

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) .....

15. Filed 2/24, 1932 Elizabeth J. Smith Registrar.
By acts

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 23, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1932, to Feb. 21, 1932
that I last saw him alive on Feb. 21, 1932
and that death occurred, on the date stated above, at 1:15 a.m. Feb. 23. 1932

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina Pectoris.
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis
(duration) 10 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Frank A. Dwight, M. D.
Feb. 23/1932 (Address) Filer, Ida.

19. Place of Burial, Cremation, or Removal Hood River Ore. | Date of Burial 19

20. Undertaker F E Drake | Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78431

PLACE OF DEATH
County of Twin Falls Registration District No. .....
City of Kimberly Primary Registration District No. ..... Local Registrar's No. 36
(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. **FULL NAME** Marion David Morgan 23
(a) Residence. No. ..... Kimberly St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Morgan

6. DATE OF BIRTH (month, day and year) March 25 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Rancher
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS
10. NAME OF FATHER David Morgan
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales
12. MAIDEN NAME OF MOTHER Jane Lewis
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wales

14. Informant Mrs Mary Morgan
(Address) Kimberly

15. Filed 2/22, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 21, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Feb. 21, 1932
that I last saw h.im alive on Feb. 20, 1932
and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Encephalitis
& Polio myelitis
Acute Anterior Poliomyelitis
Involving the lateral Posterior horns
accompanied by Encaphalitis
(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Infl. mouth & Nose
with High B.P. (duration) 3 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam.
(Signed) Dr J R Morgan, M. D.
2/27, 1932 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Feb 23 1932

20. Undertaker J. E. Drake Address Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78432

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 35
(No. 729-2nd ave west)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby G. Miller 1614
(a) Residence. No. 729-2nd ave west St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Feb 20-1932
7. AGE ✓ Years ✓ Months ✓ Days If LESS than 1 day, 5 hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer
9. BIRTHPLACE (city or town) Twin Falls Ida
(State or country)

PARENTS
10. NAME OF FATHER Glenn G. Miller
11. BIRTHPLACE OF FATHER (city or town) N. C.
(State or Country)
12. MAIDEN NAME OF MOTHER Olga Howard
13. BIRTHPLACE OF MOTHER (city or town) Wash
(State or County)

14. Informant (Address) Glenn G. Miller 729-2nd ave west

15. Filed 2/22, 1932 Elizabeth J. Smith Registrar. By acd

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 20 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932, to Feb 20, 1932
that I last saw her alive on Feb 20, 1932
and that death occurred, on the date stated above, at 1 P.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature near 7½ months
..... (duration) ..... yrs. ..... mos. 5 hrs ds.
CONTRIBUTORY (Secondary) Mother had Pyonephrosis
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? ✓
(Signed) J. C. Langenwalter, M. D.
Feb 22, 1932 (Address) Twin Falls Id

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery
Date of Burial Feb 22 1932
20. Undertaker S. C. Phillips
Address Twin Falls

RECEIVED MAR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78433

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 34
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

17

2. FULL NAME Mary Marie Reider
(a) Residence. No. Twin Falls — Route #3 St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Samuel R. Reider

6. DATE OF BIRTH (month, day and year) Nov. 23 - 1868

7. AGE 63 Years | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS
10. NAME OF FATHER John Bachman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Marie Wanzenried
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Switzerland

14. Informant (Address) Fred Reider San Jose — Calif

15. Filed 2/18 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 15th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to Febry 15th, 1932
that I last saw her alive on Febry 15th 1932
and that death occurred, on the date stated above, at 3:20 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

(2) Cholangitis +++ Chronic Cholecystitis ++++ (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis Decompensation (duration) ..... yrs. 10 mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Aug 18th/31
Was there an autopsy? No
What test confirmed diagnosis? Biopsy at Op.
(Signed) D. L. Alexander M. D.
Feb 17, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal: Twin Falls Cemetery
Date of Burial: 2-18 1932

20. Undertaker: White Mortuary Inc
Address: Twin Falls Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78434

PLACE OF DEATH

County of Twin Falls. Registration District No. .....

City of Twin Falls Primary Registration District No. ..... Local Registrar's No. 33

(No. 1) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Chas H. Stinson

(a) Residence. No. 263 6th ave E St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 18 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10. NAME OF FATHER C. A. Stinson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia

12. MAIDEN NAME OF MOTHER Melissa Williams

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Virginia

14. Informant Mrs. Stinson
(Address) Twin Falls

15. Filed 2/17, 1932 Elizabeth J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feby (Month) 15th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31st, 1931, to Feby 15th, 1932, that I last saw him alive on Feby 15th, 1932, and that death occurred, on the date stated above, at 12:53 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma Gastric

..... (duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia Secondary.

..... (duration) ..... yrs. 6 mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of June 19/31

Was there an autopsy? No What test confirmed diagnosis? Biopsy at Operation

(Signed) Duncan L Aylesworth M. D.

2-16-32 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal: Twin Falls — Date of Burial: Feb 17 1932

20. Undertaker: F. E. Drake — Address: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78437

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 30
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucy Lucille Hurd
(a) Residence. No. Filer Ida. St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 4 yrs. — mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of G. E. Hurd

6. DATE OF BIRTH (month, day and year) Nov. 26-1910

7. AGE: Years 21 | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Twin Falls Ida

PARENTS
10. NAME OF FATHER J. A. Swenson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Pearl Puckell
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Miss.

14. Informant (Address) J. A. Swenson Twin Falls Ida

15. Filed 2/16, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 13th (Month) 1932. (Day) 19.... (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10 — 1932, to Feb. 13 — 1932
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at 30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Circulatory failure
Seven hours.

..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Illeus fissulyticus
24 Hours (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes. Date of Feb. 10-1932
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) F. A. Dwight, M. D.
Feb. 16, 1932 (Address) Filer, Ida.

19. Place of Burial, Cremation, or Removal: Twin Falls Cemetery | Date of Burial: 2-16 1932
20. Undertaker: White Mortuary Inc | Address: Twin Falls Ida

RECEIVED MAR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78438

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 29
(No. County Gen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Florence M. Sova
(a) Residence. No. Shoshone Ida St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lester E Sova

6. DATE OF BIRTH (month, day and year): March 8 1904

7. AGE 27 Years 11 Months 16 Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Oregon

PARENTS

10. NAME OF FATHER: John Rogers
11. BIRTHPLACE OF FATHER (city or town) (State or Country): England
12. MAIDEN NAME OF MOTHER: Osten
13. BIRTHPLACE OF MOTHER (city or town) (State or County): SO Dak

14. Informant (Address): Lester E. Sova Shoshone Ida

15. Filed 2/16, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 13 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1932, to Feb 13th, 1932, that I last saw her alive on Feb 13th, 1932, and that death occurred, on the date stated above, at 8 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Puerperal Sepsis following an abortion
..... (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) —
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. E. Lamb M. D.
Feb 16th, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal: Twin Falls Ida — Date of Burial: Feb 16 1932

20. Undertaker: S. C. Phillips — Address: Twin Falls

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78439

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PHYSICIAN

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 28
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

67

2. FULL NAME Charles Oliver Jaggar

(a) Residence. No. Rogerson St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 1 - 1927

7. AGE	Years	Months	Days	If LESS than 1 day,
	4	2	12	.....hrs. or .....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Boise Idaho

PARENTS

10. NAME OF FATHER John O. Jaggar
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Vernon Kansas
12. MAIDEN NAME OF MOTHER Violet Stevens
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Glidden Iowa

14. Informant John O. Jaggar
(Address) Rogerson, Idaho

15. Filed 3/5, 1932 Elizabeth J. Smick
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 13 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 11th, 1932, to Feby 13th, 1932, that I last saw him alive on Feb 13, 1932, and that death occurred, on the date stated above, at 4:00 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Thymus (Persistent) Enlarged —
(duration) 4 yrs. 2 mos. 12 ds.
CONTRIBUTORY (Secondary) Influenza Respiration
(duration) ** yrs. ** mos. 3 ds.

18. Where was disease contracted if not at place of death? Rogerson Idaho
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? X ray chest —
(Signed) Duncan L. Alexander M. D.
Feb 15, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Boise Idaho.	Feb 16 1932
20. Undertaker	Address
White Mortuary Inc	Twin Falls, Idaho.

Transcribed from Murtaugh Archives
Issued 7/18/31

FEB 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78440

PLACE OF DEATH
County of Twin Falls
City of Murtaugh
Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 27
(No. Murtaugh .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar Oliver Olmstead

(a) Residence. No. Murtaugh Ida St. 114
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 14 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) Oct 31 - 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	3	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) ... (State or country) Ill

PARENTS

10. NAME OF FATHER Oscar Oliver Olmstead
11. BIRTHPLACE OF FATHER (city or town) ... (State or Country) NY
12. MAIDEN NAME OF MOTHER Lucy Turner
13. BIRTHPLACE OF MOTHER (city or town) — (State or County)

14. Informant Rosaltha Kedrick
(Address) Twin Falls Ida

15. Filed 2/18, 1932 Elizabeth L. Smith By acs Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 11 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 1931, to Jan ..., 1932
that I last saw h.im alive on Jan ..., 1931
and that death occurred, on the date stated above, at 12:30a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza
(duration) ... yrs. ... mos. 7 ds.
CONTRIBUTORY (Secondary) debility of 91 yrs
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical findings
(Signed) Dr John R Morgan, M. D.
Feb 11, 1932 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal: Conway Springs Kan. — Date of Burial: 19
20. Undertaker: L. C. Phillips — Address: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78441

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 26
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Christian H. Reinbold
(a) Residence. No. 538 - 4th Street W. St. 1019
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Sara Reinbold

6. DATE OF BIRTH (month, day and year) Oct 3 - 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	4	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) South Dakota

PARENTS
10. NAME OF FATHER Henry Reinbold
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill.
12. MAIDEN NAME OF MOTHER Caroline Rapp
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ill.

14. Informant (Address) Mrs. Sara Reinbold 538 - 4th St. W.

15. Filed 2/15, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
Jan 24, 1932, to Feb. 11, 1932
that I last saw h~~im~~. alive on Feb 11, 1932
and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (Secondary) Operation for gastric ulcer
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? yes Date of Feb 4-1932
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) Chas. R. Scott, M. D.
Feb 13, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal: Twin Falls Cemetery — Date of Burial: 2-15 1932
20. Undertaker: Monte Mortuary Inc — Address: Twin Falls Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78442

PLACE OF DEATH
County of Twin Falls
City of Twin Falls Hospital
Registration District No.
Primary Registration District No.
Local Registrar's No. 25

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Franklin Francis Prewett

(a) Residence. No. St. Hagerman, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day, and year) Jan 19-1869
7. AGE Years 63 Months ✓ Days 23 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Ind

FATHER
13. NAME Wm Thomas Prewett
14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER
15. MAIDEN NAME Francis Elizabeth Coleman
16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMENT (Address) M. M. Prewett Hagerman Ida

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Oswego Kan Date 193

19. UNDERTAKER (Address) Evans & Johnson L. Johnson Twin Falls Ida

20. FILED 2/12, 1932 Elizabeth J. Smith Registrar. By acd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11th, 1932, to Feby 11th, 1932
I last saw him alive on Feby 11th, 1932; death is said to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach pyloric	

Other contributory causes of importance:
Myocarditis chronic (Before Nov 11.
Passive congestion lungs.

Name of operation Gastro Enterostomy Date of Feb 3rd 32
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Duncan L. Alexander, M. D.
(Address)

RECEIVED MAR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78443

PLACE OF DEATH
County of Twin Falls
City of Twin Falls.

Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 24
(No. 1019 .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Edmond D. Alger

(a) Residence. No. 344 Van Buren St.
(Usual place of abode.)
Length of residence in city or town where death occured. 2 yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ursula Alger

6. DATE OF BIRTH (month, day and year) May 4-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	9	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) St George
(State or country) Utah

PARENTS

10. NAME OF FATHER John A. Alger
11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Unknown
12. MAIDEN NAME OF MOTHER Jane A. Burnett
13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Unknown

14. Informant Mrs. Ursula Alger
(Address) 344 Van Buren St Twin Falls Ida

15. Filed 2/11, 1932 Elizabeth D. Smith Registrar.
By acs

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 9 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
1/2, 1932, to 2/9, 1932
that I last saw him alive on 2/9, 1932
and that death occurred, on the date stated above, at 10:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) C. D. Weaver M. D.
Feb 9, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal Sunset Cemetery — Date of Burial 2/12 1932
20. Undertaker White Mortuary Inc — Address Twin Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED MAR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78444

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 23
(No. House 535-2nd ave west)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo A. Boynton

(a) Residence. No. 535 - 2nd ave west St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte Boynton

6. DATE OF BIRTH (month, day and year) Dec 27 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Ill

PARENTS

10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Don't Know

14. Informant Charlotte Boynton
(Address) 535-2nd ave west

15. Filed 2/8, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 5th, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/30, 1932, to 2/5, 1932
that I last saw him alive on 2/4, 1932
and that death occurred, on the date stated above, at 8.30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Thrombo endocarditis

Several (duration) yrs. mos. ds.
CONTRIBUTORY Anaemia
(Secondary)
(duration) yrs. mos. (2) ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. A. Weaver, M. D.
2/8, 1932 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Feb 8 1932
20. Undertaker	Address
L. C. Phillips	Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78445

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 22
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Avery Parker Hulett
(a) Residence. No. ..... Kimberly Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 69 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Nina Hulett

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 69 | Months / | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS
10. NAME OF FATHER ✓
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ✓
12. MAIDEN NAME OF MOTHER ✓
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ✓

14. Informant (Address) Walter Hulett Twin Falls Ida

15. Filed 2/6, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1931, to Feb. 4, 1932, that I last saw him alive on Jan. 20, 1932 and that death occurred, on the date stated above, at 11.30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. 3 mos. ..... ds.
CONTRIBUTORY (Secondary) Cardio-vascular
disease (duration) 12 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) J M Wavis, M. D.
Feb 6, 1932 (Address) Kimberly Ida

19. Place of Burial, Cremation, or Removal: Twin Falls Cem — Date of Burial: Feb 7 1932
20. Undertaker: White Mortuary Inc — Address: Twin Falls. Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED MAR 16 1932

DO NOT WRITE IN THIS SPACE

State File No. 78446

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Twin Falls

City of Twin Falls Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 21

(No. Twin Falls R.F.D #3)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** James H. Martin

(a) Residence. No. Twin Falls R.F.D #3 St.

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 28 1854

7. AGE: 77 Years | 11 Months | 25 Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Tenn

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Alsen Martin

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County): Tenn

14. Informant (Address): Mrs James Martin Twin Falls

15. Filed 3/8, 1932 Elizabeth L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 3 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 3, 1932 that I last saw him alive on Feb 3, 1932 and that death occurred, on the date stated above, at 4.20 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Charles R. Scott M. D.

Feb 5, 1932 (Address) Twin Falls Ida.

19. Place of Burial, Cremation, or Removal: Twin Falls — Date of Burial: 2-6 1932

20. Undertaker: J. C. Phillips — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

Feb 24 - 32

RECEIVED MAR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78447

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 39
(No. Arrington Cottage)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James H. Cook 90
(a) Residence No. Twin Falls, Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 0 yrs. 6? mos. ds. How long in U. S. if of foreign birth? ? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) ?

7. AGE Years 60 ? Months Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sheep herder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Personal records

15. Filed 3/5, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ ....., 19....., to ....., 19.....
~~that~~ last saw him ~~alive on~~ dead Jan 3, 1932
and that death occurred, ~~on the date stated above, at~~ ..... m.
Jan 1-1932 about 4 A.M.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Circulatory failure due to disease of heart.
One minute (duration) ~~yrs. mos. ds.~~
CONTRIBUTORY (Secondary) Arterio-sclerosis
(duration) 10 yrs. ~~mos.~~ ds.

18. Where was disease contracted if not at place of death? Do not know.
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) F. A. Dwight M. D.
....., 19..... (Address) Coroner of Twin Falls Co.

19. Place of Burial, Cremation, or Removal | Date of Burial 1932

20. Undertaker White Mortuary Inc | Address Twin Falls Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MAR 18 1932

78448

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78448

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 25

PLACE OF DEATH

County of Canyon
City of Nampa.
(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence Pearl Hollingsworth.

(a) Residence. No. Lone Star district. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 25-89

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake

PARENTS

10. NAME OF FATHER L.S. Harris.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Alice Jensen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Mr Hollingsworth
(Address) Nampa Idaho

15. Filed 3-3, 1932 Retha Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Mar. (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb 6, 1932, to Mar 2, 1932
that I last saw h-- alive on Feb 26, 1932
and that death occurred, on the date stated above, at 5 A m.
The CAUSE OF DEATH* was as follows: Acute — Carcinoma of Pancreas.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Feb. 12 '32
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Thos. E. Mayburry M. D.
Mar 4, 1932 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial 19
Nampa Idaho	
20. Undertaker F. E. Robinson	Address Nampa Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Rec'd 3-25-32

Ltr Tech. 78449

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 78449

Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ettie May Carey.

(a) Residence. No. 1913. N. 16 Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17. 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	4	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hillsdale
(State or country) Michigan.

FATHER

13. NAME Chris Howald.

14. BIRTHPLACE (city or town) Switzerland.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMENT Fred. L. Carey.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. March. 20. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-21, 1932 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/18 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/22, 1930, to 3/18, 1932

I last saw her alive on 3/1 8, 1932: death is said to have occurred on the date stated above, at A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	4 years ago.
Myocarditis	
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78451

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 91

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank. X. Love.

(a) Residence. No. 1405. N. 17 th Street St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Stella Love.

6. DATE OF BIRTH (month, day, and year) Dec. 25. 1882.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Salesman for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Building & Loan.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER
13. NAME John Love.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Charlotte Teaufaunt.
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Mrs. Stella Love.

18. BURIAL, CREMATION, OR REMOVAL Place Portland Ore. Mar. 26. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-25, 193 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 25 193 2

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 193 2 to , 193

I ~~last saw him~~ alive on , 193 ; death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows: Carbon Monoxide Gas, Accidental. was working on Car in Closed Garage which Motor Was running

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Clyde E. Summers Coroner, M. D.
(Address) Boise Idaho.

RECEIVED APR 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78452

PLACE OF DEATH
County of Payette
City of New Plymouth

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 78452 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rev. Henry F. Knight

(a) Residence. No. ..... St. 92
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 19 1850

7. AGE Years 82 Months — Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Allen Knight
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Elizabeth Knight
16. BIRTHPLACE (city or town) (State or country) R. Island

17. INFORMENT (Address) E. B. Knight Payette

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Date Apr 10, 1932

19. UNDERTAKER (Address) J. H. Adams Payette Ida

20. FILED Apr 9, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932, to Apr. 6, 1932
I last saw him alive on Apr. 5, 1932: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Sclerosis	4/5/32

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Keller, M.D.
(Address) New Plymouth, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78453

PLACE OF DEATH

County of Boundary Registration District No. 79.
City of Eastport Primary Registration District No. 31st. Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 F

2. **FULL NAME** Samuel Holt Hodgson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 1½ yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Hodgson

6. DATE OF BIRTH (month, day and year) January 29-186[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	1		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) Immigration Service
(c) Name of employer U.S. " "

9. BIRTHPLACE (city or town) (State or country) Montgomery Alabama

PARENTS

10. NAME OF FATHER Joseph Hodgson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Richmond Virginia
12. MAIDEN NAME OF MOTHER Florence Holt
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Montgomery Alabama

14. Informant Minnie Hodgson
(Address) Eastport Idaho

15. Filed Feb. 29, 1932. [signature illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 28, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 6.30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Rupture of aneurism of descending thoracic aorta. (sudden death).

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Aortitis ? ~~Tuberculosis~~

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? autopsy
(Signed) R M Bowree Coroner M. D.
Feb 29, 1932 (Address) Bonners Ferry

19. Place of Burial, Cremation, or Removal	Date of Burial
Bonners Ferry, Ida.	Mar. 2 1932
20. Undertaker	**Address**
R. P. Coonrad	Bonners Ferry Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

78454

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78454

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 65
(No. 90)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Samuel Mahaffey

(a) Residence. No. Twin Falls R.F.D. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 4 - 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Carthage Ky

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Hazel Mahaffey
(Address) R.F.D. Twin Falls Idaho

15. Filed 3/29, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/28, 1932, to 3/28, 1932
that I last saw him alive on March 28, 1932
and that death occurred, on the date stated above, at 11:50 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardiac dilitation, acute
3 hours (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis, Chronic
Valvular insufficiency ++
Duration yrs. mos. ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? No Date of -
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Richard D. Lancaster, M. D.
March 29, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
I.O.O.F. Cemetery	3/31, 1932
20. Undertaker	Address
White Mortuary Inc	Twin Falls Idaho

acs

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

78465

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 78455

Local Registrar's No. 15

131

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Solomon Henry Hale

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Minerva Hale

6. DATE OF BIRTH (month, day, and year) May 30 I8646?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	I0	I6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Provo Utah

FATHER

13. NAME Solomon H. Hale

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Anna Clark

16. BIRTHPLACE (city or town) (State or country) Clinton Ohio

17. INFORMENT (Address) Mrs Hattie Thatcher Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Date Mar 19, 193

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED apr 4, 1932 G. N. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to 3-15, 1932
I last saw him alive on 3-15, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3-6-32

Other contributory causes of importance:
Accident 2 or 3 years ago with serious injury to L. S. Cervical region

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. P. Cutler M. D.
(Address) Preston Idaho

78456

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
78456
State File No.

PLACE OF DEATH
County of Clearwater
City of Weippe

Registration District No. 90 2187
Primary Registration District No.
Local Registrar's No. 29

(No. 589)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa A. Peirce

(a) Residence. No. Weippe St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Femal	white	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 5 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME John S. Hemwood

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Jennison

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Eric Larson Weippe

18. BURIAL, CREMATION, OR REMOVAL Place Richmond Indiana Date , 193

19. UNDERTAKER (Address) W.A. Shaw Orofino

20. FILED April 11, 193 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 9 193

22. I HEREBY CERTIFY, That I attended deceased from May, 1930, to April 9, 1932

I last saw her alive on March 26, 1932: death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia.	

Other contributory causes of importance:

Chronic Gall Bladder disease.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) A.S. Pappenhagen, M. D.

(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

78457

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78457

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 50
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patricia Mae Gordon
(a) Residence. No. Eden Ida St. 41
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Femal
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) ✓
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day, and year) Dec 10-1929
7. AGE 2 Years 3 Months 3 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eden Ida

FATHER
13. NAME Roy S. Gordon
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Violet May Dowe
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Mar 15 1932

19. UNDERTAKER S. C. Phillips (Address) Twin Falls Ida.

20. FILED 3/14, 1932 Elizabeth J. Smith Registrar. acg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 13 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1932, to March 13, 1932
I last saw her alive on March 13, 1932: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	3-11-31

Other contributory causes of importance:

Scarlet fever with	3-2-31
streptococcus empyemia	3-10-31

Name of operation Aspiration of Pleural ~~cavity~~ Date of 3-12-31
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) John L. Laughlin, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

78458

DO NOT WRITE IN THIS SPACE
State File No. 78458

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 41.

76

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME SAMUEL A. HUGHES

(a) Residence. No. ... St. Dietrich - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jessie M. Hughes

6. DATE OF BIRTH (month, day, and year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Charlie Hughes

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Lightfoot

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Shelley Idaho Date 3-25, 1932

19. UNDERTAKER E. J. Funk
(Address) Blackfoot Idaho

20. FILED Mar. 25, 1932 Mrs Helen E. Pence
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932, 193..., to Mar. 23rd, 193 2
I last saw him alive on Mar. 23rd, 193 2: death is said to have occurred on the date stated above, at 2:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	2-11-32
Other contributory causes of importance:	
Has been mentally excited since admission.	

Name of operation None Date of
What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lewis, M. D.
(Address) Blackfoot, Idaho.

78459 V

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78459

PLACE OF DEATH
County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 34
188C

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Russell Charles Mullins.

(a) Residence. No. 706. Brumback. St. Died One mile North of Boise (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 9.1916.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	8	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student in
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME William. H. Mullins.
14. BIRTHPLACE (city or town) (State or country) London England.

MOTHER

15. MAIDEN NAME Ethel Phillips.
16. BIRTHPLACE (city or town) (State or country) London England.

17. INFORMENT (Address) William. H. Mullins. 706. Brumback. St Boise. Ida.
18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. April. 18. 1932
19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.
20. FILED 4-18, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from April. 16, 1932, to Saw, 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 3 15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chest Crushed in Auto accident. Thrown from Car and Car was laying on Chest.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E. Summers Coroner Ada County
(Address) Boise Idaho.

28460

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78460

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 66
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eunice Lucy Conklin
(a) Residence. No. 756 S. Main St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	divorced

5a. If ~~married, widowed~~, or divorced
HUSBAND of (or) WIFE of Chas. R. Conklin

6. DATE OF BIRTH (month, day and year) Nov. 22-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	4	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) New York

PARENTS
10. NAME OF FATHER Elias Johnston
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Van Valkenburg
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant Mrs J. H. Thompson
(Address) 756 S. Main Twin Falls Idaho

15. Filed 4/4 19 32 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 1 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21st, 1932, to April 1st, 1932, that I last saw her alive on April 1st, 1932, and that death occurred, on the date stated above, at 7:00 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Angina Pectoris
(duration) yrs. mos. 20 ds.
CONTRIBUTORY (Secondary) Cholecystitis
(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? At Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H. E. Lamb M. D.
April, 1932 (Address) Twin Falls Idaho

19. Place of Burial, Cremation, or Removal: Twin Falls Ida — Date of Burial: April 4 – 1932
20. Undertaker: White Mortuary Inc — Address: Twin Falls Idaho

acc

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

78461

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78461

Registration District No. 4-5
Primary Registration District No.
Local Registrar's No. 5

PLACE OF DEATH
County of Kootenai
City of Spirit Lake
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas C. Hooker

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Trapp Hooker

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	24	

8. OCCUPATION OF DECEASED Prop. of summer resort
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) San Antonio (State or country) Texas

PARENTS

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (city or town) Don't know (State or Country)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (city or town) Don't know (State or Country)

14. Informant Mrs Edna Hooker
(Address) Spirit Lake Ida

15. Filed Apr 6, 1932 A. L. Spooner Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Apr 4, 1932
that I last saw h. im alive on Apr 4, 1932
and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:
Uremia, Arteries-sclerosis
Chr. myocarditis + valvular
Leakage
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
Mar 27, 1932 (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) John W. Achorn, M. D.
Apr 6, 1932 (Address) Spirit Lake Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Fairmont Cemetery, Spokane Wn	4-6 1932
20. Undertaker	Address
Cassidy Funeral Home	Rathdrum Ida

(over)

RECEIVED

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

√ 78462

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78462

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 126

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louella. B. Ward.

(a) Residence. No. Hotel Boise. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William. V. Ward.

6. DATE OF BIRTH (month, day, and year) June. 6.1877.

7. AGE Years 54 Months 10 Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Owner. Ladies ready to
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wear store.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER
13. NAME Frank Wilber.
14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER
15. MAIDEN NAME Jane Godfrey.
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) William. V. Ward. Hotel Boise, Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date April. 24. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 4-23, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 22 1932

22. I HEREBY CERTIFY, That I attended ~~deceased from~~ saw Apr 22, 1932, to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Suicide. Shot herself
With 22 Caliber revolver
in left breast

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Clyde E Summers Coroner M.D.
(Address) Boise Idaho, Ada Co

RECEIVED APR 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78463

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No.
Primary Registration District No. Local Registrar's No. 94
(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

146

2. FULL NAME Ed Moran

(a) Residence. No. Cascade, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Don't Know.

FATHER

13. NAME Don't Know.

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place County Cemetery Date 3/31/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 3-30, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/30/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 2 to 3/30, 193 2
last saw ~~him~~ alive on 3/28, 193 2; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Cerebral thrombosis	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred A Tebbutt, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78464

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 74

(No. 1518 Colorado)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-9

2. FULL NAME Mrs. Amanda Miller.

(a) Residence. No. 1518 Colorado. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Smith Miller.

6. DATE OF BIRTH (month, day, and year) Sept. 11-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Albert Porter.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Augusta ----------

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mrs. Frances Redfield. Mayfield, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3-10-32, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 3-9, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/8/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932, to March 8, 1932
I last saw h alive on March 6, 1932: death is said to have occurred on the date stated above, at 8:30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Boise, Idaho.

RECEIVED APR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78465

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 18
(No. V.A., Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

72

2. FULL NAME FORSELL, Carl

(a) Residence. No. St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of xx

6. DATE OF BIRTH (month, day, and year) May 21, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER
13. NAME xx M.W.
14. BIRTHPLACE (city or town) xx
(State or country)

MOTHER
15. MAIDEN NAME xx
16. BIRTHPLACE (city or town) xx
(State or country)

17. INFORMENT L.H. BEAMAN
(Address) V.A., Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Twin Falls, Ida. Date 3/4/32, 193

19. UNDERTAKER McBratney Funeral Home
(Address) V.A., Boise, Idaho

20. FILED 3-3, 1932 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to March 2, 1932

I last saw him alive on March 2, 1932: death is said to have occurred on the date stated above, at 7.30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes dorsalis	
Other contributory causes of importance: Inanition	

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F.C. SMITH, Regional Medical Off., M.D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78466

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 100C
Local Registrar's No. 93

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

62

2. FULL NAME Loren Hart

(a) Residence. No. Children's Home. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) May 20-1930

7. AGE: Years 1 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME Hershal James Hart.
14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER
15. MAIDEN NAME Josephine Cunningham
16. BIRTHPLACE (city or town) (State or country) Caldwell, Idaho

17. INFORMENT (Address) Mrs. Lillian Carse. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Ida. Date 3/29/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 3-28, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/27/32 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1932, to Mar 27, 1932
I last saw him alive on Mar 26, 1932; death is said to have occurred on the date stated above, at 7.30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Thymic Enlargement	Mar 26

Other contributory causes of importance:
Pulmonary Oedema & Cardiac Embarrassment

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. N. Braxton, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78467

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 55 85

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Edith Jordan.

(a) Residence. No. 2816. W. Idaho Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of J.F. Jordan.

6. DATE OF BIRTH (month, day, and year) July. 7. 1870.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Houlton. Maine.

FATHER

13. NAME Richard Stuart.

14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME Mary Helen Small.

16. BIRTHPLACE (city or town) (State or country) New Brunswick.

17. INFORMENT (Address) J.F. Jordan. 2816 Idaho Street. Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date March. 21, 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-21, 1932 W.R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/19 1932

22. I HEREBY CERTIFY, That I attended deceased from 3 15, 1932, to 3-19, 1932

I last saw he alive on 3-19, 1932; death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Diabetic Coma	
Other contributory causes of importance:	
Influenza	

Name of operation none Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Toomey, M. D.

(Address) Boise. Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78468

PLACE OF DEATH
County of Ada
City of Boise Idaho

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrie Thomas Athey

(a) Residence. No. 309 Jefferson St. St. Boise Idaho 49
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) ✓

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John A. Athey

6. DATE OF BIRTH (month, day, and year) July 9th 1852

7. AGE 78 Years Months 8 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Champoeg Oregon

FATHER
13. NAME John Thomas
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Daniels
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) J. Athey 309 Jeff. St. Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 3-20-1932 Morris Hill Cemetery

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida.

20. FILED 3-23, 193 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/19/ 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to 3/19/32, 193
I last saw her alive on 3/19/32, 193 : death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus.	12/20/31

Other contributory causes of importance:
Chronic Arthritis ?
Generalized Arteriosclerosis (?)

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) Ernest E. Lambaugh M. D.
(Address) Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78469

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 71
(No. St. Alphonsus.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Roscoe Connell

(a) Residence. No. St. Hammett Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Shot G. E. Zurcher Mt. Home Ida

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Alenas Ferry, Ida Date 3-14, 193?

19. UNDERTAKER G. E. Zurcher (Address) Mt. Home Ida

20. FILED 3-7, 193? W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 5 193 2

22. I HEREBY CERTIFY, That I attended deceased from December 1, 193 1, to March 5, 193 2
I last saw him alive on March 4, 193 2; death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Oct 1931
Other contributory causes of importance:	

Name of operation Exploration Date of Dec 21, 1931
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Harold W. Stone, M. D.
(Address) 317 Eastman Bldg. Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78470

PLACE OF DEATH
County of Ada.
City of [redacted] Rural
Registration District No. 124
Primary Registration District No. 2202
Local Registrar's No. 213
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Lizzie Randle Lumry.

(a) Residence. No. Seven mi. southwest of Nampa. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 27, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77		12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Edwardsville, Ill.

PARENTS

10. NAME OF FATHER Jno A Randle
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn.
12. MAIDEN NAME OF MOTHER Knave.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Tenn.

14. Informant Mrs Minnie Hallowell
(Address) Nampa, Ida.

15. Filed 3-11-, 1932. Mary J. Coleman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-13, 1930, to ....., 19....
that I last saw her alive on 3-1, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Cancer of the Liver.

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) J. C. Horton, M. D.
3-9, 1932 (Address) Nampa Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial 19
Kuna, Ida.	
20. Undertaker	Address
F. K. Robinson	Nampa Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78471

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1002
Local Registrar's No. 68

(No. St lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leona Caroline Lemp. 41

(a) Residence. No. 1001. N. 17 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Bernard. L. Lemp.

6. DATE OF BIRTH (month, day, and year) April. 2. 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45.	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Placerville, Idaho.

FATHER

13. NAME George Tucker.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Vianna Fletcher.

16. BIRTHPLACE (city or town) (State or country) The Dalles Oregon.

17. INFORMENT (Address) Bernard. L. Lemp. 1001. N. 17 th, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pioneer Cemetery Date March. 14. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-3, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-2 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932, to Mch. 2, 1932

I last saw h[illegible] alive on Mch 2, 1932: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	2/13/32
Ruptured appendix	

Other contributory causes of importance: Influenza. 2 wks prious.

Name of operation Abdominal Incision Date of 2/13

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Attorney, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78472

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 2
Primary Registration District No. 1004
(No. St. Luke's Hospital Boise)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 70

31

2. FULL NAME Pinta Dewitt Heithecker
(a) Residence. No. 2224 - 16 Ave. So. Nampa St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married
6. DATE OF BIRTH (month, day and year): Mar. 9 - 1890
7. AGE: 41 Years, Months: 11, Days: 23. If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Asst Postmaster
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Hay Springs, Nebr.
PARENTS
10. NAME OF FATHER: Wm. Henry Heithecker
11. BIRTHPLACE OF FATHER (city or town) (State or Country): N. Y.
12. MAIDEN NAME OF MOTHER: Mary M. Rucker
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ohio
14. Informant: Henry Heithecker
(Address) Nampa Idaho. R. 3
15. Filed 3-5, 1932 W H Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 2nd 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1932, to March 2nd, 1932
that I last saw her alive on March 2nd, 1932
and that death occurred, on the date stated above, at 12 pm m.
The CAUSE OF DEATH* was as follows: Tuberculosis Pul. Chronic,
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy
(Signed) W E Stallings M. D.
3/2/32, 19 (Address) Boise Idaho W. S. Veterans Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kohlerlawn Cem. Date of Burial: 3-5 1932
20. Undertaker: J. K. Robinson Address: Nampa Ida

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

State File No. 78473

Local Registrar's No. 37

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lysle Fleetwood Winneger

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: single (Write the word)

6. DATE OF BIRTH: Nov (Month) 20 (Day) 1906 (Year)

7. AGE: 25 Yrs. 3 Mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Marine Service
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Perrington Mich

10. NAME OF Father: Wm A. Winneger

11. BIRTHPLACE OF FATHER (State or Country): Ohio.

12. MAIDEN NAME OF MOTHER: J. Lawrence

13. BIRTHPLACE OF MOTHER (State or Country): Mich.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William A. Winneger
(Address) Kuna Ida

15. Filed 3-18-1932 John S. Meyers Local Registrar

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH: March (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1931, to March 15 1932, that I last saw him alive on March 15 1932, and that death occurred on the date stated above, at 7:55 P.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis, pulmonary Chr. act.

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. E. Shallings M. D.

3/1 1932 (Address) Boise Idaho - U.S. Veteran Hospital

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill

DATE OF BURIAL: 3-18 1932

20. UNDERTAKER: C. V. Peckham

ADDRESS: Caldwell Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 78474

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 24

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry E. Manning

31

(a) Residence. No. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 29-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte, Mont.

FATHER

13. NAME Harry Edward Manning.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Della D. Carney.

16. BIRTHPLACE (city or town) (State or country) Littleton, W. Va.

17. INFORMENT (Address) D.M. Crawforth Veterans Administration, Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Pl. Morris Hill Cem. Date 3/30/32 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 3-30, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1932, to March 28, 1932

I last saw him alive on March 28, 1932 death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic active	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Smith, Chief Med. Officer M.D.

(Address) V. A., Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78475

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11-a

2. FULL NAME Myra Melvina Lorimer.

(a) Residence. No. 2026. N. 16 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 27. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62.	10.	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gravity, Iowa.

FATHER

13. NAME Alfred. W. Wilson.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Lavanche Mead.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Floyd Lorimer. 2026. N. 16 th Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Mar. Date 1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-3, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 2. 1932.

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932, to March 2, 1932

I last saw h[illegible] alive on March 2, 1932: death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
0	
Influenza.	
Other contributory causes of importance: Multiple Sclerosis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. D. Anderson M.D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78476

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 64

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eber. S. Dyer.

(a) Residence. No. 221. N. 9 th Street. St. 1009
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1857.

7. AGE Years 75. Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Shoe Maker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and repairer.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) James O'Connor. Eagles Hall. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date Mar. 2 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 3-1, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1932, to Death, 193
I last saw him alive on 2-29, 1932; death is said to have occurred on the date stated above, at 8:05 am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-20-32

Other contributory causes of importance:
Senility

Name of operation None Date of
What test confirmed diagnosis? Physical findings No. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L F West M. D.
(Address) 415 Eastman Bldg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78477

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 87

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles A. Mairs

(a) Residence. No. 1002 N. 21st Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Minnie Mairs.

6. DATE OF BIRTH (month, day, and year) June 16-1886

7. AGE Years	Months	Days	~~If less than~~ 1 day, hrs. or min.
45	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reger, Mo.

FATHER

13. NAME P. L. Mairs

14. BIRTHPLACE (city or town) (State or country) Reger, Mo.

MOTHER

15. MAIDEN NAME Ida Wilks.

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs. Minnie Mairs. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3/24/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 3-23, 193 W. R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/22/32 193

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Death, 193

I last saw him alive on 3-21-, 1932; death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis.	3-22-23.

Other contributory causes of importance:

1. Myocarditis	8 yrs ago
2. Chr. glomerulonephritis	8 yrs

Name of operation None Date of

What test confirmed diagnosis? Phys. findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. West M. D.

(Address) Boise, Idaho.

RECEIVED APR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78478

PLACE OF DEATH
County of Ada
City of Star

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 33
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Lemuel W. Heston
(a) Residence. No. Star Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 30 - 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	10	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Pleasant Plain
(State or country) Iowa

PARENTS

10. NAME OF FATHER Phinneus Heston
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio.
12. MAIDEN NAME OF MOTHER Lidnahi Williams
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio.

14. Informant (Address) Lemuel J. Heston Star Route #1 Eagle.

15. Filed 3-18-, 1932. John L. Meyer. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 11, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from family Physician, 19.....
to dead March 11, 1932
that I last saw him alive on
and that death occurred, on the date stated above, at 8:20 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coronary embolism
1/2 hour
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H. M. Howerson, M. D.
Mar 15, 1932 (Address) Boise

19. Place of Burial, Cremation, or Removal	Date of Burial
Star	Mch 14 1932
20. Undertaker C. V. Peckham	Address Caldwell Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 11 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78479

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 b

2. FULL NAME Patrick William Kelly

(a) Residence. No. 816 Pueblo St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Eve T. Kelly

6. DATE OF BIRTH (month, day, and year): Feb. 20, 1866

7. AGE: Years 66; Months; Days 8; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Saw Mill

10. Date deceased last worked at this occupation (month and year): Dec. 1931

11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (city or town) (State or country): St. Stanisclaus Canada

FATHER

13. NAME: James Patrick Kelly

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Ellen Devine

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMENT (Address): Mrs. J. L. Wees Oreana Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Boise Date: Mar. 1, 1932 St. Johns

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED: 3-2, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Feb, 1932

I last saw him alive on Feb 27, 1932: death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	unknown

Other contributory causes of importance:

Cerebral hemorrhage	3 weeks

Name of operation: none Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. — — —

Manner of injury —

Nature of injury — —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify no

(Signed) W. R. Frazier M. D.

(Address) Eastman B. Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 78480

Local Registrar's No. 75

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Mc Birney.

(a) Residence. No. 1315. Washington Street. St.

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(Usual place of abode) (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 12. 1837.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	10	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belfast Ireland.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Mrs. P.L. Randall. 1202. Washington St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Mar 10, 1932

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 3-10, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1932, to Mar 8, 1932

I last saw him alive on Mar 8, 1932; death is said to have occurred on the date stated above, at 1130 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Chronic Myocarditis	Don't know

Other contributory causes of importance:

Cerebral embolus and Hemiplegia of right side of body.	Mar 4 1932

Name of operation None Date of

What test confirmed diagnosis? Low blood pressure Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. M. Bradshaw, M. D.

(Address)

RECEIVED APR 11 1932

DO NOT WRITE IN THIS SPACE

State File No. 78481

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 65

(No. 4 Hurtt Apt.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ernestine Weil Falk

(a) Residence. No. 4 Hurtt Apt. 2nd & Idaho St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: David Falk

6. DATE OF BIRTH (month, day, and year): March 1848

7. AGE: 83 Years, Months: 11, Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: No Vocation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Strasbourg France

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Ernestine Weil

16. BIRTHPLACE (city or town) (State or country): Strasbourg France

17. INFORMENT (Address): Henry L. Falk 109 W. Idaho St Boise.

18. BURIAL, CREMATION, OR REMOVAL Place: Boise Date: 3-1-1932

19. UNDERTAKER (Address): Schreiber & McCann Boise Ida

20. FILED 3-2, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1931, to Feb. 29, 1932

I last saw her alive on Feb. 29, 1932: death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Feb. 28 '32

Other contributory causes of importance:
Myocarditis
Arteriosclerosis
Senility

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Dedman, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

H. E. Dedman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 78482

Local Registrar's No. 79

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Spiegel

(a) Residence. No. 1411 North 12th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blaucha Spiegel

6. DATE OF BIRTH (month, day, and year) April 6-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Francisco, Calif

FATHER

13. NAME David Spiegel

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Rosa Dux

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) Joe A Stalz Boise

18. BURIAL, CREMATION, OR REMOVAL Place Pioneer Cemetery Date 3-17, 1932

19. UNDERTAKER Schreiber & McCann (Address) Boise

20. FILED 3-17, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Mar 15, 1932

I last saw him alive on 3/15, 1932 death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block.	
Other contributory causes of importance:	
Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A Peterson Jr, M. D.

(Address) Boise

Pettengill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 78483

Local Registrar's No. 23

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Henry Lestoe

(a) Residence. No. ..... St. Genesee, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME M. W.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) D. M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Kletten Date 3-27-32, 193

19. UNDERTAKER (Address) McBratney Funeral Home Boise, Idaho

20. FILED 3-28-32 193 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1931, to March 23, 1932

I last saw him alive on March 23, 1932 death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
V.H.D. Mitral Insufficiency,	
Decompensated; Myocarditis	

Other contributory causes of importance:

Hypostatic Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F.C. Smith, Chief Med. Officer M. D.

(Address) V.A., Boise, Idaho

Items 2, 6 & 7 amended 5-15-89 lh Items 14, 15, & 16 amended 5-16-89 MCM RECEIVED APR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78484

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 90
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Joseph Albert Gallaher.~~ J. Albert Gallaher

(a) Residence. No. 1911. Longmont Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19, 1860 ~~April 18, 1862.~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~69.~~ 71	11.	4 ~~5.~~	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Attorney.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria Ill.

FATHER
13. NAME Joseph. H. Gallaher.
14. BIRTHPLACE (city or town) (State or country) ~~Unknown.~~ PENNSYLVANIA

MOTHER
15. MAIDEN NAME ~~Unknown.~~ DIANA WALKER SPEERS
16. BIRTHPLACE (city or town) (State or country) ~~Unknown.~~ BELLE VERNON PENNSYLVANIA

17. INFORMENT (Address) Raymond. A. Gallaher. 1911. Longmont. Ave.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Mar. 25. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 3-28 193 W. R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-23 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 7th, 1932, to Mch 23rd, 1932
I last saw him alive on Mch 23rd, 1932: death is said to have occurred on the date stated above, at 2.15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis + arterio-sclerosis.	

Other contributory causes of importance:
Chronic Nephritis, mitral stiffial and Venous Thrombosis with gangrene
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Taylor, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

5-8-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

RECEIVED
Vital Statistics Unit MAY - 8 1989

Certificate No. 78484
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death
for Joseph Albert Gallaher (Name on Original Certificate) who died (Was Born, Died, etc.) on March 23, 1932 (Date of Event)
in Boise, Ada Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
full name of deceased	Joseph Albert Gallaher	J. Albert Gallaher
date of birth	April 18, 1862	April 19, 1860

Subscribed and sworn to before me this 8th day of May, 1989.
Notary Public Linda Hickman
Residing at Boise
My commission expires April 3, 1991
(Seal)

Diane Smith
Signature of Applicant
PO Box 196 McKinney, Tx.
Street Address, City, State
75069

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

5-16-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 78484
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for J. Albert Gallaher (Name on Original Certificate) who died (Was Born, Died, etc.) on Mar 23, 1932 (Date of Event)

in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Item #14	Unknown	Pennsylvania
Item #15	Unknown	Diana Walker Speers
Item #16	Unknown	Belle Vernon, PA

Subscribed and sworn to before me this 16th day of May, 1989.

Notary Public, Melanie C Metzger

Residing at Boise, ID

My commission expires Feb 22, 1995

(Seal)

Diana G. Smith
Signature of Applicant

P O Box 196, McKinney, Tex. 75069
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78485

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 2004
Local Registrar's No. 20

(No.) 1 blk W. of City limits near State St.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily V. Rice

(a) Residence. No. Route 1, Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Jan 19, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Decatur (State or country) Ill

FATHER

13. NAME Samuel Riseweaner

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Whiteside

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) B.D. Rice Meridian

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Ida Date 3/8, 1932

19. UNDERTAKER B.W. Robison (Address) Meridian Ida

20. FILED 3-7, 1932 W.K. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1932, to March 6, 1932

I last saw her alive on March 6, 1932; death is said to have occurred on the date stated above, at 8:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold W. Hoag, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

2-3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 21

DO NOT WRITE IN THIS SPACE

State File No. 78486

(No. 2319 Anderson)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hiram A. Brock

(a) Residence. No. 2319 Anderson St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie E. Brock

6. DATE OF BIRTH (month, day, and year) Apr. 22 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Green Co. Iowa.

FATHER

13. NAME Allen Brock

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Angeline Moreland.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mrs. H. A. Brock Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3/6/32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho

20. FILED 3-7, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/4/32 193

22. I HEREBY CERTIFY, That I attended deceased from 7-7-31, 193, to 3/4/32, 193

I last saw h— alive on 3/2/32, 193: death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	(?)
Chronic Myocarditis	(?)
Other contributory causes of importance: Coronary Thrombosis	Jan. 8, 32.

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Ernest E. Yarbrough, M. D.

(Address) 3/4/32. Boise, Ida.

RECEIVED APR 1 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78487

PLACE OF DEATH
County of Ada
City of Eagle.

Registration District No. 9+10
Primary Registration District No. 9+10
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel. E. Gates.

(a) Residence. No. Eagle. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

68 a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced, (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ada. Gates.

6. DATE OF BIRTH (month, day, and year) Jan. 31.1882.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
50	1	21.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER
13. NAME Simon. P. Gates.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Alice Phillips.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Ada. N. Gates. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Nerg Creek Cemetery. Date Mar. 30.1931.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 3/30, 1932 Orville Jordan Registrar. Eagle Ida

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 28 1932

22. I HEREBY CERTIFY, That I attended deceased from family physician, 193..., to ....., 193...
I last saw him alive on dead Mar 28, 1932: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Oct	1930
Other contributory causes of importance: coronary embolism	1 hour

Name of operation no Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. M. Holverson, M. D.
(Address) Boise Idaho

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78488

PLACE OF DEATH
County of Ada
City of Grand View

Registration District No. 74
Primary Registration District No. 2151
Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

14 a

2. FULL NAME William M. LaFond

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Augusta LaFond

6. DATE OF BIRTH (month, day, and year) Jan. 29, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc ranch

10. Date deceased last worked at this occupation (month and year) Mar. 27, 1932

11. Total time (years) spent in this occupation one

12. BIRTHPLACE (city or town) (State or country) Showna, Wis.

FATHER

13. NAME F. Peter LaFond

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Ada Landarc

16. BIRTHPLACE (city or town) (State or country) Showna, Wis.

17. INFORMENT (Address) Mrs. Augusta LaFond Grand View, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Ida Date Mar. 30, 1932

19. UNDERTAKER C. G. Zacher
(Address) Mt. Home, Idaho

20. FILED Apr. 1, 1932 W J Eckenbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ten days ago, 193...: death is said to have occurred on the date stated above, at 9:30 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Mar. 27 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) W J Eckenbeck, M. D.

(Address) Grand View, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78489

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olive. M. Mc Nab.

(a) Residence. No. 1812. N. 12 th Street. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 26. 1843.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	10	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Racine Wis.

FATHER

13. NAME James Rathman.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT Mrs. George Maynard.
(Address) 1812. N. 12 th Street. Boise. Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Date March. 20. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-21, 1932 Chas. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1932, to March 18, 1932
I last saw h.. alive on March 18, 1932: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Stroke	
with Hemaplegia	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. L. Treasure, M. D.
(Address) 415 Eastman Bldg
Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78492

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 69
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Marie T. D. Irvin 188 e
(a) Residence. No. 1017 East Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 56 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. State Law Librarian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Interior Decorator
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Col. Chas. H. Irvin
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Isabella Harracher
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) A. Schreiber Boise
18. BURIAL, CREMATION, OR REMOVAL Pioneer Cemetery
Place Boise Date 3-4, 1932
19. UNDERTAKER (Address) Schreiber & McCann Boise
20. FILED 3-5, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-2 1932
22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to Mar 2, 1932
I last saw her alive on Mar 2, 1932: death is said to have occurred on the date stated above, at 10 30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident	Mar 1.

Other contributory causes of importance: Shock from multiple fractures.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, ~~or homicide~~? Date of injury 3-3, 1932
Where did injury occur? Boise Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Auto
Nature of injury Multiple fractures
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A B Bosch, M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78493

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 9+10
Primary Registration District No. 9+10
Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME James Warren Rounds.

(a) Residence. No. Star Idaho. St. ....
(Usual place of abode)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Anna. J. Rounds. 1862

6. DATE OF BIRTH (month, day, and year) Feb. 3 [illegible] 2.

7. AGE Years	Months	Days	If less than 1 day, hrs. or min.
70	1	13.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ....
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baylis Illinois.

FATHER
13. NAME Richard Rounds.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Mary Seybold.
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Mrs. Anna. J. Rounds. Star, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery Date Mar. 18. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3/17, 193.. Registrar.

Eagle Ida

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to Dau, 193..
I last saw h alive on ....., 193..: death is said to have occurred on the date stated above, at 119 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide, Shot himself in mouth With 7 Number 38 Caliber Smith & Weston Revolver	
Other contributory causes of importance: Bed sick for 6 Mo	

Name of operation ..... Date of .....
What test confirm diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Clyde E. Summers Coroner, M. D.
(Address) Boise Idaho.

Braxton.

RECEIVED APR 2 19

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78494

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 83

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Mrs. Florence M. Brophy.

(a) Residence. No. 28th & Wilbur Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James J. Brophy.

6. DATE OF BIRTH (month, day, and year): Sept. 1-1893

7. AGE: Years 38 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or --- min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas.

FATHER
13. NAME: T. J. Flynn.
14. BIRTHPLACE (city or town) (State or country): Ohio.

MOTHER
15. MAIDEN NAME: Ada Withers.
16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMENT (Address): J. J. Brophy. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL: Twin Falls, Ida Date 3-21-32 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 3-19, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3/18/32 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1932, to Mar 18, 1932

I last saw h... alive on Mar 18, 1932: death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide due to Gun-shot wound entering chest & perforating spleen	Mar 17

Other contributory causes of importance:

Hemorrhage from spleen

Name of operation: None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/17 1932

Where did injury occur? Ada County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At home

Manner of injury Pistol shot by self

Nature of injury Perforation of spleen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. N. Braxton, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Bienes

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78495

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Dorathea Christina Ruckdaschel

(a) Residence. No. 122 West Jefferson St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE German
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John C. Ruckdaschel

6. DATE OF BIRTH (month, day, and year) August 14 1856

7. AGE Years 75 Months 7 Days 9 If LESS than 1 day, 18 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House keeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Artin Germany

FATHER
13. NAME John Jurkens
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dora [illegible]
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Howard Mitchell 410 North 2nd St.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 3-28-1932 Morris Hill Cemetery

19. UNDERTAKER (Address) Schreiber & Mt Cann Boise Ida

20. FILED 3-28, 193 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-25 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1931, to Mch 25, 1932
I last saw her alive on Mch 21, 1932: death is said to have occurred on the date stated above, at 11 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:
Colitis

Name of operation None Date of —
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edward J Bird, M. D.
(Address) 202-3 R. Noble Bldg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78496

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 81
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Gene Clark. 16

(a) Residence. No. 604 S 15th St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wright
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 7th 1932

7. AGE Years Months Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER
13. NAME R. G. Clark.
14. BIRTHPLACE (city or town) (State or country) Detroit Michigan

MOTHER
15. MAIDEN NAME Marjorie McCall.
16. BIRTHPLACE (city or town) (State or country) Weiser Idaho

17. INFORMENT (Address) R. G. Clark Boise

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem. Boise 13-32 3-18 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 3-17, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-13 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1932, to Mar 13, 1932
I last saw him alive on Mar 13, 1932: death is said to have occurred on the date stated above, at 11.30 P.m.
The principal cause of death and related causes of importance were as follows:
Child was delivered normaly (No instruments & no medication) and developed normaly found gasping in crib & died stones
Other contributory causes of importance May have been thymus cast or Cerebral Hemorrhage

Date of onset

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. St Alphonsus Hospital, Boise
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. N. Brastan, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78498

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 80
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Willis Steen
(a) Residence. No. St. Willow Creek, Ada Co
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Rui Steen
6. DATE OF BIRTH (month, day, and year) April 11-1863
7. AGE Years 69 Months 11 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME John Steen
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Je Rusha Ann Bird
16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMENT (Address) Marion P. Steen Robie Creek Boise Ida
18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cemetery Date 3-15-1932 Boise
19. UNDERTAKER (Address) Schreiber & Mr. Cann Boise Ida
20. FILED 3-17, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-12-1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931 to Mar 12, 1932
I last saw him alive on Mar 12, 1932: death is said to have occurred on the date stated above, at 9.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma of right Kidney.	Jan 1931

Other contributory causes of importance:
Recurrence in abdominal Viscera & Cranstion

Name of operation Nephrectomy Date of Jan 2 1932
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify Operation by Dr. J. S. Springer
(Signed) F. N. Braxton, M. D.
(Address) Boise Idaho

Braxton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 78499

Local Registrar's No. 76

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie. E. Bliss.

(a) Residence. No. 417. Bannock Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 2. 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	0	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arbor, Mich.

FATHER

13. NAME William Mitchell.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) B.B. Bliss. 417. Bannock Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Des Moines Iowa. Date March. 13. 1932

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 3-11, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3 - 9 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-26-27, 1932, to March 9, 1932

I last saw her alive on March 9, 1932: death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis -	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Forbush, M. D.

(Address) Boise Ida

RECEIVED APR 12 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78500

PLACE OF DEATH

County of Ada/

City of Rural

Registration District No. 174

Primary Registration District No. 2202

Local Registrar's No. 214

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

177

2. FULL NAME Thomas John Murdock.

(a) Residence. No. Kuna, Ida. #R. 2 St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 4-24-28

7. AGE Years 3 Months 10 Days 28 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED —

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Dayton, Ida.

PARENTS

10. NAME OF FATHER Glen A. Murdock.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dayton, Ida.

12. MAIDEN NAME OF MOTHER Mary E. Burrows.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Logan, Utah.

14. Informant Glen A. Murdock
(Address) Kuna Ida R#2

15. Filed Mar. 25, 1932. Mary T. Coleman. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. (Month) 22-32 (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — —, 19 , to —, 19

that I last saw him alive on 3-22-, 1932

and that death occurred, on the date stated above, at 6:50 p.m.

The CAUSE OF DEATH* was as follows:

While sitting up after eating supper — he vomited and choked by his own vomited supper — (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lived about 40 minutes

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) F. J. Coleman M. D.

3-25, 1932 (Address) Kuna Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal F. K. Logan Utah — Date of Burial Mar 27 1932

20. Undertaker F. K. Robinson — Address Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PR 12

PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78501

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

112

2. FULL NAME Amy Florence Pinder

(a) Residence. No. R.F.U. 2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lawrence Pinder

6. DATE OF BIRTH (month, day, and year)

7. AGE: 70 Years | Months: 4 | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: homekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Yorkshire Co. Eng

FATHER

13. NAME: Joseph Lee

14. BIRTHPLACE (city or town) (State or country): Yorkshire Co. Eng.

MOTHER

15. MAIDEN NAME: Eliza Standfield

16. BIRTHPLACE (city or town) (State or country): Yorkshire England

17. INFORMENT (Address): Lawrence Pinder

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address): Summers & Krebs

20. FILED 3/13, 1932 H. F. Neal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1932, to 3-12, 1932

I last saw her alive on 3-11, 1932: death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute indigestion	
following influenza	2-2-32

Other contributory causes of importance:

influenza

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No

(Signed) H. F. Neal, M. D.

(Address) Meridian Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED APR 11 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78502

PLACE OF DEATH

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 02
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100-9

2. FULL NAME Mabel Victoria Seidel

(a) Residence. No. Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 3/25/15

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Jr School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minneapolis

PARENTS

10. NAME OF FATHER H. W. Seidel
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER Mary Jewett
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iowa

14. Informant Mrs H. W. Seidel
(Address) Nampa Ida

15. Filed 3-17-1932 W. R. Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 16 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932, to March, 1932, that I last saw h. alive on March 16, 1932, and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Mastoid infection, ot
(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of March
Was there an autopsy? No
What test confirmed diagnosis? X Ray
(Signed) Harold W Stone, M. D.
3/17, 1932 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Nampa Idaho — Date of Burial: Mar 18 32
20. Undertaker: Fred L Robinson — Address: Nampa Idaho
Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78503

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 77

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1004

2. FULL NAME Charles Tolen Christison.

(a) Residence. No. 2708. Madison Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77.	7	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson County. Missouri.

FATHER

13. NAME John. J. Christison.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Margaret Russell.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Miss Mollie Christison. 2708. Madison St. Boise. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. D March. 11. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 3-11, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to Mar 9, 1932.
I last saw him alive on 7, 1932: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Spinal Sclerosis.	Don't know
Other contributory causes of importance: Bronchio pneumonia	Mar 1

Name of operation None Date of
What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Breaptano M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78504

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 8
Primary Registration District No. 2001
Local Registrar's No. 442

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Reaver.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100 a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Don't Know.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME Don't Know.
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place County Cemetery Date 3/26/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 3-26, 1932 W. P. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/24/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Mar 24, 1932
I last saw him alive on Mar 23, 1932; death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy and Nephritis.	Don't Know
Other contributory causes of importance:	
Broncho Pneumonia	Mar 19 1932

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. N. Brayton, M. D.
(Address) Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78505

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 78

(No. St. Lukes Hospt. Boise.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Thomos Langford.

(a) Residence. No. Murphy, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 5-21-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Garage mgr.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) —

PARENTS

10. NAME OF FATHER Wm. H. Langford.

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Mrs W. J. Langford
(Address) Nampa Ida

15. Filed 3-7, 1932 W H Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 3 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1932, to March 3, 1932, that I last saw him alive on March 3, 1932, and that death occurred, on the date stated above, at 5-40A m.

The CAUSE OF DEATH* was as follows:

Double Lobar pneumonia.
Extention from right lower lobe to left lower.
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchorrhoea with pulmonary hemorrhages (duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death? Murphy Idaho

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Bacteriological.

(Signed) O. P. Hamilton M. D.

3-5, 1932 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Nampa Ida	3/6/32 19

20. Undertaker	Address
F. K. Coleman	Nampa Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED APR 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78506

PLACE OF DEATH
County of Adams
City of

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

5 ✓

2. FULL NAME Mary E Carter

(a) Residence. No. St. Indian Valley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John H Carter

6. DATE OF BIRTH (month, day, and year) June 1 1853

7. AGE: 77 Years: 77 Months: 9 Days: 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) Nov 1930
11. Total time (years) spent in this occupation whole life

12. BIRTHPLACE (city or town) (State or country) Clinton Co Ky.

FATHER
13. NAME Rufus Armstrong
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Elizabeth Craft
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) D L Carter Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Date 3/27, 1932

19. UNDERTAKER (Address) J A Huddson Cambridge Idaho

20. FILED, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to March 10, 1932
I last saw h not seen since Aug 6, 1931: death is said to have occurred on the date stated above at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Osteo-arthritis.	Nov 1930

Other contributory causes of importance:
Senility

Name of operation 0 Date of
What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury, 193
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so specify
(Signed) Alan S Thurston MD, M. D.
(Address) Council

RECEIVED APR 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78507

PLACE OF DEATH
County of Adams
City of Hornet
Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Arthur Schroff

(a) Residence. No. Hornet Creek St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 72 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

76

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Schroff

6. DATE OF BIRTH (month, day, and year) April 7, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
74	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone expert

10. Date deceased last worked at this occupation (month and year) March 1932

11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (city or town) (State or country) Baden Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Louis Schroff Son.

18. BURIAL, CREMATION, OR REMOVAL Place Hornet Creek Date April 2, 1932

19. UNDERTAKER Robert Young
(Address) Dr. J. Alvin S. Thurston

20. FILED ____, 193 ____ Council, Idaho
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 31, 1932

I last saw him alive on March 31, 1932; death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructive Catarrhal Jaundice	2-15-32
(Obstructive Catarrhal Jaundice)	
Other contributory causes of importance:	
Senility	5-6 yrs.

Name of operation O Date of ____

What test confirmed diagnosis? Clin. Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? O Date of injury ____, 193..

Where did injury occur? O
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. O

Manner of injury O

Nature of injury O

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. ____

(Signed) Alvin S. Thurston, M. D.

(Address) Council, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of Council.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE
State File No. 78508

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-9

2. FULL NAME William Galbraith

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ____ ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
79	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer + Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) Dec 1931. | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) J. F. Johnson Council

18. BURIAL, CREMATION, OR REMOVAL Place Council. Date 4-4, 1932

19. UNDERTAKER Robt Young.
(Address)

20. FILED April 10, 1932 Alvin D. Thursby M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-3-1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1931, to 4-3-, 1932
I last saw him alive on 4-2, 1932; death is said to have occurred on the date stated above, at 12:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplectic Stroke	12-16-32
Other contributory causes of importance: Gangrenous infected toes.	2-1-32

Name of operation None Date of ____
What test confirmed diagnosis? Exam. Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? O Date of injury ____, 193
Where did injury occur? O
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ?
Manner of injury? ____
Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ?

(Signed) Alvin D. Thursby, M. D.
(Address) Council

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78509

PLACE OF DEATH
County of Bannock
City of Grace

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. ~~84~~ 249

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Racheal L. Whitehead

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100-a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Austin Whitehead

6. DATE OF BIRTH (month, day, and year): Oct 24 1894

7. AGE: Years 38 Months 3 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: Since married

12. BIRTHPLACE (city or town) (State or country): Cove Utah

FATHER
13. NAME: Carson Allen
14. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

MOTHER
15. MAIDEN NAME: Nellir ~~Nee~~ Lowe
16. BIRTHPLACE (city or town) (State or country): Franklin Idaho

17. INFORMENT (Address): Austin Whitehead, Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Grace Idaho Date: Feb. 9, 1932

19. UNDERTAKER (Address): M. W. Hendricks, Preston Idaho

20. FILED 3-31-, 1932 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-4-32, 193

22. I HEREBY CERTIFY, That I attended deceased from 3-1-32, 193, to 3-4-32, 193

I last saw her alive on 3-4-32, 193: death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bnoncho-pneumonia	2-28-32
Other contributory causes of importance:	
Rheumatic Valvular Heart Disease	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist & Phy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [signature], M. D.

(Address) Grace Idaho

APR 9 1932

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78510

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 271

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah Teeples 100-a

(a) Residence. No. R 2 Shelley St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Henry Teeples

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 83 Months 4 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation all her life

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Ransford Colby
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Anna Childs
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Betsy Teeples Shelley R 2

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gotham Date 3-6-, 1932

19. UNDERTAKER (Address) Arthur W Hall, Pocatello

20. FILED Mar. 5, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to 3-2, 1932
I last saw her alive on 2-1-, 1932; death is said to have occurred on the date stated above, at 6.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu	1-6-32
Conjunctivitis	1-10-
Suppuration	
Bronchopneumonia	2-28/32

Other contributory causes of importance:
Senility
Brights Disease

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Edwin Cutler, M. D.
(Address) Box 86 Shelley

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78511

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2161
Local Registrar's No. 328
(No. 354 Warren Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lylian C. Follick.

(a) Residence. No. 354 Warren Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. L. Follick.

6. DATE OF BIRTH (month, day, and year) July. 14. 1890.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) C. L. Follick. (husband) Pocatello, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Date Mar. 23. 1932.
19. UNDERTAKER A. W. Hall. (Address) Pocatello, Idaho.
20. FILED 3. 24, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 20. 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 193 2, to Mch 20, 193 2
I last saw her alive on Mch 20, 193 2; death is said to have occurred on the date stated above, at 4 20 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mitral Regurgitation	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. P. Miller, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78512

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 251
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Jane Garthwait

(a) Residence. No. Lava Hot Springs Idaho
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day and year): April 27 1854

7. AGE — Years: 77 | Months: 10 | Days: 15 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

PARENTS

10. NAME OF FATHER: James Cragun
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Ellenor Lain
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Mrs E M Gittins
(Address) 650 Maryland Butte Montana

15. Filed Mar 31, 1932 Mrs G. L. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to March 2, 1932
that I last saw her alive on March 1, 1932
and that death occurred, on the date stated above, at 4:45 A m.
The CAUSE OF DEATH* was as follows:
Chronic Cardiac Valvular Heart Disease
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Interstitial Nephritis
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) C. R. Rich M. D.
Mar 2, 1932 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78513

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 276

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christ Nygard Sorenson 90

(a) Residence. No. 317 South Hayes St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Annie Nygard Sorenson

6. DATE OF BIRTH (month, day, and year): Oct. 12, 1849

7. AGE: Years 82 | Months 5 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Copenhagen, Denmark

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (city or town) (State or country): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): B W Sutton 317 So Hayes Pocatello

18. BURIAL, CREMATION, OR REMOVAL
Place: Blackfoot Idaho Date: —, 1932

19. UNDERTAKER (Address): E T Reed Blackfoot

20. FILED Mar. 13, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1932, to 3-12, 1932
I last saw him alive on 3-12, 1932, death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	5 yrs
Auricular fibrilation	ago

Other contributory causes of importance:

Name of operation: — Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Brothers, M.D.
(Address) Pocatello Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 9 1932

DO NOT WRITE IN THIS SPACE
State File No. 78514

PLACE OF DEATH
County of Bannock Registration District No. 84
City of Lava Hot Springs Primary Registration District No. 2161
Local Registrar's No. 250
(No. 23)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Otten Cunningham
(a) Residence. No. Rupert Idaho St. 90
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None
6. DATE OF BIRTH (month, day and year): Oct 6. 1928
7. AGE — Years: 3 Months: 3 Days: 6. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None
9. BIRTHPLACE (city or town) (State or country): Buhl Idaho.

PARENTS
10. NAME OF FATHER: Emery Wiser Cunningham
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Lemata Utah
12. MAIDEN NAME OF MOTHER: Eliza May Farnsworth
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Mt. Pleasant Utah

14. Informant: E.W. Cunningham.
(Address): Rupert Idaho rot. 2.
15. Filed Mar. 31 1932 Mrs G.G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 12 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from On Jan 12, 1932, to ——, 19..
that I last saw him alive on Jan 12, 1932
and that death occurred, on the date stated above, at 4:30 P. m.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
Interstitial nephritis.
(duration) yrs. 6. mos. ds.
CONTRIBUTORY (Secondary): None Known
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? Rupert Idaho
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) C.A. Rich, M. D.
1-12-, 1932 (Address) Lava Hot Springs.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78515

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 275

(No. Yellowstone Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME T.A. Griggs

(a) Residence. No. Butte Montana St. 89
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): ?/?/1864

7. AGE: Years 68 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Doctor of Medicine,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Eye Ear Nose & Throat
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): H.L. Maury, Butte Montana

18. BURIAL, CREMATION, OR REMOVAL Place: Butte Date: 3/15, 1932

19. UNDERTAKER (Address): H.L. McHan, Pocatello

20. FILED Mar. 14, 1932 D C Ray Registrar 3/14/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 1932, to 3/14, 1932
I last saw him alive on 3/14, 1932; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Chronic Myocarditis

Name of operation: no Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C P Gwinn M.D.
(Address) Pocatello Sds

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78516

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 277

(No. St. Anthonys)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Ethel Morgan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. R. Morgan

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1889

7. AGE Years 42 Months 2 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Flanders S. D.

FATHER
13. NAME Robert Keating
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary Ella Early
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Frank Keating Pocatello, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date ....., 1932

19. UNDERTAKER (Address) Schumacher & Beasley

20. FILED 3-14, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1932, to 3/14, 1932
I last saw her alive on 3-13-32, 1932: death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Diabetes
Hypertension

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) [signature], M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78517

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 287
(No. 206 North Ninth Ave. Poca.,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Ada Phippen Brim

(a) Residence. No. 206 North Ninth Ave. St. Burly, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of George Brim

6. DATE OF BIRTH (month, day, and year) Dec. 16, 1850.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kaysville, Iowa.

FATHER

13. NAME Freeman Phippen

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Ann Dayton

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. G. P. Clark, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Burly, Idaho. Date , 1932

19. UNDERTAKER D. E. Johnson
(Address) Burly, Idaho.

20. FILED Mar. 31, 1932. D Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 31, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1932, to 3/31, 1932

I last saw her alive on 3/31, 1932; death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
and	
Apoplexy	

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. H. Call, M. D.

(Address) Pocatello, Idaho.

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78518

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 286
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie E. Schnoke. 749

(a) Residence. No. 1028. NO. Garfield Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Franklin Schnoke.

6. DATE OF BIRTH (month, day, and year) June. 23. 1881.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden, (State or country) Utah.

FATHER
13. NAME Thomas E. Adamson.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Ruth Jacobs.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Franklin Schnoke. 1028. NO. Garfield Ave.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Marion Cem. Date Mar. 31., 1932.
19. UNDERTAKER A. W. Hall. (Address) Pocatello, Idaho.
20. FILED 3-31, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March. 29. 1932.
22. I HEREBY CERTIFY, That I attended deceased from 3-15-, 1932, to 3-29, 1932
I last saw her alive on ..., 193..: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-28-32
Other contributory causes of importance:	
Pneumonia	3-30-32

Name of operation — Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) W. W. Brotherton, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 9 1932

PLACE OF DEATH

County of Bannock

City of Robin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78519

Registration District No. 83

Primary Registration District No. 2160

Local Registrar's No. 4

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Virginia E. Armstrong

(a) Residence. No. Robin, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wife of David Armstrong

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1872.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
60	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas L. Powers

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie M. Nuckols

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) David Armstrong Robin, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Robin, Idaho. Date Mar. 13, 1932

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED April 4, 1932 Mary C. Coffin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 9, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1932, to Mar. 9, 1932

I last saw her alive on Mar. 8, 1932: death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Acute Erysipelas of face

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Hartvigsen, M. D.

(Address) Downey, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78520

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 274
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

24

2. FULL NAME Daryl Hull Thacker

(a) Residence. No. Robin, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 31, 1931.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Robin, Idaho.

FATHER
13. NAME A. V. Thacker
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Verda Hull
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs. A. V. Thacker Robin, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Robin, Idaho. Date Mar. 9, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 10, 1932. D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932, to March 6, 1932.
I last saw him alive on March 6, 1932.: death is said to have occurred on the date stated above, at 7:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis Streptococcus (Non-contagious)	Feb 26

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193..
Where did injury occur? No.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) D. C. McDougall., M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78521

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2161 Local Registrar's No. 285
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jake Beryl Hess

(a) Residence. No. 262 Park Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1889

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 20, 1925.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baker, Oregon

FATHER
13. NAME Earl Hess
14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER
15. MAIDEN NAME Birdie Wynn
16. BIRTHPLACE (city or town) (State or country) Oaklahoma

17. INFORMENT (Address) Earl Hess Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Idaho. Date Mar. 29, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 29, 1932. D C Ruy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 27, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
crushed Chest	
Tumor by surgeon	
(Accidental)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Arthur W. Hall Coroner, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78523

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 248

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joan C. Wilson

(a) Residence. No. Grace Ida St. 161-9
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

4. COLOR OR RACE Wh

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-7-32

7. AGE Years Months Days 1 If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grace, Ida
(State or country)

FATHER

13. NAME Ernest Harold Wilson

14. BIRTHPLACE (city or town) Gillette Wyo
(State or country)

MOTHER

15. MAIDEN NAME Bernice Lenora Young

16. BIRTHPLACE (city or town) Three Forks Mont.
(State or country)

17. INFORMENT Ernest H. Wilson, Grace, Ida
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida Date ....., 193

19. UNDERTAKER Arthur Hall Pocatello
(Address)

20. FILED Mar. 31, 1932 Mrs G. G. Fitz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-8-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-7-32, 193, to 3-8-32, 193

I last saw her alive on 2-7-32, 193: death is said to have occurred on the date stated above, at 9 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist & Phy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) B. K. Earning, M. D.

(Address) Grace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78524

Registration District No. 2

Primary Registration District No. 2161 Local Registrar's No. 282

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161-9

2. FULL NAME Infant Beasley

(a) Residence. No. 1358 E. Lander St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 23, '32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME W. H. Beasley

14. BIRTHPLACE (city or town) Prairie Grove
(State or country) Arkansas

MOTHER

15. MAIDEN NAME Ruth Kirkendall

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMENT W. H. Beasley
(Address) Pocatello

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Cem. Date Mar. 24, 1932

19. UNDERTAKER Schumacher & Beasley
(Address) Pocatello, Idaho

20. FILED 3-28, 1932 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1932, to 3-24, 1932

I last saw he alive on 3-24, 1932: death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance: Abruptio Placenta	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otis Rounds, M. D.

(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78525

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 280

(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Oelwein 1619

(a) Residence. No. 622 So. 8th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mar 24, 32

7. AGE Years — Months — Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Walter Oelwein

14. BIRTHPLACE (city or town) (State or country) Toledo Ohio

MOTHER

15. MAIDEN NAME Alva Homberg

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMENT (Address) Walter Oelwein

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Mar 26, 1932

19. UNDERTAKER (Address) McHan Mortgage Pocatello Ida

20. FILED Mar 26 1932 D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 26 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932, to March 26, 1932

I last saw him alive on March 25, 1932; death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Child	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Roof, M. D.

(Address) Pocatello Idaho

RECEIVED APR 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78526

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 284

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phebe Woolf England 151

(a) Residence. No. Logan Utah St. Logan, Utah.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Charles England

6. DATE OF BIRTH (month, day, and year): Oct 22 1865

7. AGE: Years 66 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hyde Park Utah

FATHER
13. NAME: Absalom Woolf
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Lucy Ann Hambleton
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMENT (Address): Chas England Logan Utah

18. BURIAL, CREMATION, OR REMOVAL Place: Logan, Utah. Date: Mar. 30, 1932.

19. UNDERTAKER (Address): Arthur W, Hall Pocatello. Idaho

20. FILED: 3-27, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1932, to 3/26, 1932

I last saw her alive on 3/26, 1932: death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia - Gangrene of leg	

Other contributory causes of importance:

Myocarditis

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [signature], M. D.

(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78527

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 272

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Ellen Evans

(a) Residence. No. 705 South Arthur St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of L. W. Evans

6. DATE OF BIRTH (month, day, and year) Feb 7 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	oo	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Samaria Idaho

FATHER

13. NAME David R. Jenkins

14. BIRTHPLACE (city or town) (State or country) Samaria Idaho

MOTHER

15. MAIDEN NAME Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country) Samaria Idaho

17. INFORMENT (Address) L. W. Evans Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Samaria Idaho Date Mar 6, 1932

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho.

20. FILED 3-7, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 5 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Mch 5, 1932
I last saw her alive on 3-3, 1932, death is said to have occurred on the date stated above, at 9½ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal disease	2 years
premature labor	1 week
Dead foetus.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. C. Ray, M. D.
(Address) Pocatello Idaho

RECEIVED APR 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78528

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 2161 Local Registrar's No. 283

(No. General Hospital 128)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Estelle Shoemaker

(a) Residence. No. ..... St. Fort Hall, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8, 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aloha, Oregon

FATHER
13. NAME Wm R. Shoemaker
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Edith Gordon Perry
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Wm R. Shoemaker, Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Cem. Date Mar. 27, 1932

19. UNDERTAKER Schumacher & Beasley (Address) Pocatello Idaho

20. FILED 3-28, 1932 D. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1932, to 3/24, 1932
I last saw h[illegible] alive on 3/24, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. B. Johnson, M. D.
(Address) Pocatello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78529

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2161
Local Registrar's No. 289

(No. General Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

176

2. FULL NAME Clifford David Pugmire.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Vera E. Kunz.

6. DATE OF BIRTH (month, day, and year) Jan. 16. 1907.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tie Plant. O.S.L.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Charles, Idaho

FATHER

13. NAME David Pugmire.

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Mina Estherholt.

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) M. Madson. 815. No. Harrison

18. BURIAL, CREMATION, OR REMOVAL
Place St. Charles, Ida. Date ....., 1932

19. UNDERTAKER A. W. Hall
(Address) Pocatello, Idaho.

20. FILED 3-25, 1932 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 24. 1932.

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1932, to 3-24, 1932.
I last saw him alive on 3-24, 1932; death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Other contributory causes of importance: Acute appendicitis	

Name of operation Appendectomy Date of 3/17/32
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1932
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78530

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 279

(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Jacob Norby

(a) Residence. No. 810 S. Eighth St. South Eight
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1016

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Olive Norby

6. DATE OF BIRTH (month, day, and year) 5/26/1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Operator service Station

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gasoline & Oil

10. Date deceased last worked at this occupation (month and year) Mar. 32.

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Emerson Nebraska

FATHER

13. NAME Gabriel Norby

14. BIRTHPLACE (city or town) (State or country) Gotland Sweden

MOTHER

15. MAIDEN NAME Mary Jacobson

16. BIRTHPLACE (city or town) (State or country) Gotland Sweden

17. INFORMENT (Address) Olive Norby 610 S. Eighth

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Pocatello Date 3/24, 1932

19. UNDERTAKER McHan undert'y Co.
(Address) Pocatello

20. FILED Mar 24 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-21 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1932, to 3-21, 1932
I last saw h~~e~~ alive on 3-21, 1932; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Type IV	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible] M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78531

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 2161 Local Registrar's No. 281
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer H. Woodworth also known as Roy E. Johnson 101-a

(a) Residence. No. 521 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alta Woodworth

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. shops
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs E. H. Woodworth Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Long Beach, Calif. Date Mar., 1932

19. UNDERTAKER (Address) Schumacher & Beasley Pocatello, Idaho

20. FILED 3-24, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1932, to Mar 22, 1932
I last saw him alive on March 22, 1932; death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 18 32

Other contributory causes of importance:

None.	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —
(Signed) Richard P. Howard, M.D.
(Address) Carlson Bldg. Pocatello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78532

PLACE OF DEATH
County of Bear Lake
City of Bloomington
Registration District No. 53
Primary Registration District No.
Local Registrar's No. [illegible]

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Maria Hulme

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Hulme

6. DATE OF BIRTH (month, day, and year) April 21-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Briscoe

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) John P. Hulme Bloomington Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Bloomington Date Mar. 8, 1932

19. UNDERTAKER (Address)

20. FILED Mar 30, 1932 Mrs. Beulah Hess, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1932, to Mar 5, 1932
I last saw her alive on Mar 4, 1932: death is said to have occurred on the date stated above, at 330 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	
Other contributory causes of importance: Hypertrophic Cirrhosis Liver	

Name of operation None Date of
What test confirmed diagnosis? Clinical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C O Greene, M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 0 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78533

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.
Local Registrar's No. Six

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Afton Erickson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 26 - 1926

7. AGE: Years 6 | Months 6 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garden City, Utah

FATHER
13. NAME ~~Afton~~ Erickson, E. C.
14. BIRTHPLACE (city or town) (State or country) Ephriam, Utah

MOTHER
15. MAIDEN NAME Martha Hilda Farner
16. BIRTHPLACE (city or town) (State or country) Garden City, Utah

17. INFORMENT (Address) Edward Erickson Garden City Utah

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Garden City Utah Date Apr. 2, 1932

19. UNDERTAKER (Address)

20. FILED Apr 2, 1932 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1932, to Mar 30, 1932

I last saw her alive on Mar 30, 1932: death is said to have occurred on the date stated above, at 8.35 a.m.

The principal cause of death and related causes of importance were as follows: Purulent infection, rt + left thighs, inner + outer aspects, middle, staphlococcic, following Influenza

Date of onset

Other contributory causes of importance: Influenza

Name of operation Clinical findings Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) C O Moore, M. D.

(Address) Paris Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78534

PLACE OF DEATH
County of Bear Lake
City of Bloomington
Registration District No. 53
Primary Registration District No.
Local Registrar's No. Five
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11-9

2. FULL NAME Joseph Guy Thornick
(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: No
6. DATE OF BIRTH (month, day and year)
7. AGE: 14 yrs. Years: 1917 Months: 10 Days: 6 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm helper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

PARENTS
10. NAME OF FATHER: George Thomas Thornock
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Bloomington Idaho
12. MAIDEN NAME OF MOTHER: Mary Elizabeth Painter
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Southampton England

14. Informant
(Address)
15. Filed Mar. 30, 1932. Mrs. Beulah Hess, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 10 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct, 1931 to 3-10, 1932
that I last saw him alive on 3-9, 1932
and that death occurred, on the date stated above, at 7 a.m.
The CAUSE OF DEATH* was as follows:
Influenza
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary): Heart Valvular
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? Bloomington
Did an operation precede death? Date of
Was there an autopsy? N
What test confirmed diagnosis?
(Signed) [signature], M. D.
3-11, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Bloomington
Date of Burial: 3-12 1932
20. Undertaker: T. M. Williams
Address: Montpelier, Idaho

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78535

1 PLACE OF DEATH
County Bennock State Idaho Registered No.
Township or Village Dr Smet or
City No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patricia Joanna (Unnamed) Swan

161-9

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mch 17-32

7 AGE Years Months Days If LESS than 1 day, ~~12 hrs.~~ or ---- min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Dr Smet Ides.
(State or country)

PARENTS
10 NAME OF FATHER Archie Swan
11 BIRTHPLACE OF FATHER (city or town) Dr Smet Idaho
(State or country)
12 MAIDEN NAME OF MOTHER Mary Paul 3/15 193
13 BIRTHPLACE OF MOTHER (city or town) Colville Reser
(State or country) Wash.

14 Informant Mrs. Josephine Swan
(Address) De Smet, Idaho

15 Filed March 19, 1932 John Post
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 17 - 1932

17 I HEREBY CERTIFY, That I attended deceased from Mch 17, 1932, to Mch 17, 1932,
that I last saw her alive on Mch 17, 1932,
and that death occurred, on the date stated above, at 8 P.m.
The CAUSE OF DEATH* was as follows:
Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? Clinical
(Signed) J. A. Nelson, M. D.
(Address) Tekoa Wn

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: De Smet, Idaho
DATE OF BURIAL: Mch 19 1932

20 UNDERTAKER: J. B. Falcon Sr.
ADDRESS: De Smet, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2—200 d
V. S. No. 98

11—3184 GOVERNMENT PRINTING OFFICE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78536

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 9

2. FULL NAME Adam Lamb

90

(a) Residence. No. 3rd & Main St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE: Years about 82 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Father
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Owen Sound Canada

PARENTS
10 NAME OF FATHER: Wm Lamb
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER: Isabella Beard
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Dave Robert
(Address) St Maries

15 Filed 4-9, 1932 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 15 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1932, to March 15 1932
that I last saw him alive on March 15, 1932
and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:
Myocarditis

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) C. A. Robins, M. D.
3/25, 1932 (Address) St Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: St Maries
Date of Burial: May 18 1932

20. Undertaker: Geo E Mitchell
Address: St Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78537

PLACE OF DEATH

County of Benewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2049
(No.) 74 V
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 8

2. FULL NAME Elizabeth Ann Kinsolving

(a) Residence. No. St. St. Maries, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE white
5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day and year) May 4th 1913

7 AGE Years 18 Months 9 Days 13 If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work In School
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) St. Maries, Idaho.

PARENTS
10 NAME OF FATHER Chas. J. Kinsolving
11 BIRTHPLACE OF FATHER (city or town) (State or country) Abington, Va.
12 MAIDEN NAME OF MOTHER Julia E Eones.
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond, Va.

14 Informant Father
(Address) St. Maries, Ida.

15 Filed 4-9, 1932 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb (Month) 17th (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2/17, 1932, to 2/17, 1932, that I last saw her alive on 2/17, 1932, and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(duration) ___ yrs. ___ mos. 1/2 ds.

CONTRIBUTORY (Secondary) Bacterial endocarditis

(duration) ___ yrs. 6 mos. ___ ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) D Clanewall, M. D.
2/17, 1932 (Address) St Maries

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal St Maries Ida
Date of Burial Feb 21 1932

20. Undertaker Geo E Mitchell
Address St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

LAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED APR 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78538

PLACE OF DEATH
County of Benewah Registration District No. 92
City of St. Maries Primary Registration District No. 2049
(No. .....) Local Registrar's No. 10
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Sophia Schuessler 57
(a) Residence. No. Parkers Addition St.
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Adam Schuessler

6 DATE OF BIRTH (month, day and year) Nov 22 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Henry Bessner
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Henry Messerch
(Address) St Maries

15 Filed 4-9, 1932 Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 23 1932
(Month) (Day) (Year)

17 I HEREBY ~~CERTIFY~~, That I attended deceased from Feb. 13, 1932, to Mar 23, 1932
that I last saw ~~her~~ alive on Mar 23, 1932
and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
Acidosis and
Coma
(duration) 9 yrs. ... mos. ... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical tests
(Signed) C A Lobaugh, M. D.
3/25, 1932 (Address) St Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: St Maries Idea Date of Burial: 3-27 1932
20. Undertaker: Geo E Mitchell Address: St Maries

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. PERMANENT RECORD
WRITE PLAINLY, with pen and ink

RECEIVED Apr 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78539

Local Registrar's No. 11

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2079
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

44

2. **FULL NAME** Charles Henry Beebe

(a) Residence. No. Route 2 St Maries St.
(If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) May 9 - 1855

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	0	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Teamster
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Astoria Oregon

PARENTS

10 NAME OF FATHER Thomas D Rector
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Jane Peebly
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mo

14 Informant Delbert Rector
(Address) St Maries, Route 2

15 Filed 4-9, 1932 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 (Month) 29 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Mar. 29, 1932
that I last saw h[illegible] alive on Mar 25, 1932,
and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms

(Signed) Owen D Platt, M. D.
3/30, 1932 (Address) St Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
St Maries Ider	May 21 1932
20. Undertaker	Address
Ira M Mitchell	St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78540

PLACE OF DEATH
County of Benewah
City of DeSmet

Registration District No. 31
Primary Registration District No. ____ Local Registrar's No. 2

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Jackson Edwards

11a

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Ledia Francis Goodrich

6. DATE OF BIRTH (month, day, and year) June 30 1861

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
70	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Charlie Edwards

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Cathrine Wolford

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. S. E. Edwards Farmington Wash

18. BURIAL, CREMATION, OR REMOVAL Place Tekoa Date 3-14, 1932

19. UNDERTAKER C. L. Schulend
(Address) Tekoa Wash

20. FILED March 14, 1932 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ____ 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1932, to March 11, 1932

I last saw him alive on Feb 21, 1932. death is said to have occurred on the date stated above, at 6 — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1 mo

Other contributory causes of importance:

Endocarditis	1 yr

Name of operation — Date of —

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) J. A. Kelsaw, M. D.

(Address) Tekoa Wn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78541

Registration District No. 121
Primary Registration District No. 2191 Local Registrar's No. 42

(No. Do of city limits.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Samuel J. Knox

(a) Residence. No. South Merridian St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Allie E. Knox

6. DATE OF BIRTH (month, day, and year) Oct. 4, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waverly Mo.

FATHER

13. NAME Joseph Knox

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Emily Leisure

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Alice K. Porter, Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date , 193

19. UNDERTAKER E. T. Peck (Address) Blackfoot, Idaho

20. FILED Mar 29, 1932 Wm Rales E. Eakin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot Gun wound of Head Suicidal Instantly.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/28, 1932

Where did injury occur? Blackfoot, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At home of deceased

Manner of injury Gun Shot Wound

Nature of injury Wound under left Jaw

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. T. Pearson M.D.
Acting Coroner

(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO 9 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78542

PLACE OF DEATH
County of Bingham
City of Firth

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Ole Anderson

(a) Residence. No. Firth - Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Anderson

6. DATE OF BIRTH (month, day, and year) 13 [illegible] 63

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	69	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Boxas
(State or country) Mora Co. Sweden

FATHER

13. NAME Olof Anders

14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Karin

16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMENT (Address) Gordon Anderson Firth Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Riverview Cem. Date ....., 1932

19. UNDERTAKER McGarr
(Address) Idaho Falls, Idaho

20. FILED March 31, 1932 Mrs Helen E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932, to March 31, 1932

I last saw ~~him~~ alive on March 31, 1932: death is said to have occurred on the date stated above, at 4.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Chronic nephritis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) F. W. Mitchell, M. D.
(Address) Blackfoot Idaho

RECEIVED APR 9 1932

Current Complete Jan. 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78544

PLACE OF DEATH
County of Ft. Hall Reservation
City of Idaho
Registration District No. 12 I
Primary Registration District No. 2194-R.
Local Registrar's No. 28

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Bannock

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Bannock 4/4	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ida Bannock

6. DATE OF BIRTH (month, day, and year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	--	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reserva.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) -----

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) - - - - -

17. INFORMENT (Address) Ida Bannock. Ft. Hall Reservation

18. BURIAL, CREMATION, OR REMOVAL Place Presbyterian Mission I/4 Date ....., 1932

19. UNDERTAKER Brown & Eldredge
(Address) Blackfoot, Idaho

20. FILED Mar. 25, 1932 Mrs Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/1 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Sprain & Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury I/15 1932

Where did injury occur? At home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Fell off horse, sprained back

Manner of injury 2

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) N B Jensen R.N., M.D.

(Address) Ft. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78545

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 180

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lynn Luane Fullmer

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct 19, 1931
7. AGE: Years — Months: 5 — Days: 17 — If LESS than 1 day, ... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

FATHER
13. NAME: Parley E. Fullmer
14. BIRTHPLACE (city or town) (State or country): Springville Utah

MOTHER
15. MAIDEN NAME: Helen Ruth Shaffer
16. BIRTHPLACE (city or town) (State or country): Drum North Dakota

17. INFORMENT (Address): P. E. Fullmer
18. BURIAL, CREMATION, OR REMOVAL — Place: Rockland — Date: Mar 2 193 2
19. UNDERTAKER (Address): Eden Fullmer
20. FILED Mar. 2, 193 2 Mrs Hattie E. Parke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3/2 193 2
22. I HEREBY CERTIFY, That I attended deceased from 3/3 193 2, to 3/3 193 2
I last saw her Dead when I arrived 193 ; death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	
Smothered bed covers	

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? — Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78546

PLACE OF DEATH
County of Bingham
City of Blackfoot. Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 35

(No.) 180
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laurence Hardy,

(a) Residence. No. Kimball St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 23, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylor, Ida.

FATHER

13. NAME Geo. A. Hardy

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Mary Mayberry

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) John Hardy Shelly, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Jamestón, Ida. Date 3-16-, 1932

19. UNDERTAKER Modern Mortuary (Address) Blackfoot, Ida.

20. FILED Mar. 15, 1932. Mrs Hales E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 10, 1932. 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental suffocation.	
Potatoe cellar caved in on	him.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193..
Where did injury occur? Near Kimball (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At the home of a friend.
Manner of injury suffocation.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ray McClellan, M.D.
(Address) County Coroner Blackfoot, Ida.

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78547

PLACE OF DEATH

County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 5

2. FULL NAME James H. Hansen

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed or Divorced (write the word) married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Liza L. Hansen

6. DATE OF BIRTH (month, day and year) Mch. 1870

7. AGE Years 62 Months 0 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hyrum Utah

PARENTS

10. NAME OF FATHER Jno. H. Hansen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Amelia Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway

14. Informant Sterling Hansen
(Address) Shelley Route # 2

15. Filed Apr. 1, 1932 Mrs. Walter E. Patrie, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mch. 19" 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1928 to Mch. 19th, 1932
that I last saw ~~him~~ alive on Mch. 18, 1932
and that death occurred, on the date stated above, at 10.40 P.M.
The CAUSE OF DEATH* was as follows:
Asthma bronchial
..... (duration) 5 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Hemorrhage of Brain (duration) ..... yrs. ..... mos. 2 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) F. E. Roberts, M. D.
Mch 21st, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Goshen, Idaho. Date of Burial Mch 23, 1932

20. Undertaker Jack A. Wood Address Idaho Falls Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78548

PLACE OF DEATH
County of Bingham
City of Shelley.
Registration District No. 121
Primary Registration District No. 0194
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Janet F Flint. 1019

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ~~Janet Flint.~~ Shelley Ida
(State or country)

FATHER

13. NAME Fred Flint.

14. BIRTHPLACE (city or town) Farmington
(State or country) Utah

MOTHER

15. MAIDEN NAME Ellen LaRue

16. BIRTHPLACE (city or town) Holdrege
(State or country) Neb

17. INFORMENT Fred Flint.
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Shelley Date ....., 193..

19. UNDERTAKER V. F. M. Hays.
(Address) Idaho Falls Ida.

20. FILED Mar 18, 1932 Wm Nalen E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch. 13, 1932, to Mch. 14, 1932

I last saw h.e. alive on Mch. 14 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Mch. 10 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) F W Corbett M. D.

(Address) Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78549

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 33
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HORACE PHILLIPS

(a) Residence. No. St. Dubois
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10-9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of ---
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this --- occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Cayler Cem Date Mar. 4, 1932

19. UNDERTAKER acting Marion Lewis
(Address) Beverford, Idaho

20. FILED Mar. 4, 1932 Wm Valentine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15th, 1932 193 , to Mar 3rd, 1932 193
I last saw him alive on Mar 3rd, 1932 : death is said to have occurred on the date stated above, at 3:40 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHIAL PNEUMONIA	3-1-32
Other contributory causes of importance:	
His age and partial paralysis.	

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury , 193
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Current Complete

Jan. 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78550

PLACE OF DEATH
County of Bingham
City of Ft. Hall Res.

Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 31

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester Nageshoah

(a) Residence. No. Ft. Hall Res. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Shoshone Ind. 4/4

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: - - - -

6. DATE OF BIRTH (month, day, and year): Aug. 10 31

7. AGE — Years | Months: 6 | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ft. Hall Res

FATHER

13. NAME: William Nagashoah

14. BIRTHPLACE (city or town) (State or country): Lemhi Res.

MOTHER

15. MAIDEN NAME: Annie Jackson

16. BIRTHPLACE (city or town) (State or country): Ft. Hall Res.

17. INFORMENT (Address): Consus Book

18. BURIAL, CREMATION, OR REMOVAL
Place Presbyterian Mis Date 2/28, 1932

19. UNDERTAKER None
(Address)

20. FILED Mar. 25, 1932 Wm. Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/25 193 2

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 3:P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) N. B. Jensen, M.D.

(Address) Ft. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78551

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 40.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Finetta E. Stevens

(a) Residence. No. P.F.D. #5 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

~~13~~ 91 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Frederick S. Stevens

6. DATE OF BIRTH (month, day, and year): June 7th 1848

7. AGE: Years 83 | Months 9 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Bath, England

FATHER
13. NAME: John Garrett
14. BIRTHPLACE (city or town) (State or country): Bristol England

MOTHER
15. MAIDEN NAME: Finetta Nancy White
16. BIRTHPLACE (city or town) (State or country): Manchester England

17. INFORMENT (Address): Richard W. Stevens, Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Grove Cal. Cem. Date: March 22 1932

19. UNDERTAKER (Address): G. F. Rink, Blackfoot Idaho

20. FILED: Mar. 21, 1932. Mrs. Walter E. Patrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to March 19, 1932
I last saw her alive on March 19, 1932: death is said to have occurred on the date stated above, at 9.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Senility	

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) F. Mitchell, M.D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Goshen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 37

DO NOT WRITE IN THIS SPACE
State File No. 78552

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unfant Le Chemisant

74 4

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unfant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goshen Idaho

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Avoca Le Chemisant

16. BIRTHPLACE (city or town) (State or country) Mass. U. S.

17. INFORMENT (Address) Miriam Young Goshen, Idaho

18. BURIAL, CREMATION, OR ~~REMOVAL~~
Place Goshen, Idaho Date Mar. 15, 1932

19. UNDERTAKER Jacob A. Tuttle
(Address) Idaho Falls, Idaho

20. FILED Mar. 18, 1932 Mo. Pearl E. Eddie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1932, to March 14, 1932

I last saw him alive on March 14, 1932; death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	3/14/32
Other contributory causes of importance:	
Instrumental delivery	3/13/32

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Guyett, M. D.

(Address) Shelley Idaho

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78553

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 221
Primary Registration District No. 1007 Local Registrar's No. 34
(No. No Number W. Francis St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Edward Good

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lena Johnson Good

6. DATE OF BIRTH (month, day, and year) Nov 20. 1859

7. AGE Years 71 Months 4 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Ottumwa
(State or country) Iowa

FATHER
13. NAME Daniel Good
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Adelia Shield
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMENT (Address) Edward Thomas Good

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Maryland Idaho Date 3-11 1932

19. UNDERTAKER (Address) E. J. Rick Blackfoot Idaho

20. FILED Mar. 10 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1932, to 3-9, 1932
I last saw him alive on 3-9, 1932: death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder & prostate	11-1-31

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? physical findings Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. O. Hampton, M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78554

PLACE OF DEATH
County of Bingham
City of Firth

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Oscar Wm Hjelm

(a) Residence. No. 3 miles in Country St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Ebba Hjelm

6. DATE OF BIRTH (month, day, and year): Sept 28-1889

7. AGE: Years 43 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Alexander Hjelm
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Albertina Bloomquist
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Mrs Ebba Hjelm

18. BURIAL, CREMATION, OR REMOVAL Place: Shelly Ida Date: 3, 1932

19. UNDERTAKER (Address): V. F. McHan, Idaho Falls, Ida.

20. FILED: Mar. 18, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 8, 1932, to Mch 14, 1932

I last saw him alive on Didn't see him, 193 : death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	8 yrs.
Died quite suddenly	
Other contributory causes of importance:	
was not seen by any Doctor	

Name of operation: No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. E. Roberts, M. D.

(Address) Shelly Ida

Current Complete Jan. 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78555

PLACE OF DEATH
County of Bingham
City of Ft. Hall Res.

Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 30

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Marvin Blackhawk

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Shoshone Ind. 4/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	- - -	- -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) - - - -

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

FATHER

13. NAME Joseph Blackhawk

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Yeehavita Blackhawk

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Consue Book

18. BURIAL, CREMATION, OR REMOVAL Place Presbyterian Mis. 2/28, 1932

19. UNDERTAKER Brown & Eldredge
(Address) Blackfoot, Idaho

20. FILED Mar. 25, 1932 Mrs Walter E. Patrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/25 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? - - - Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) N. P. Jenson R.N., M. D.

(Address) Ft. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78556

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 294
Local Registrar's No. 39

(No. STATE HOSPITAL SOUTH) 339
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WALTER E. STEDMAN

(a) Residence. No. St. Ada County 31
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs 7 mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): SINGLE

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ---

6. DATE OF BIRTH (month, day, and year): 1891

7. AGE: 41 Years | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ---
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: ---
14. BIRTHPLACE (city or town) (State or country): ---

MOTHER
15. MAIDEN NAME: ---
16. BIRTHPLACE (city or town) (State or country): ---

17. INFORMENT (Address): Records of State Hospital South Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Aby Cem Cem Date: Mar. 19, 1932

19. UNDERTAKER (Address): Marion Clark Blackfoot Idaho

20. FILED: Mar. 19, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, 193..., to Mar. 18th, 1932, 193..
I last saw him alive on Mar 18, 1932: death is said to have occurred on the date stated above, at 6:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMOMARY TUBERCULOSIS	12-4-31

Other contributory causes of importance:

DEMEMTIA PRAECOX ¾ duration since 1911.

Name of operation: None Date of: ---
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193..
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury: ---
Nature of injury: ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas R. Lowe, M.D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78558

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Fox 14d

2. FULL NAME Baby (Boss) Burrell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): X

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 27 - 1932

7. AGE Years Months Days If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hailey Ida.

FATHER
13. NAME Boss Burrell
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Minnie Allred
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) M B Burrell Hailey

18. BURIAL, CREMATION, OR REMOVAL
Place City Plot Date March 29 1932

19. UNDERTAKER (Address) L. J. Harris

20. FILED 3-31, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1932, to 3/27, 1932
I last saw him alive on 3/27, 1932: death is said to have occurred on the date stated above, at 4.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Maternal Placental Hemorrhage during labor. Child ex-sanguinated	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. W. [illegible], M. D.
(Address) Hailey, Ida.

Registration District No 76

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registered No. 28559

1. PLACE OF DEATH

County Bonner State IDAHO

Township ____ or Village ____ or

City Sandpoint No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? 50 yrs. ____ mos. ____ ds.

2. FULL NAME Richard Harding Freeman.

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

20 b A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 17, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	70		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Greenfield Nova Scotia, Canada

FATHER

13. NAME Henry G. Freeman

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Susan Burnby

16. BIRTHPLACE (city or town) (State or country) Milton Nova Scotia, Canada

17. INFORMANT (Address) M. H. Freeman Camas, Montana.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Id. Pinecrest Cemetery Date Mar. 12, 1932

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED March 12 1932 Virgil Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes.	
Probable Starvation.	

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) L. G. Moon Coroner M. D.

(Address) Sandpoint Idaho.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—909 f.
V. S. No. 98

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78560

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of Priest River
Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 3
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Jerry Vigue

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 31, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

PARENTS

10. NAME OF FATHER Maurice E. Vigue

11. BIRTHPLACE OF FATHER (city or town) Westmond
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Pearlie Cotter

13. BIRTHPLACE OF MOTHER (city or town) Sandpoint
(State or County) Idaho

14. Informant Maurice E. Vigue
(Address) Priest River, Idaho

15. Filed April 1, 1932 R. E. Wesson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 31, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Mar. 31, 1932, to Mar. 31, 1932
that I last saw him alive on Mar. 31, 1932
and that death occurred, on the date stated above, at 2:30P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature birth

.....(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

.....(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Harold C Soucy, M. D.
Mar. 31, 1932 (Address) Priest River, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
I. O. O. F. Cemetery	April 1, 1932
20. Undertaker	Address
M. E. Vigue, Father	Priest River

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

Tyler.

Registration District 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

7856118

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 118

Township ____ or Village ____ or

City Sandpoint No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 3 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lyle Rogers.

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

161-4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 11, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandpoint Idaho.

FATHER

13. NAME Felix Rogers

14. BIRTHPLACE (city or town) (State or country) Hope Idaho

MOTHER

15. MAIDEN NAME Hazel Martin.

16. BIRTHPLACE (city or town) (State or country) Anaconda, Montana.

17. INFORMANT (Address) Felix Rogers, Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Idaho Date March 15, 1932 Pinecrest Cemetery

19. UNDERTAKER (Address) L. R. Moon Sandpoint Idaho.

20. FILED March 15 1932 Josefa Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14, 1932.

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932, to March 14, 1932

I last saw him alive on March 13, 1932; death is said to have occurred on the date stated above, at 1:55 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Delivery (6 month foetus)	

Other contributory causes of importance:

Short umbilical cord, wrapped around shoulder

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

C11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

Registration District 7076

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78562-16

1. PLACE OF DEATH

County BONNER State IDAHO Registered No.

Township or Village or

City SANDPOINT No. 414 SUPERIOR St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA ELIZABETH ALLEN

(a) Residence: No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JULIUS S. ALLEN

6. DATE OF BIRTH (month, day, and year) JULY 17, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) PATERSON
(State or country) N. J.

FATHER

13. NAME AUSTIN C. TIERS

14. BIRTHPLACE (city or town) PATERSON
(State or country) N. J.

MOTHER

15. MAIDEN NAME ELLEN CARTER

16. BIRTHPLACE (city or town) NEW YORK
(State or country) NEW YORK

17. INFORMANT JULIUS S. ALLEN
(Address) 414 Superior St. Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL Lakeview Cemetery
Place Sandpoint, Idaho Date Mar. 7, 1932

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT IDAHO

20. FILED March 7, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ for Many Years, to Mar, 1932

I last saw h alive on, 19; death is said to have occurred on the date stated above, at 11:55 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. P. Stackhouse, M. D.

(Address) Sandpoint, Idaho

C11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 17

DO NOT WRITE IN THIS SPACE

State File No. 78563

(No. 323 Pine St)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas E Solberg

(a) Residence. No. 323 Pine St.

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Solberg

6. DATE OF BIRTH (month, day, and year) Oct 25 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Lumber Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 9

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Ole Solberg

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Martha Solberg

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) P.O. Solberg Seattle Wash

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date Mar 10, 1932

19. UNDERTAKER Turnbull Co (Address) Sandpoint Idaho

20. FILED March 6, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1930, to March 7, 1932

I last saw h. alive on March 5, 1932: death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1. 1931
Other contributory causes of importance: Hypertension and arterio sclerosis	Jan 1. 1929

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Idaho

RECEIVED APR 0 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78564

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 215
Local Registrar's No. 20
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matt West Lund

(a) Residence. No. 806 N Fifth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME unobtainable

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME unobtainable

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT Gus Nelson
(Address) Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Interview Date Apr 1, 1932

19. UNDERTAKER Turnbull Co
(Address) Sandpoint, Ida.

20. FILED March 31, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 22, 1932, to Mch 31, 1932.
I last saw him alive on Mch 31, 1932: death is said to have occurred on the date stated above, at 10:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 1, 1931
Other contributory causes of importance: Hepatic Cerrhosis (Chronic)	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 76
Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 78565

Local Registrar's No. 19

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Lemuel D Tracy

(a) Residence. No. 528 Pine St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Tracy

6. DATE OF BIRTH (month, day, and year) May 12 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John S Tracy

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Sarah J Turney

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMENT (Address) Josephine Tracy 528 Pine St

18. BURIAL, CREMATION, OR REMOVAL Place Missoula Mont Date Mar 29, 1932

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED March 29 1932 Ursula Allen Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 27, 1932, to March 26, 1932
I last saw him alive on March 26, 1932 death is said to have occurred on the date stated above, at 4 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum & sigmoid	1929
(inoperable)	

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Clinical & X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Wm F. Tyler, M.D.
(Address) Sandpoint Idaho

RECEIVED APR 5 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Selle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78566

Registration District No. 76
Primary Registration District No. 2155
Local Registrar's No. 15

(No. Selle Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Edith E Anderson

31

(a) Residence. No. Selle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Herman Anderson

6. DATE OF BIRTH (month, day, and year) June 22 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Matt Fricksen

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Eklund

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Herman Anderson Selle Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date 3/6/, 1932

19. UNDERTAKER Turnbull Co (Address) Sandpoint, Idaho

20. FILED March 6, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1931, to Oct. 14-, 1931
I last saw h[illegible] alive on Oct. 14-, 1931: death is said to have occurred on the date stated above, at 9:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan. 1931

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. E. Tim, M. D.
(Address) Bonners Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78569

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 14-0
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 40

2. FULL NAME Infant Rennie

(a) Residence. ~~No.~~ R.F.D. #3 St. 161-4
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Feb 10, 1932

7 AGE Years Months Days — If LESS than 1 day, 6 hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) R.F.D. #3
(State or country) Idaho Falls, Idaho

PARENTS
10 NAME OF FATHER Adam Rennie
11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland
12 MAIDEN NAME OF MOTHER Viva Rosband
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Heber, Utah

14 Informant Adam Rennie
(Address) Idaho Falls Idaho

15 Filed Mar 11, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb (Month) 10 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932, to Feb 10, 1932, that I last saw her alive on Feb 10, 1932 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:
Puncture About 6 Months Weight 2 lbs 1/2 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [signature], M. D.
Feb 11, 1932 (Address) Austin Building Idaho Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Idaho Falls Idaho
Date of Burial: Feb 11 1932

20. Undertaker: none
Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 9 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78570

PLACE OF DEATH
County of Bonneville
City Idaho Falls
Registration District No. 73
Primary Registration District No. V
Local Registrar's No. 3V
(No. I. C. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Billy Albertson
(a) Residence. No. 1 (Usual place of abode) St. Idaho Falls Rt #7 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 30, 1932
7. AGE: Years | Months: 1 | Days: 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Francis A. Albertson
14. BIRTHPLACE (city or town) (State or country): Hawkins Utah

MOTHER
15. MAIDEN NAME: Margaret E. Robinson
16. BIRTHPLACE (city or town) (State or country): Grant Idaho

17. INFORMENT (Address): Francis A. Albertson Idaho Falls Rt #7
18. BURIAL, CREMATION, OR REMOVAL Place: Grant, Idaho Date: Mar 3, 1932
19. UNDERTAKER (Address): Jack G. Neeley Idaho Falls, Idaho
20. FILED Mar 7, 1932 Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 1 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1932, to March 1, 1932
I last saw him alive on March 1, 1932 death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	3 days
Influenza	2 wks

Other contributory causes of importance:

Premature Birth 8 mo	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
3/1/32 If so, specify
(Signed) , M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78571

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No.
Primary Registration District No. Local Registrar's No. 42
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Harvey Fullenwider.
(a) Residence. No. 245 - 6th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Harriett Fullenwider
6. DATE OF BIRTH (month, day, and year): Dec 23 -
7. AGE: Years 71, Months 2, Days 15, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Essex Iowa.

FATHER
13. NAME: John H Fullenwider
14. BIRTHPLACE (city or town) (State or country): Kentucky.

MOTHER
15. MAIDEN NAME: Harriett Harper
16. BIRTHPLACE (city or town) (State or country): Indiana.

17. INFORMENT (Address): Mrs Etta Fullenwider Idaho Falls. Idaho.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Idaho Falls Date: 3/13, 1932
19. UNDERTAKER (Address): V. F. McHan. Idaho Falls. Idaho.
20. FILED: Mar 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 9 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1932, to Mar. 9, 1932
I last saw him alive on Mar. 9, 1932 death is said to have occurred on the date stated above, at 1155 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombo-angiitis obliterans lower extremities. Gangrene ing left toes and foot.	May [illegible]
Other contributory causes of importance: Chronic Myocarditis and Arteriosclerosis. Angina Pectoris.	May [illegible]

Name of operation: Le Riche's Date of Feb. 4, 1932
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John O. Mellor M. D.
(Address) Idaho Falls. Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78572

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Harriett Mary Drake

(a) Residence. No. ..... St. Rt. #1 Idaho Falls
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 9, 1932

7. AGE Years | Months 1 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho Falls Rt. #1

PARENTS

10. NAME OF FATHER Leonard Drake
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Annis, Idaho
12. MAIDEN NAME OF MOTHER Mable Barrington
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant Leonard Drake
(Address) Idaho Falls Rt. #1

15. Filed Mar 7, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1932, to March 2, 1932
that I last saw her alive on March 2, 1932
and that death occurred, on the date stated above, at 4:20 A. m.
The CAUSE OF DEATH* was as follows:
Acute Broncho-pneumonia

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Dr. G. A. Auppeale M. D.
....., 19..... (Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Iona, Ida. | Date of Burial: Mar. 5 1932

20. Undertaker: Jack A. Wood | Address: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78573

PLACE OF DEATH
County of Bonneville.
City of Poplar.

Registration District No. 73
Primary Registration District No. 2151-0
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 39

91 B

2. FULL NAME John McKinzy Reed.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Amelia J. Reed.

6. DATE OF BIRTH (month, day and year) Sept. 19, 1860

7. AGE	Years	Months	Days	If LESS than 1 day,
	71	5	18	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Scotland.

PARENTS

10. NAME OF FATHER John Reed.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.
12. MAIDEN NAME OF MOTHER Francis Farnes.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England.

14. Informant James M Reed
(Address) Rigby. Idaho. R. #3

15. Filed Mar 11, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1930, to Mar, 1932
that I last saw h~~im~~ alive on Mar 8, 1932
and that death occurred, on the date stated above, at 7:00 a. m.
The CAUSE OF DEATH* was as follows:
Arterio sclerosis.
Broncho pneumania 2 wks.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical and Laboratory
(Signed) W. R. Abbott, M. D.
, 19 (Address) Rigby Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	3/12/32 19

20. Undertaker A B Eckard
Address Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78574

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1410
Local Registrar's No. 41

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore St. John

9D

(a) Residence. No. 460 N. Water St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Flora St. John

6. DATE OF BIRTH (month, day, and year): March 7 1839

7. AGE: Years 93 | Months | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Prospector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: and Farmer (Retired)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Quebec Canada

FATHER
13. NAME: Treffle St John
14. BIRTHPLACE (city or town) (State or country): France

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): France

17. INFORMENT (Address): Fred. St John 460 N. Water Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Mar. 11, 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls.

20. FILED: Mar 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 9 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to March 8, 1932
I last saw him alive on Mar[redacted]8, 1932: death is said to have occurred on the date stated above, at 2:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 years
Mitral [redacted]tevey	
Respiratory [redacted]fluenza	Mar 3 1932

Other contributory causes of importance:

Cerebral hemorrage	Feb 1928

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. W. Call M.D., M.D.
(Address) Idaho Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ucon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78575

Registration District No. 23
Primary Registration District No. 2170
Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Mary Jensen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Levi B. Jensen

6. DATE OF BIRTH (month, day, and year) March 10, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

FATHER

13. NAME Richard Hendrickson

14. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

MOTHER

15. MAIDEN NAME Sarah Luella Sgovil

16. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

17. INFORMENT (Address) Levi B. Jensen Ucon, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Ucon Date March 14, 1932

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls.

20. FILED Mar 17, 1932 C. E. Emmanuel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 12 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on Oct. 9, 193 0 death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	

Other contributory causes of importance:

Papilloma adenoma. (This woman was Cath. first served time after above condition. This undoubtedly caused her death.)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John O. Mellor M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78576

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 [illegible]
Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME William Mowyer Grow

(a) Residence. No. 775 - 10th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Esther Grow

6. DATE OF BIRTH (month, day, and year): May 30, 1842

7. AGE: Years 89 | Months 9 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Philadelphia Penn.

FATHER
13. NAME: Henry Grow
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Mary Mowyer
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): J. N. Grow 775-10 St. Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place: Ammon Date: Mar. 15, 1932

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED: Mar 14, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 10/32
[illegible]	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 0 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78577

PLACE OF DEATH
County of Bonneville
City of Idaho Falls. Registration District No. 73
Primary Registration District No. 9170 Local Registrar's No. 36

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise Gill.

(a) Residence. No. 840 - 11th St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 79 yrs. mos. ds.

74-9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Gill.

6. DATE OF BIRTH (month, day, and year) Dec 27 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83.	2.	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

13. NAME Katherine Fielman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Angle A. Fink.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Elsie Boyd Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls. Date 3/4, 1932

19. UNDERTAKER V. F. McCarthy (Address) Idaho Falls Ida

20. FILED Mar 2, 193 C. Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 1 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 193, to Mar 1, 193
I last saw her alive on Mar 1, 193: death is said to have occurred on the date stated above, at 7.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia following Cerebral Hemorrhage 2 yrs ago.	

Other contributory causes of importance:
Myocardial degeneration senile asymptomatic

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Freeman, M. D.
(Address) Idaho Falls Ida.

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78578

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 49
(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Russel Dean Aland
(a) Residence. No. ..... St. Driggs Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Jan 30, 1932
7. AGE Years Months 1 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Driggs Idaho

FATHER
13. NAME Owen Aland
14. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

MOTHER
15. MAIDEN NAME Beatrice Turpin
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMENT (Address) Owen Aland Driggs, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Idaho Date Mar 22, 1932
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho
20. FILED 3/23, 1932 Wm Fennell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 21 1932
22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to Mar 21, 1932
I last saw him alive on Mar 21, 1932; death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Encephalitis	3/15/32

Other contributory causes of importance:

Ileo Colitis	3/5/32

Name of operation Spinal Puncture Date of 3/19
What test confirmed diagnosis? some Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78579

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Lauder Winchester 4

(a) Residence. No. 356 So Water St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: deceased.

6. DATE OF BIRTH (month, day, and year): Sept 27 1862

7. AGE: Years 69 | Months 5 | Days 22. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Housewife.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lanark. Scotland.

FATHER
13. NAME: Wm Lauder
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Jessie McKay
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Mrs Jessie Stagg Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Idaho Falls Ida Date: 3/21, 1932

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida

20. FILED: Mar 21, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 15 1932

22. I HEREBY CERTIFY, That I attended deceased from February, 1931, to March, 1932
I last saw her alive on 15 March, 1932: death is said to have occurred on the date stated above, at 6:02 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the duodenum	

Other contributory causes of importance:

Name of operation: ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
✓ If so, specify .....
(Signed) H. D. Spencer, M. D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78580

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. J-2
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reuben Lafayette Barzee 41
(a) Residence. No. Reno Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Nov. 22-1908
7. AGE Years 23 Months 4 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) March 1932
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Ucon Idaho

FATHER
13. NAME R Theodore Barzee
14. BIRTHPLACE (city or town) (State or country) Oxford Idaho

MOTHER
15. MAIDEN NAME Mary C. Waters
16. BIRTHPLACE (city or town) (State or country) Salina Utah

17. INFORMENT (Address) Mrs. R Theodore Barzee Reno Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Ida Date 3/30, 1932
19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.
20. FILED Mar 30, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 28 1932
22. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1932, to Mch 28, 1932
I last saw him alive on Mch 28, 1932 death is said to have occurred on the date stated above, at 5:32 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Mch 21-1932

Other contributory causes of importance:
Infection heel

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? Reno Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry - Shoe rubber
Manner of injury heel
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify While attending sheep
(Signed) [signature], M.D.
(Address) Idaho Falls Idaho

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78581

PLACE OF DEATH
County of Bonneville
City of Ririe

Registration District No. 73
Primary Registration District No. 2 1 V 0
Local Registrar's No. V 0

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Spencer Williams 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Williams

6. DATE OF BIRTH (month, day, and year): Aug. 17, 1879

7. AGE: Years 52 | Months 7 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Merchant Ranch
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Billiard & Confectionery Operating Ranch
10. Date deceased last worked at this occupation (month and year): Sept 14, 1931
11. Total time (years) spent in this occupation: 8 years. B.&C. 20 or more Ranching

12. BIRTHPLACE (city or town) (State or country): Malad, Ida.

FATHER
13. NAME: Mesheck Spencer Williams
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Elizabeth Lewis
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): T. E. Williams Rigby R.F.D. Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Ririe Ida. Date: Mar. 27, 1932

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED 3/25, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to Mar 22, 1932
I last saw him alive on Mar 22, 1932: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Mar 22-32
Chronic Lung abscess	June 1931

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Abbott, M. D.
(Address) Ririe Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 4 '32

DO NOT WRITE IN THIS SPACE
State File No. 78582

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 U D
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 37
24

2. FULL NAME Royal Parker Hill.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Lois Hill.

6. DATE OF BIRTH (month, day and year) Feb. 23 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER John A. Hill
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Emma S. Ashworth.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Mrs. R. P. Hill
(Address) Rigby, Idaho. R. #3

15. Filed Mar 3, 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 18 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932, to Feb 18, 1932
that I last saw him alive on Feb 18, 1932
and that death occurred, on the date stated above, at P m.
The CAUSE OF DEATH* was as follows:
Epidemic Cerebro-Spinal Meningitis
(duration) yrs. mos. 4 ds.
CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Rigby, Idaho
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Laboratory X Ray Statch
(Signed) ..... M. D.
Feb 20, 1932 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	2/19/32

20. Undertaker ..... Address Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78583

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21V-0
Local Registrar's No. 5-1
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1 a

2. FULL NAME David Pugmire
(a) Residence. No. Idaho Falls Rt. 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Pugmire
6. DATE OF BIRTH (month, day, and year) Aug. 3, 1909
7. AGE Years 22 Months 7 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem, Idaho.

FATHER
13. NAME Alfred Pugmire
14. BIRTHPLACE (city or town) (State or country) Randolph Utah.

MOTHER
15. MAIDEN NAME Minnie Lousia Ward
16. BIRTHPLACE (city or town) (State or country) Midvale Utah.

17. INFORMENT (Address) Alfred Pugmire Idaho Falls Rt. 3.
18. BURIAL, CREMATION, OR REMOVAL Place Ammon Date Mar. 29 1932
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls.
20. FILED Mar 29, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 27 1932
22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1932, to Mar 27, 1932
I last saw him alive on Mar 27, 1932: death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78584

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 3
Primary Registration District No. 2-1-2
Local Registrar's No. 46
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irene Hodgson Eddington
(a) Residence. No. Rt #7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barton Eddington

6. DATE OF BIRTH (month, day, and year) Dec. 28, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Moroni Hodgson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Clara Sokidmore

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Barton Eddington Rt. 7 Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Sugar, Ida. Date Mar. 19 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.

20. FILED 3/19, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1932 to Mar. 16, 1932
I last saw her alive on Mar. 16, 1932; death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	2 wks.
Other contributory causes of importance: Confinement	Mar. 3.
Pulmonary embolism right lung.	Mar 15

Name of operation None Date of
What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John O. Keller M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

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RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78585

PLACE OF DEATH
County of Bonneville
City of Iona

Registration District No. 73
Primary Registration District No. 21 J-D
Local Registrar's No. 23

(No.) 205-b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Shurtliff

(a) Residence. No. Iona Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of S. Shurtliff

6. DATE OF BIRTH (month, day, and year) March 14

7. AGE Years 73 Months 10 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Bend Indiana

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) A. F. Woolf Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb 16, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Feb 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Not known - no medical attendance	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls Idaho

RECEIVED MAR 16 1932

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78586

Registration District No. 73
Primary Registration District No. 2 1J-0 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME Floyd Thomas Anderson

(a) Residence. No. R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Anderson

6. DATE OF BIRTH (month, day, and year): Oct. 26, 1902

7. AGE: Years 29 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: High School
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ammon, Idaho

FATHER
13. NAME: Joseph Anderson
14. BIRTHPLACE (city or town) (State or country): Manteca Utah

MOTHER
15. MAIDEN NAME: Mae C. Christensen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Lyle Anderson R.F.D. Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place: Ammon Date: Feb. 15, 1932

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED 2/15, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows: Falling tree threw him against sharp piece of harrow ~~[illegible]~~, severing the external jugular vein. Accidental

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide: Accident Date of injury 2/12, 1932

Where did injury occur? Ammon, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. School grounds

Manner of injury: Falling tree

Nature of injury: Piece of harrow severed jugular vein

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Dr. B. Allen (Coroner) M.D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78587

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 18
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Miller
(a) Residence. No. 346 - 19th St. 1619
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Feb 8 - 1932
7. AGE Years ✓ Months ✓ Days ✓ If LESS than 1 day, 3 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Albert Miller
14. BIRTHPLACE (city or town) (State or country) Washington Co. Kansas

MOTHER
15. MAIDEN NAME Laura Kossek
16. BIRTHPLACE (city or town) (State or country) Saguache Co. Colo.

17. INFORMENT (Address) Albert Miller Idaho Falls Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Ida. Date 2/9, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho

20. FILED 2/9, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932 to Feb 8, 1932
I last saw him alive on Feb 8, 1932: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 7½ mo.	

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. P. Sodenquist, M. D.
(Address) Idaho Falls Ida.

RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78588

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 34
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lloyd Barnes
(a) Residence. No. Canal Ave. St. 161-9
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Feb 25/32
7. AGE Years: no Months: no Days: no If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Orville Barnes
14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER
15. MAIDEN NAME Lucinda Lilly Barnes
16. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

17. INFORMENT Orville Barnes
(Address) Idaho Falls Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Idaho Falls Ida Date 3/1, 1932

19. UNDERTAKER V. F. McHan
(Address) Idaho Falls Ida

20. FILED Feb 29, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932, to Feb 26, 1932
I last saw h~~e~~ive on 9 3, 193 : death is said to have occurred on the date stated above, at 930P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 7 1/2 mo.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. R. Bodenmiller M.D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAR 18 1932

DO NOT WRITE IN THIS SPACE

State File No. 78589

Registration District No. 23

Primary Registration District No. 2370

Local Registrar's No. 28

153

(No. L.D.S.Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles William Holland

(a) Residence. No. ..... St. Howe, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 30, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington Oregon

FATHER

13. NAME Charles E.Holland

14. BIRTHPLACE (city or town) (State or country) North Carline

MOTHER

15. MAIDEN NAME Eliza Coats

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs.C.W.Holland Howe, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb. 24, 1932

19. UNDERTAKER Jack A.Wood
(Address) Idaho Falls, Idaho

20. FILED 2/23, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932, to Feb 20, 1932

I last saw him alive on Feb 20, 1932: death is said to have occurred on the date stated above, at 10p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	Feb 10

Other contributory causes of importance:

Arteriosclerosis	Jan 10

Name of operation Thoracic Date of Feb 14

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78590

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 2140 Local Registrar's No. 17
(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel Margaret Rhead

(a) Residence. No. Idaho Falls Rt. 4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elno Rhead

6. DATE OF BIRTH (month, day, and year) Sept 29, 1882

7. AGE Years 39 Months 4 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plain City, Utah

FATHER
13. NAME Charles Skeen
14. BIRTHPLACE (city or town) (State or country) Plain City, Utah

MOTHER
15. MAIDEN NAME Margaret Nichol
16. BIRTHPLACE (city or town) (State or country) Portage Utah

17. INFORMENT (Address) W. E. Rhead Idaho Falls Rt #4

18. BURIAL, CREMATION, OR REMOVAL Place Plain City, Utah Date Feb 11, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Feb 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932, to Feb 9, 1932
I last saw her alive on Feb 9, 1932; death is said to have occurred on the date stated above, at 11-45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis Gangrenous	2/7/32

Other contributory causes of importance:

Acute Gangrenous Rupt Appendicitis & omentum	2/1/32

Name of operation Appendectomy Date of 2/9/32
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. West, M. D.
2/10/32 (Address) Idaho Falls

RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78591

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 37
(No. L. D. S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucinda Kelly Barnes.

(a) Residence. No. Canal Ave. St. 144
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Orville Barnes.

6. DATE OF BIRTH (month, day, and year): Aug 12 1905

7. AGE: Years 26. Months 6. Days 13. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 6 years

12. BIRTHPLACE (city or town) (State or country): Idaho Falls. Idaho

FATHER
13. NAME: Wm I Beal.
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER
15. MAIDEN NAME: Ida M Silver
16. BIRTHPLACE (city or town) (State or country): Idaho Falls. Idaho

17. INFORMENT (Address): Orville Barnes Idaho Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Ida Date: 3/1, 1932
19. UNDERTAKER (Address): V. F. McHarg Idaho Falls Ida.
20. FILED: 3-1-32, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1932, to Feb. 26, 1932
I last saw h alive on Feb 26, 1932: death is said to have occurred on the date stated above, at 9.36 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta Previa	
Hemorrhage and	
Thrombus.	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78592

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. 20

(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Vance Wilson

(a) Residence. No. R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cloy Wilson

6. DATE OF BIRTH (month, day, and year) May 28, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Plains New York

FATHER

13. NAME Andrew Wilson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Fanny Vance

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Cloy Wilson Idaho Falls R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Ammon Date Feb. 13, 1932

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls.

20. FILED Feb 15, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 6. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] (Coroner)

(Address) Idaho Falls Ida.

RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78593

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 32

119

2. FULL NAME Vivian Arnold Hutchings.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Vera Maude Hutchings.

6. DATE OF BIRTH (month, day and year) Aug. 7 1910

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	6	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Utah-Idaho Sugar Co.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Utah.

PARENTS

10. NAME OF FATHER: Edwin Millen Hutchings.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Utah.
12. MAIDEN NAME OF MOTHER: Harriet LaVern Lunt.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Utah.

14. Informant: E. M. Hutchings
(Address) Rigby, Idaho.

15. Filed Feb 29, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 21, 1932 (Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932 to Feb 21, 1932
that I last saw him alive on Feb 21, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Volvulus of small bowel 3 days following appendectomy for chronic appendicitis
(duration) ..... yrs. ..... mos. one ds.
CONTRIBUTORY (Secondary) Anomalous long mesentery (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Rigby, Idaho
Did an operation precede death? Yes Date of Feb 17, + 20, 193
Was there an autopsy? no
What test confirmed diagnosis? Operation
(Signed) H Ray Hatch M. D.
Feb 22, 1932 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 2/25/32 19

20. Undertaker: [signature] Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78595

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 N

2. FULL NAME Ella Davis. Nellie

(a) Residence. No. 370 Cliff. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ed C. Davis.

6. DATE OF BIRTH (month, day, and year): March 17-1869

7. AGE: Years 62 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): New York City N.Y.

FATHER
13. NAME: Driscoll.
14. BIRTHPLACE (city or town) (State or country): New York. N.Y.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): New York. N.Y.

17. INFORMENT (Address): E. C. Davis Idaho Falls Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Idaho Falls. Date: Feb 8, 1932

19. UNDERTAKER (Address): V. F. McHan Idaho Falls. Ida.

20. FILED Feb 5, 1932 W. Finnaird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 4, 1932

I last saw her alive on Feb. 4, 1932: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic endarteritis	?
Lower limbs	
Senile gangrene both feet	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify no

(Signed) W. Finnaird, M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAR 18 1932

DO NOT WRITE IN THIS SPACE

State File No. 78596

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2 1 1 0

Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Lind

90

(a) Residence. No. 343 - 11Th Street St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stockholm, Sweden

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Anton Pedersen 343 - 11th Street

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb. 23, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Feb 23, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 20, 1932

I last saw him alive on Feb. 19, 1932: death is said to have occurred on the date stated above, at Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis - Mitral insufficiency	?

Other contributory causes of importance:

General anasarca -	?
Fleet block	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls Idaho

RECEIVED MAR 18 1932

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78597

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James H. Oliverson 90

(a) Residence. No. Ida Falls Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Marguerite Oliverson
6. DATE OF BIRTH (month, day, and year) May 11th 1866
7. AGE Years 65 Months 9 Days 8 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Ida.

FATHER
13. NAME James Oliverson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Caroline Roberts
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. J. H. Oliverson 854 West J Street Ida Falls Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Idaho Date Feb. 23, 1932

19. UNDERTAKER (Address) Wm J Keller Rexburg Ida.

20. FILED Feb 21, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to Feb 19, 1932
I last saw him alive on Jan 10, 1932 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular endocarditis and myocarditis	0

Other contributory causes of importance:
I saw him only twice at my office
[signature]

Name of operation 0 Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) H Ray Hatch, M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78598

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 12
Primary Registration District No. 12 10-7
Local Registrar's No. 31
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary E. Thomas

(a) Residence. No. 876 Park Avenue, Idaho Falls St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 3, 1845

7. AGE	Years	Months	Days	If LESS than 1 day,
	86	10	23	....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER Hogan David
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth Hoss
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Tennesse

14. Informant E. M. Holden
(Address) Idaho Falls, Idaho

15. Filed Sept 7, 1932 C. A. Summers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932, to Feb. 26, 1932
that I last saw her alive on Feb. 15, 1932
and that death occurred, on the date stated above, at 2-30p m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Harry L. Hillson, M. D.
9/27, 1932 (Address) Idaho Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Idaho Falls, Idaho	Feb. 28 1932
20. Undertaker	**Address**
Jack A. Wood	Idaho Falls

RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78599

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 1520
Local Registrar's No. 1
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester Kent Hewey

(a) Residence. No. 475 Capitol St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christene Hewey

6. DATE OF BIRTH (month, day, and year) Jan 22, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47		15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City Ut.
(State or country)

FATHER
13. NAME Albert Hewey
14. BIRTHPLACE (city or town) Nevada
(State or country)

MOTHER
15. MAIDEN NAME Laura Hecker
16. BIRTHPLACE (city or town) Provo, Utah
(State or country)

17. INFORMENT (Address) Mrs Christene Hewey 475 Capitol Idaho Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb 9, 1932

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls

20. FILED 2/10, 1932 C. A. Greenwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2/1/32
	28 hrs
Other contributory causes of importance:	
Influenza	1/28/32

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

2/8/32 (Signed) [signature], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78600

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No.
Primary Registration District No. Local Registrar's No. 29
(No. 449 N. Skyline)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Ellen Bjorkman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25-1861

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ch. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Peter Osling
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Manuel Burkman Firth Idaho.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Firth Ida. Date 2/29, 1932
19. UNDERTAKER (Address) E. F. McHaffie Idaho Falls Idaho
20. FILED 2/29, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932, to Feb. 26, 1932
I last saw h alive on Feb 26, 1932; death is said to have occurred on the date stated above, at 9:10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endo-Carditis	10 mo Known.
Other contributory causes of importance:	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) A. P. Lockwood M.D.
(Address) Idaho Falls Idaho

RECEIVED MAR 1 [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78601

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah F. Zenner

(a) Residence. No. 426 Ridge St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74-9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 6, 1848

7. AGE Years 83 Months 6 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Port. Indiana

FATHER
13. NAME Dickson
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Francis Yard
16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMENT (Address) Mrs. G. S. Samsel 426 Ridge Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb 14, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls.

20. FILED Feb 15, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Feb 12, 1932
I last saw her alive on Feb 11, 1932: death is said to have occurred on the date stated above, at 12:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 1932

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78602

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 2 Local Registrar's No. 16
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Howard.
(a) Residence. No. Lomax Ave. St. 74 9
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Irish Indian Negro.
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Walter Howard.
6. DATE OF BIRTH (month, day, and year) Unknown
7. AGE Years 48 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Cork County Ireland.

17. INFORMENT (Address) Walter Howard. Idaho Falls Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Ida Date 2/7, 1932
19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida
20. FILED 2/7, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193
22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to Feb 4, 1932
I last saw her alive on Feb 4, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	Feb 3

Other contributory causes of importance:

Arterio Sclerosis	Do not know

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78603

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Mary Hahn

(a) Residence. No. 302 Lomax St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Hahn

6. DATE OF BIRTH (month, day, and year): July 4 - 1860

7. AGE: Years 72 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Bren
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Wendell Hahn, Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Idaho Falls. Date: 2/27 1932

19. UNDERTAKER (Address): V. F. McHan, Idaho Falls Ida

20. FILED 2/26, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1931, to Feb 23, 1932
I last saw her alive on Feb 20, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis	Dec 23-31

Other contributory causes of importance:

Carcinoma Breast	1 year

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M.D.
(Address) Idaho Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78604

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Esther E Delzer 24

(a) Residence. No. 27 South Cleveland St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6th, 1923

7. AGE: Years 8 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tabor Idaho

FATHER
13. NAME Wm Delzer
14. BIRTHPLACE (city or town) (State or country) Eureka South Dakota

MOTHER
15. MAIDEN NAME Alma E Guenther
16. BIRTHPLACE (city or town) (State or country) North Dakota

17. INFORMENT (Address) William Delzer Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Ida Date Feb, 1932

19. UNDERTAKER (Address) E J Peck Blackfoot Idaho

20. FILED Feb 20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932, to Feb 19, 1932
I last saw her alive on Feb 19, 1932: death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	4 Days ago

Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H D Spencer, M. D.
(Address) Idaho Falls Ida

RECEIVED APR 1 5 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78605

PLACE OF DEATH

County of Boundary Registration District No. 79

City of ..... Primary Registration District No. 3156 Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

187

2. **FULL NAME** Richard A Robinson

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 14-1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Reno Nevada
(State or country)

PARENTS

10. NAME OF FATHER George Elmer Robinson

11. BIRTHPLACE OF FATHER (city or town) Pittsburg Pa.
(State or Country)

12. MAIDEN NAME OF MOTHER Nettmae Faughton

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or Country) California

14. Informant George Elmer Robinson
(Address) Moscow Idaho

15. Filed apr 4, 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 29, 1937
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental death by drowning

.....(duration) .....yrs. .....mos. .....da.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....da.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) R M Powell Coroner M. D.
April 4, 1937 (Address) Moscow Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Body not Recovered	
20. Undertaker	Address

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78606

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

114

2. FULL NAME Mrs. Ida M. Gale

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 2, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	11	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10. NAME OF FATHER Harrison Bristol
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Ann Stone
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant Dewey Gale,
(Address) Bonners Ferry, Idaho.

15. Filed Feb. 20, 1932. E. E. Fry, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 19, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1932, to Feb. 19, 1932, that I last saw h.. alive on Feb. 19th, 1932, and that death occurred, on the date stated above, at 1230 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Intenal Hemorrhage.
Haematemesis.
(Rupture of oesophageal veins?)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) E. E. Fry, M. D.
Feb. 20, 1932 (Address) Bonners Ferry Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Bonners Ferry, Ida.	Feb. 22 1932
20. Undertaker	Address
H. R. Crouch,	Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 13 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 78607

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Boundary

City of Katka Station, Near Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No. 90

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** James Clancy

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	W

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 16, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72		2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mining prospector
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Hospital record.

15. Filed Mar. 17-1937. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 18, 1932. (Month) (Day) 19..... (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocardial degeneration
Arteriosclerosis - hypertension
(Found dead in bed)

..... (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Previous Examinations

(Signed) Rm Bonnell M. D.

Mar 19, 1937 (Address) Bonners Ferry Ida

19. Place of Burial, Cremation, or Removal: Bonners Ferry, Ida. Date of Burial: Mar. 22, 1932. 19

20. Undertaker: H.R.Crouch, Address: Bonners Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78608

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Emmly Elizabeth Pruitt 74-a
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 28, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Little Rock
(State or country) Ark.

PARENTS

10. NAME OF FATHER John W. Johnston
11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)
12. MAIDEN NAME OF MOTHER Nancy Sterman
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant (Address) George Pruitt Bobbers Ferry, Idaho.

15. Filed Mar. 10, 1932. E. E. Frey Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 9, 1932, 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
that I last saw h alive on Mar. 9, 1932
and that death occurred, on the date stated above, at 7 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 3 hrs.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) E. E. Frey, M. D.
Mar. 10, 1932. (Address) Bonners Ferry, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Ephrata, Wash.	19
20. Undertaker	Address
H. R. Crouch, Bonners Ferry, Ida.	

RECEIVED APR 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78609

PLACE OF DEATH

County of Boundary
City of Bonners Ferry

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-9

2. **FULL NAME** Thomas William Martin

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 6 - 32

7. AGE Years Months Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

PARENTS

10. NAME OF FATHER W. A. Martin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Minn.
12. MAIDEN NAME OF MOTHER Nora Kanisheberg
13. BIRTHPLACE OF MOTHER (city or town) (State or County) N. Dak.

14. Informant (Address) W. A. Martin Bonners Ferry Ida

15. Filed Feb. 16 - 1932. E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6th, 1932, to Feb. 16th, 1932
that I last saw him alive on Feb. 15th, 1932
and that death occurred, on the date stated above, at 6.20 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) E. E. Fry, M. D.
Feb. 16 - 1932. (Address) Bonners Ferry Ida

19. Place of Burial, Cremation, or Removal: Bonners Ferry Ida
Date of Burial: Feb. 19 1932

20. Undertaker: H. R. Crouch
Address: Bonners Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78610

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No. 70
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Billy Jean Caughey

(a) Residence. No. ..... St. Moyie Springs, Ida.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 2 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 5, 1924.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	4	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At school
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho.

PARENTS

10. NAME OF FATHER W.C.Caughey

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kansas

12. MAIDEN NAME OF MOTHER Myrtle Whalen

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kansas

14. Informant (Address) W.C.Caughey, Moyie Springs, Idaho.

15. Filed Mar. 19 - 1932. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 18, 1932.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 6. 1932 to Mar. 18, 1932
that I last saw h.. alive on Mar. 18, 1932
and that death occurred, on the date stated above, at 6 p. ... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Encephalitis.

(duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? Moyie Springs, Ida
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis? Spinal puncture.
(Signed) ..., M. D.
Mar. 19 - 1932 (Address) Bonners Ferry, Ida.

19. Place of Burial, Cremation, or Removal: Bonners Ferry, Ida. Date of Burial: Mar. 21, 1932

20. Undertaker: H.R.Crouch, Address: Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 13 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78611

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No. .....

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

70

2. **FULL NAME** Math Lovett

(a) Residence. No. ..... St. Libby, Mont.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured ..... yrs. mos. 31 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10. NAME OF FATHER John Lovett

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Mary Cotter

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penn.

14. Informant (Address) Geo. Hennessey, Libby, Mont.

15. Filed Feb. 7, 1932. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 31, 1932. (Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from Jan. 1st, 1932 to Jan. 31st, 1932

that I last saw him alive on Jan. 30th, 1932

and that death occurred, on the date stated above, at 4 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) ..... yrs. ..... mos. 45 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Troy, Mont.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) E. E. Fry, M. D.

Feb. 7, 1932 (Address) Bonners Ferry, Ida.

19. Place of Burial, Cremation, or Removal: Bonners Ferry, Idaho. Date of Burial: Feb. 8 1932

20. Undertaker: H.R. Crouch, Bonners Ferry, Ida. Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78612

PLACE OF DEATH

County of Canyon
~~City~~ of Rural

Registration District No. 7
Primary Registration District No. 2 or 6

Local Registrar's No. 30

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

168

2. FULL NAME John Buchanan Parsons

(a) Residence. ~~No.~~ 5 Miles East Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 12-22-1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	3	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) (retired)
(c) Name of employer

9. BIRTHPLACE (city or town) Rochester (State or country) Minn.

PARENTS

10. NAME OF FATHER Jonathan Parsons
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Flanagan
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant Earl Parsons
(Address) Nampa Idaho #5

15. Filed 5-27, 1932 Edith Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 23 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows: Suicide - by hanging with rope around neck.
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)
(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. V. Buckham Coroner
3-24, 1932 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlhauer Cem	3-28 1932
20. Undertaker	**Address**
F. K. Robinson	Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED · DR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78613

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2016
(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 36

2. FULL NAME Frank Allen.

(a) Residence. No. 3 Mi. west of Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 2-16-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	0	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Ill.
(State or country)

PARENTS

10. NAME OF FATHER Joseph Allen
11. BIRTHPLACE OF FATHER (city or town) N.Y.
(State or Country)
12. MAIDEN NAME OF MOTHER Mary Pitts.
13. BIRTHPLACE OF MOTHER (city or town) Vermont.
(State or Country)

14. Informant Mrs A. E. Paxton
(Address) Nampa Ida.

15. Filed 3-3, 1932 Beth Manning
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Mar (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb 21, 1932, to Mar 1, 1932,
that I last saw h~~im~~ alive on Feb 23, 1932,
and that death occurred, on the date stated above, at 9-P- m.
The CAUSE OF DEATH* was as follows:
Brights Disease,
Acute Intestinal Nephr.
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (Secondary) Old age and
a bad burn (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ~
Did an operation precede death? No Date of ~
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J H Murray, M. D.
Mar 2, 1932 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF ~~INJURY~~, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Nampa Ida.	3-3-32

20. Undertaker	Address
F. K. Coleman	Nampa Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78614

PLACE OF DEATH

County of Canyon
City of Nampa.

Registration District No. 7
Primary Registration District No. 1006
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 33

1019

2. FULL NAME James Monroe Taylor.

(a) Residence. No. 403-14th. Ave. S. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	WHite	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 12-8-1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10. NAME OF FATHER John Taylor
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill.
12. MAIDEN NAME OF MOTHER Curfnam.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant R. F. Taylor
(Address) Nampa Idaho

15. Filed 3-22, 1932 Beth Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1932, to Mar 21, 1932
that I last saw h..... alive on Mar 21, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (Secondary) Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Signs
(Signed) Samuel A. Swaggart M. D.
Mar. 26, 1932 (Address) Nampa, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa Ida	3/23/ 1932

20. Undertaker	Address
F. K. Robinson	Nampa Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78615

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 34
(No. 624 - 18th Ave So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Jefferson Leeson
(a) Residence. No. 624 - 18th Ave. So. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

88b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Leeson

6. DATE OF BIRTH (month, day and year): April 19th 1840

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
91	10	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: retired.

9. BIRTHPLACE (city or town) (State or country): unknown

PARENTS

10. NAME OF FATHER: John Leeson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): unknown
12. MAIDEN NAME OF MOTHER: Mary Corbett
13. BIRTHPLACE OF MOTHER (city or town) (State or County): unknown

14. Informant (Address): Mrs. Cora Graso Nampa, Idaho

15. Filed 3-14, 1932 S. E. Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 12 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-10, 1932, to 3-12, 1932
that I last saw him alive on 3-11, 1932
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed ~~diagnosis~~? ✓
(Signed) L. C. Horton, M. D.
3-14, 1932 (Address) Nampa

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa
Date of Burial: 3-14 1932

20. Undertaker: Wm. D. Talley
Address: Nampa, Ida

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78616

Local Registrar's No. 35

89

PLACE OF DEATH

County of Canyon.

City of Nampa.

Registration District No. 7

Primary Registration District No. 1006

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hans Peter Marsing.

(a) Residence. No. 720-3rd. St. S. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	1	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Utah.
(State or country)

PARENTS

10. NAME OF FATHER Neils Marsing

11. BIRTHPLACE OF FATHER (city or town) Sweeden
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Sweeden
(State or Country)

14. Informant Mrs. L. O. Marsing
(Address) Nampa Ida.

15. Filed 3-3, 1932 Ruth Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Mar. (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to Mar 2, 1932
that I last saw ~~him~~ alive on Mar 2, 1932
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) Horace S Belknap, M. D.
Mar 3, 1932 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial 19
Nampa Idaho	
20. Undertaker T. K. Peterson	Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

4 B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78617

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 29

90

2. FULL NAME Alice R. Stadler.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: WHite
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mark Stadler.

6. DATE OF BIRTH (month, day and year): 5-31-1868

7. AGE: 63 Years | Months: 9 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Mich.

PARENTS

10. NAME OF FATHER: C. Rhayer.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Dayharh.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Flora M Ellis
(Address) Nampa Ida. R#4

15. Filed 3-25, 1932 Seth Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1932, to Mar 23, 1932
that I last saw her alive on Mar 23, 1932
and that death occurred, on the date stated above, at 2:30 A m.
The CAUSE OF DEATH* was as follows:
Antral Stenosis
Infarcts -

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) W. C. Wolter, M. D.
Mar. 26, 1932 (Address) Nampa, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Nampa Ida | Date of Burial: 19

20. Undertaker: F. K. Robinson | Address: Nampa Idaho

RECEIVED APR 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78618

PLACE OF DEATH

County of .....

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 31

2. FULL NAME Thomas Edgar Dunham

(a) Residence. No. 607-16 ave - S St. 90
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 6-28-74

7. AGE Years 57 Months 8 Days 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman on

(b) General nature of industry, business, or establishment in which employed (or employer) Section U.P.R.R. Co.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10. NAME OF FATHER Wallace Dunham

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Mrs T. E. Dunham
(Address) 607-16 ave S - Nampa Ida

15. Filed 3-25, 1932 Bertha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 24 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1930, to March 24, 1932 that I last saw him alive on March 23, 1932 and that death occurred, on the date stated above, at 12:08 A.m.

The CAUSE OF DEATH* was as follows: Valvular heart lesion and acute dilatation

..... (duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) High blood pressure previous to the dilatation (duration) 2½ yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. R. Proctor, M. D.

March 26, 1932 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kohlerlawn Cem. Date of Burial 19

20. Undertaker: F. K. Robinson Address: Nampa Ida

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 9 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78619

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 9
Primary Registration District No. 2007
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Marie E. Galyean

(a) Residence. No. (Usual place of abode) Parma Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 2 - 1863

7. AGE: Years 69 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wabash Indiana

FATHER
13. NAME Wm. Wimpee.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) L. L. Galyean Boise Idaho

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Kansas City Mo 3-18, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED Apr 1, 1932 Lulu Waldron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 15 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1932, to 3/15, 1932

I last saw h~~e~~r alive on 3/15, 1932; death is said to have occurred on the date stated above, at 11:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertention	Mar. 1925
Heart decompensation	Mar. 1, 1932

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene Dickinson M.D., M. D.

(Address) Parma Idaho

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 78620
Local Registrar's No. 28

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 1006
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Eulalie Hanley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: May (Month) 17th (Day) 1915 (Year)

7. AGE: 16 Yrs. 10 Mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Boise Idaho

10. NAME OF Father: A H Hanley

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Alice M Lessinger

13. BIRTHPLACE OF MOTHER (State or Country): Boise Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Don Poynter
(Address) Nampa

15. Filed 3-28 1932 Leatha Conway
Local Registrar

MEDICAL CERTIFICATE OF DEATH 78

16. DATE OF DEATH: Mch (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1930, to Mch 26th 1932, that I last saw her alive on Mch 26th 1932, and that death occurred on the date stated above, at 1:05 P.M.

The CAUSE OF DEATH* was as follows:
Status Epilepticus

..... (Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Don Poynter M. D.
3-26-1932 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 1 yrs. 7 mos. 11 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Boise Idaho
Former or usual residence Boise Idaho

19. PLACE OF BURIAL OR REMOVAL: Boise Idaho
DATE OF BURIAL: Mar. 28 1932

20. UNDERTAKER: Summers & Krebs
ADDRESS: Boise Idaho

WRITE PLAINLY, [illegible] IS A PERMANENT RECORD
N. B.—Every item of information should [illegible] AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so [illegible] be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 14 1932

DO NOT WRITE IN THIS SPACE

State File No. 78621

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 106

Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Lizzie Adalia Bierman 47

(a) Residence. No. 827 - 7th Ave S St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 6/3/85

7. AGE Years 46 Months 9 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Akron, Ill

PARENTS

10. NAME OF FATHER Andrew Strogh

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Ruth Wiebke

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Henry Bierman
(Address) Nampa Ida

15. Filed 3-24, 1932 Bertha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1931, to Mar 21, 1932

that I last saw her alive on Mar 20, 1932

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Carcinoma of breast with extensions into lung & mediastinum

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of About 1924

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel A Swayne M. D.

Mar. 26, 1932 (Address) Nampa, Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kohlerlawn Cem — Date of Burial: 3/24 1932

20. Undertaker: F. K. Robinson — Address: Nampa Ida

S

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78622

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 27
(No. 1½ mi. Orchard Road)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Willis D. Schultz
(a) Residence. No. 1½ mi. Orchard Road St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 2 yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): widower

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: Estella Schultz

6. DATE OF BIRTH (month, day and year): May 19 - 1854

7. AGE: 77 Years | Months: 10 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

8. [redacted]N OF DECEASED
(a) Trade, profession, or particular kind of work: Stationary Eng.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: retired

9. BIRTHPLACE (city or town) (State or country): Illinois

PARENTS

10. NAME OF FATHER: James Schultz
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Indiana
12. MAIDEN NAME OF MOTHER: Viana Rice
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Illinois

14. Informant (Address): Mrs. Nora McCraw, Nampa, Idaho.

15. Filed Mar 28, 1932 Estella Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 26, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932 to Mar 26, 1932
that I last saw him alive on Mar 25, 1932
and that death occurred, on the date stated above, at 10:45 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows?
Cancer of Stomach

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? X Ray Clinical
(Signed) V C Lee M.D. M. D.
3-26, 1932 (Address) Nampa Idaho

19. Place of Burial, Cremation, or Removal: Richland Oregon
Date of Burial: 3-28 1932

20. Undertaker: Wm Talley
Address: Nampa, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78623

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 24
(No. 7 mi no Franklin Road)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. **FULL NAME** Mary A Grim
(a) Residence. No. 7 mi no Franklin Road St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 23 yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emanuel Grim

6. DATE OF BIRTH (month, day and year) March 7th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	-	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Sun Prairie
(State or country) Wisconsin

PARENTS

10. NAME OF FATHER R H Marks
11. BIRTHPLACE OF FATHER (city or town) Sun Prairie
(State or Country) Wisconsin
12. MAIDEN NAME OF MOTHER Ella Pynchon
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) New York

14. Informant Mrs Lwen C. Grim
(Address) Nampa, Idaho

15. Filed 3-31, 1932 Eetha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 27 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-31, 1930, to 3-27, 1932
that I last saw her alive on 3-18, 1932
and that death occurred, on the date stated above, at 11:50 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary T.B.
(duration) 20 yrs. mos. ds.
CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. C. Horton, M. D.
3-30, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn Nampa	3-30 1932
20. Undertaker	Address
Mrs. Nina M. Talley	Nampa Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2006

DO NOT WRITE IN THIS SPACE

State File No. 78624

Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME William E. Billups

(a) Residence. No. Caldwell, Idaho. R#4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~(or) WIFE of~~ HUSBAND of Mattie R. Billups

6. DATE OF BIRTH (month, day, and year) June 19, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Jos. L. Billups

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Mary Anne Smith

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs W E Billups

18. BURIAL, ~~CREMATION, OR~~ REMOVAL Place Canyon Hill Date Mar. 14, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 3 — 14, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March. 10 1932

22. I ~~HEREBY CERTIFY~~, That I attended deceased from Not Treated, 193..., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 6.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden - Unexpected death	
Diagnosis Uncertain	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. W. Case, M. D.

(Address) Caldwell Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2005
(No. ..... St.)

State File No. 18625
Local Registrar's No. 35
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William C. Wasmer

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6. DATE OF BIRTH: May (Month) 14 (Day) 1871 (Year)

7. AGE: 60 Yrs. 9 Mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Council Bluffs Iowa

10. NAME OF Father: W. H. Von Wasmer

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Dorthea Kuhl

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. A. Wasmer
(Address) Caldwell Ida.

15.
Filed Mar. 16 — 1932 John S. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

163

16. DATE OF DEATH: March (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....,
that I last saw h..... alive on ..... 19.....,
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Accidental Gun shot wound in head entering brain.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. V. Peckham Coroner M.D.
3-15 1932 (Address) Caldwell Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... days. In the State..... yrs..... mos..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill — DATE OF BURIAL: Mch. 15 1932

20. UNDERTAKER: C. V. Peckham — ADDRESS: Caldwell Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

State File No. 78626

Local Registrar's No. 4

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Eleda Janeane Hickok

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ——

6. DATE OF BIRTH: March (Month) 10 (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. 13 ds. ..... IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ——
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Caldwell Idaho.

10. NAME OF Father: Harlo John Hickok Caldwell

11. BIRTHPLACE OF FATHER (State or Country): Custer City So. Dakota

12. MAIDEN NAME OF MOTHER: Beatrice Irene Hoyland

13. BIRTHPLACE OF MOTHER (State or Country): Quincy Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) Ella Hickok Huston R#2.

15. Filed 3-24 1932 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

180

16. DATE OF DEATH: March (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 10 1923 to Mar 23 1932, that I last saw her alive on Mar 20 1932, and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Accidental
Smothered in bed

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V. D. Forrer M. D.

3/24 1932 (Address) Caldwell Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence ..... 2 Yr

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill

DATE OF BURIAL: Mch 24 1932

20. UNDERTAKER: C. V. Peckham

ADDRESS: Caldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 18627

Local Registrar's No. 40

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert Bruce Stanford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single.

6. DATE OF BIRTH: March 17 1932 (Month) (Day) (Year)

7. AGE: ___ Yrs. ___ Mos. 1 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Caldwell, Idaho

10. NAME OF Father: G. W. Stanford

11. BIRTHPLACE OF FATHER (State or Country): Idaho.

12. MAIDEN NAME OF MOTHER: Lillie Deitrick

13. BIRTHPLACE OF MOTHER (State or Country): Wisc.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. N. Stanford

(Address) Shaniko, Oregon

15. Filed 3-21- 1932 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

162

16. DATE OF DEATH: March 18 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17 1932, to March 18 1932, that I last saw h~~im~~ alive on March 18 1932, and that death occurred on the date stated above, at 5 a M.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Cole M. D.

3/18 1932 (Address) Caldwell Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill. DATE OF BURIAL: 3-19 1932

20. UNDERTAKER: C. V. Peckham ADDRESS: Caldwell Idaho

RECEIVED APR 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78628

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 30
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

153

2. FULL NAME Harry Emmett Birge
(a) Residence. No. 615 Elgin St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Sept. 5. 1895
7. AGE Years 36 Months 5 Days 14 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stockman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Prairie City Ore.

PARENTS
10. NAME OF FATHER Geo. Birge
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pedisheen N Wisc.
12. MAIDEN NAME OF MOTHER Emma Gilenwater
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs H E Birge 615 Elgin
15. Filed 3-18- 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 19 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb 7th 1932, to Feb 19 1932
that I last saw him alive on Feb 19 1932
and that death occurred, on the date stated above, at 5 P. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Abscess of Bone of Brain
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pasuba Injury
6 mo-ago (duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) J D Lower, M. D.
March 10 1932 (Address) Caldwell

19. Place of Burial, Cremation, or Removal Canyon Hill
Date of Burial 2-21 1932
20. Undertaker C. V. Peckham
Address Caldwell Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED APR 12 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

State File No. 78629

Local Registrar's No. 39

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lois Hoyte Hunt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married. (Write the word)

6. DATE OF BIRTH: Mch (Month) 7 (Day) 1897 (Year)

7. AGE: 35 Yrs. ..... Mos. 9 ds. ..... IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF Father: Richard Busom

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Nellie Whittesley

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. E. Hunt
(Address) Caldwell Idaho RR 2

15. Filed 3-21- 1932 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

143

16. DATE OF DEATH: March (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12. 1932, to Mar. 16 1932, that I last saw her alive on Mar. 16. 1932, and that death occurred on the date stated above, at 1:25 P.M.

The CAUSE OF DEATH* was as follows:
Acute Anemia (Infected) following Hemorrhage.

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary) Mis carriage, Pneumonia and Pleurisy. (Flu)

(Duration) ..... yrs. ..... mos. 34 ds.

(Signed) David E. Baird M. D.

3-18 1932 (Address) Caldwell. Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 7 days. In the State 6 yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Home
Former or usual residence Caldwell Ida. (Rural)

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill

DATE OF BURIAL: 3-19 1932

20. UNDERTAKER: C. V. Peckham

ADDRESS: Caldwell Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78630

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 47

(No. Caldwell Sanitarium.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Paul Glaubitz.

(a) Residence. No. Eagle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug-17-1912

7. AGE: Years 19 Months 6 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minong-Wis.

FATHER
13. NAME Bruno Glaubitz
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Sofa Hoffman.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Bruno Glaubitz. Seattle-Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Boise Idaho Date ....., 193

19. UNDERTAKER (Address) Wm. McBratney Boise Idaho

20. FILED 4-9-, 1932. John S. Meyer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 9 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1932 to April 9, 1932
I last saw him alive on April 9, 1932 death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Peritonitis	4/3-32

Other contributory causes of importance:
Rupture of Stomach

Name of operation Exploratory Laparotomy Repair Stomach Date of Apl 3-32
What test confirmed diagnosis? Exploration Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industrial on Range
Manner of injury Kicked by horse
Nature of injury Rupture Stomach Peritonitis

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Riders Exposure only.
(Signed) [signature], M. D.
(Address)

RECEIVED APR 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78631

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Elizabeth Frances Morgan.

(a) Residence. No. 1611 Everett St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1002

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Morgan

6. DATE OF BIRTH (month, day, and year) Aug 11-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Southport
(State or country) Ct

FATHER

13. NAME Michael Otis

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Maria Brown

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT Mrs Tom N. Burns
(Address) 1611 Everett Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Schenectady N Y Date ....., 193..

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 3-16-, 1932 - John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-16 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1932, to March 16, 1932
I last saw h.. alive on March 15, 1932; death is said to have occurred on the date stated above, at 12 m. - 12 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3/12
Flu	3/11
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible], M.D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 1005

(No. ..... St.)

State File No. 78632

Local Registrar's No. 36

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Bayard Taylor Templeton Sr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: widower (Write the word)

6. DATE OF BIRTH: May (Month) ..... (Day) 1857 (Year)

7. AGE: 75 Yrs. ..... Mos. ..... ds. ..... IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Bookkeeper
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ill

10. NAME OF Father

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. E. Templeton
(Address) 994 - E. - Yamhill St. Portland Ore.

15. Filed 3-18- 1932 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

889

16. DATE OF DEATH: March (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1932 to Mar 14 1932, that I last saw him alive on Mar 14 1932 and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Endo Carditis
Chronic Prostatic —

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Prostatitis

..... (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) T. D. Forrest M. D.

3/17 1932 (Address) Caldwell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill

DATE OF BURIAL: 3-17 1932

20. UNDERTAKER: C. V. Peckham

ADDRESS: Caldwell Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78633

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Caldwell Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 34
(No. 889)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Hazel Coon

(a) Residence. No. Atlanta Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of James A Coon.

6. DATE OF BIRTH (month, day and year) July 1" 1911

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
20	8	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nampa Idaho.

PARENTS

10. NAME OF FATHER Elmer Armfield
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo.
12. MAIDEN NAME OF MOTHER Agnes McClung
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kansas.

14. Informant (Address) Lois Coon Caldwell Ida R#1

15. Filed 3- 1932 John B. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 9 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1932 to Mar 9 1932
that I last saw her alive on Mar 9 1932
and that death occurred, on the date stated above, at 5:20 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Dilated Heart
Endocarditis Chronic

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Endo Carditis
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Atlanta Ida
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) C. V. Peckham M. D.
Mar 10 1932 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal Greenleaf — Date of Burial 3-11 1932

20. Undertaker C. V. Peckham — Address Caldwell Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED [illegible]

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 78634

Local Registrar's No. 41

Registration District No. 3

Primary Registration District No. 2025

(No. ..... St.)

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Harriet E. Bayliss

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	white	widow

6. DATE OF BIRTH Aug (Month) 24 (Day) 1851 (Year)

7. AGE 80 Yrs. 6 Mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Ill

10. NAME OF Father John Hamm

11. BIRTHPLACE OF FATHER (State or Country) Not known.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J. C. Baum
(Address) Caldwell R #3

15. Filed 4-2-1932 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

749

16. DATE OF DEATH Mch. (Month) 18 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15 1928 **to** Mar 18 1932, **that I last saw h.er alive on** Mar 16 1932, **and that death occurred on the date stated above, at** 11 a M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. one ds.

Contributory (Secondary) Arterial Sclerosis

(Duration) 10 yrs. ..... mos. ..... ds.

(Signed) W. Montgomery M. D.

3/19 1932 (Address) Caldwell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Canyon Hill — **DATE OF BURIAL** 3-20 1932

20. UNDERTAKER C. V. Packham — **ADDRESS** Caldwell Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 78635

Local Registrar's No. 44

Registration District No. 3

Primary Registration District No. 2005

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

(No. County Farm St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Erec Conner

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ?

6. DATE OF BIRTH: Not Known (Month) (Day) (Year)

7. AGE: 75 ? Yrs. Mos. ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not Known

10. NAME OF Father: "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. R. Moore

(Address) Caldwell Ida

15. Filed 4-6-1932 John L. Meyers Local Registrar

MEDICAL CERTIFICATE OF DEATH

74 A

16. DATE OF DEATH: March (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16 1932 to Mar 30 1932

that I last saw h[illegible] alive on Mar 26 1932

and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Inter Cranial Hemorrage

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J. D. Foster M. D.

4/1 1932 (Address) Caldwell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill. DATE OF BURIAL: 4-1-1932

20. UNDERTAKER: C. V. Peckham ADDRESS: Caldwell Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78636

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

71 b

2. FULL NAME Leonard David Bruce

(a) Residence. No. R F D Caldwell St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 12 1927

7. AGE Years 4 Months 7 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Ida

FATHER
13. NAME Robert Bruce
14. BIRTHPLACE (city or town) (State or country) Boise Ida

MOTHER
15. MAIDEN NAME Lela Griggs
16. BIRTHPLACE (city or town) (State or country) Marlowe Okla

17. INFORMENT (Address) Mr Robert Bruce Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 4-8-32, 193

19. UNDERTAKER (Address) Paul L. Case Caldwell Ida

20. FILED 4-11, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-7-32 193

22. I HEREBY CERTIFY, That I attended deceased from Apl 3, 1932, to Apl 7, 1932
I last saw him alive on 4 30 PM 4/7, 1932: death is said to have occurred on the date stated above, at 4.50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis	4/6

Other contributory causes of importance:
Flu -

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) S. B. Dueller, M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Notus

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78637

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Pearl Glenn Iverson

57

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Henry Iverson

6. DATE OF BIRTH (month, day, and year) Apr 2 1891

7. AGE: Years 40 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and home builder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Dakota

FATHER

13. NAME Robert E. Glenn

14. BIRTHPLACE (city or town) (State or country) Ills

MOTHER

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) (State or country) Ills

17. INFORMENT (Address) Henry Iverson Notus Idaho

18. BURIAL, CREMATION, OR REMOVAL Tucker Cemetery Date 3-29-32, 193

19. UNDERTAKER (Address) Paul L. Case Caldwell Idaho

20. FILED 3-31-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-26-32 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1932, to Mar 26, 1932

I last saw her alive on Mar. 26 1932 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	3-17-32
repeated attacks	

Other contributory causes of importance:

Chr. Nephritis	Dont
Diabetis	Know
Boils	3 or 4 wks

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78638

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 84
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leroy W. Snyder
(a) Residence. No. Huston Ida St. 49
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~

6. DATE OF BIRTH (month, day and year) Jan-10-1879

7. AGE: Years 53, Months 2, Days 2. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Osborn Co Kansas

PARENTS

10. NAME OF FATHER Jacob S. Snyder
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn
12. MAIDEN NAME OF MOTHER Elizabeth Reed
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant (Address) Carrie W. Snyder Huston, Idaho

15. Filed 3-18-, 1932. John S. Meyers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mch (Month) 12 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1931, to Mar 12, 1932
that I last saw him alive on Mar 12, 1932
and that death occurred, on the date stated above, at 9-10 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Carcinoma of Lung & mediastinum causing starvation
(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Flu
(duration) ..... yrs. 1 mos. ..... ds.

18. Where was disease contracted if not at place of death? a
Did an operation precede death? no Date of except aspiration
Was there an autopsy? no
What test confirmed diagnosis? X ray physical
(Signed) [signature], M. D.
3-15-, 1932 (Address) Caldwell Id

19. Place of Burial, Cremation, or Removal: Canyon Hill
Date of Burial: 3-15 1932

20. Undertaker: C. V. Peckham
Address: Caldwell Ida

FORM V. S. No. 5-25 M. 1-19.

RECEIVED APR 12 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 78639

Local Registrar's No. 45

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Canyon

City of Greenleaf

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Kenworthy Druitt

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) widowed married

6. DATE OF BIRTH Oct (Month) 9 (Day) 1856 (Year)

7. AGE 75 Yrs. 5 Mos. 22 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Preacher

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Indianna

10. NAME OF Father James Druitt

11. BIRTHPLACE OF FATHER (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Hannah Mills

13. BIRTHPLACE OF MOTHER (State or Country) Indianna

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. H. Druitt

(Address) Greenleaf Ida

15. Filed 4-6- 1932 John L. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH 31

16. DATE OF DEATH March (Month) 31 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8 1932 to March 31 1932, that I last saw him alive on March 15 1932, and that death occurred on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(Duration) 30 yrs. ..... mos. ..... ds.

Contributory (Secondary) Pulmonary Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. R. Whittenberger D.O.

April 1932 (Address) Caldwell, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Greenleaf

DATE OF BURIAL 4-3 1932

20. UNDERTAKER C. V. Peckham

ADDRESS Caldwell

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 78640

Local Registrar's No. 2

Registration District No. 8 2

Primary Registration District No. 2159

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Caribou

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Agnes Ellen Wilkinson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	Single

6. DATE OF BIRTH: Jan. 15 (Month) (Day) 1937 (Year)

7. AGE: ..... Yrs. ..... Mos. ✓ ds. 2

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): ~~Do~~ Idaho

10. NAME OF Father: Geo. Edw. Wilkinson

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Charlotte V. Jones

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charlotte V. Wilkinson

(Address) Bancroft Ida

15.

Filed 2/9 — 1937 Dr Russell Tigert
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 1/6 19 37
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1937 to Jan. 17 1937 that I last saw h.w. alive on Jan. 16 1937 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Premature birth —
approx. 7 mos. via. —
cause ? ?

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary): none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Russell Tigert M. D.

2/9 1937 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bancroft, Ida — DATE OF BURIAL: 2/10 1937

20. UNDERTAKER: none — ADDRESS: .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78641

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Caribou
City of Soda Springs, Idaho.
Registration District No. 17
Primary Registration District No. 159
Local Registrar's No. 5
(No.) 151
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WILLIAM BATES
(a) Residence. No. MACKEY, IDAHO St. Mackay, Ida
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MYRTLE BATES

6. DATE OF BIRTH (month, day and year) Jany. 15th, 1865

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher and Stockman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) HOUSTON, TEXAS.

PARENTS

10. NAME OF FATHER JAMES BATES
11. BIRTHPLACE OF FATHER (city or town) (State or Country) UNKNOWN
12. MAIDEN NAME OF MOTHER UNKONWN
13. BIRTHPLACE OF MOTHER (city or town) (State or County) UNKNOWN

14. Informant (Address) Myrtle Bates MACKEY, IDAHO.

15. Filed 3-27-32, 19 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH MARCH (Month) 25TH, (Day) 1932. (Year), 19

17. I HEREBY CERTIFY, That I attended deceased from Feby. 23rd, 1932, to March 25th, 1932 that I last saw him alive on March 25th, 1932 and that death occurred, on the date stated above, at 9.45 P.M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gangreen of right leg, enlarged Prostratic Gland, General Artero-Sclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Obstruction of Bladder
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? YES Date of
Was there an autopsy? NO
What test confirmed diagnosis? Examination
(Signed) Eric Kaw, M. D.
3-26-32, 19 (Address) Soda Springs, IDAHO.

19. Place of ~~Burial~~, ~~Cremation~~, or Removal: Rock Springs, WYO.
Date of Burial: 3-31-32 19

20. Undertaker: E. D. Whitman E. D. WHITMAN
Address: Soda Springs Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78642

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 1
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Martin
(a) Residence. No. Kemmerer Wyo St. Kemmerer, Wyo.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of C. H. Martin

6. DATE OF BIRTH (month, day and year)

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address)

15. Filed Jany 29, 1932 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jany (Month) 29 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 26, 1932, to Jan 29, 1932
that I last saw her alive on Jan 26, 1932
and that death occurred, on the date stated above, at 6 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Rupture of Gall Bladder

(Ruptured when she came to me.)
Do not know cause of rupture.
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Examination
(Signed) Ellis Kackley, M. D.
1-29-, 1932 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal Kemmerer Wyo | Date of Burial 19

20. Undertaker E. L. Whitman | Address Soda Springs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78643

PLACE OF DEATH
County of Caribou
City of Soda Springs, Idaho.

Registration District No.
Primary Registration District No.
(No.)
Local Registrar's No. 6

124

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Geo Lovely~~ GEORGE ELLIOTT LIVELY

(a) Residence. No. Declo, Idaho. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MAE LIVELY

6. DATE OF BIRTH (month, day and year) DEC.23RD 1889.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work BLACK SMITH
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer FRED LOTT

9. BIRTHPLACE (city or town) (State or country) SPARTA, ILLINOIS. RANDOLPH, CO.

PARENTS

10. NAME OF FATHER JOHN GARDNER LIVELY
11. BIRTHPLACE OF FATHER (city or town) (State or Country) UNKNOWN
12. MAIDEN NAME OF MOTHER SARAH HUTTON
13. BIRTHPLACE OF MOTHER (city or town) (State or County) UNKONWN

14. Informant (Address) Mae Lively DECLO, IDAHO.

15. Filed 3-27-1932 19 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3/26/32 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/24/32, 19, to 3/26/32, 19
that I last saw him alive on 3/26/32, 19
and that death occurred, on the date stated above, at 11:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Secondary Operation for Gall Bladder Op.
Operation for drainage of gall bladder.
11 Months (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 3/24
Did an operation precede death? yes Date of
Was there an autopsy? No
What test confirmed diagnosis? Ex.
(Signed) Elsie Kane Lee, M. D.
3/27/ 1932 (Address) Soda Springs

19. Place of ~~Burial, Cremation~~, or Removal: DECLO, IDAHO
Date of Burial 19

20. Undertaker: D.E.JOHNSON
Address: DECLO, IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

APR 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78644

PLACE OF DEATH
County of Caribou
City of Soda Springs
Registration District No. 12
Primary Registration District No. 2159
Local Registrar's No. 4
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Hy~~ Hiram Swensen
(a) Residence. No. Lago, Ida. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lulie M. Swensen
6. DATE OF BIRTH (month, day and year) July 24, 1873
7. AGE Years 58 Months 7 Days 23 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant & Ranchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Huntsville Utah
PARENTS
10. NAME OF FATHER Jens Swensen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER ~~Mette Christensen~~ Mette Nelson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark
14. Informant (Address) Lulie M. Swensen Lago Idaho
15. Filed 3-18, 1932 Dr Russell Tyrrt Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) -18- (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mch 10, 1932 to Mch 18, 1932
that I last saw him alive on Mch -18- 1932
and that death occurred, on the date stated above, at 1:30 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Appendicitis
(duration) yrs. mos. 12 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? At Lago Ida
Did an operation precede death? yes Date of 3-14-32
Was there an autopsy? no
What test confirmed diagnosis? Operation
(Signed) Bt. Zaning M. D.
3-20-, 1932 (Address) Grace, Ida
19. Place of Burial, Cremation, or Removal Lago Idaho Date of Burial 3-20-1932
20. Undertaker G. D. Whitman Address Soda Springs Ida

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 78645

Local Registrar's No. 1

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Caribou

City of Conda

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. ..... St.)

2. FULL NAME Earlis L. Fannin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: Sept. (Month) 12 (Day) 1931 (Year)

7. AGE: 0 Yrs. 6 Mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Conda, Idaho

10. NAME OF Father: John T. Fannin

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Helen Louise Attwood

13. BIRTHPLACE OF MOTHER (State or Country): Boise, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Fannin

(Address) Conda, Ida.

15. Filed Mch. 28 1932 Dr Russell Tigert Local Registrar

MEDICAL CERTIFICATE OF DEATH

100-M

16. DATE OF DEATH: March (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended only as practical nurse deceased from March 25 1932, to March 26 1932, that I last saw her alive on March 26 1932, and that death occurred on the date stated above, at 4:20 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia of left lung

(Duration) 0 yrs. 0 mos. 1 ds.

Contributory (Secondary) Croup (spasmodic)

(Duration) yrs. mos. 1 ds.

(Signed) Luella Skinner ~~M.D.~~

3/28 1932 (Address) Conda, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Same

Former or usual residence same

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Pocatello, Ida

DATE OF BURIAL: 3/28 1932

20. UNDERTAKER: Hall Mortuary For Burial Only

ADDRESS: Pocatello, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78646

PLACE OF DEATH
County of Caribou
City of Soda Springs Idaho
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 2
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. Hildreth
(a) Residence. No. Soda Springs Idaho St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lulu Dean Hildreth
6. DATE OF BIRTH (month, day and year) Oct. 28-1865
7. AGE Years 66 Months 3 Days 19 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Editor of News Paper
(b) General nature of industry, business, or establishment in which employed (or employer) Operated Weekly Paper
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Watsonville Calif.

PARENTS
10. NAME OF FATHER John L. Hildreth
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Angeline Simms
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Ruth H. Liston 2825 East 7th St. Long Beach Calif.
15. Filed 2-19-, 1932 Dr Russell Tigert Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feby (Month) -16- (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 2-13-, 1932, to 2-16-, 1932
that I last saw him alive on 2-16-, 1932
and that death occurred, on the date stated above, at 3:30 p.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Organic Heart Disease
Mitral & Aortic
Arteriosclerosis
(duration) Aut yrs. 12 mos. ds.
CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Physical examination
(Signed) Elias Kaufman, M. D.
2-19-32, 19 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal Soda Springs Ida
Date of Burial 2-20-1932
20. Undertaker D. J. Whitman
Address Soda Springs

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78647

PLACE OF DEATH Caribou E-K
County of Soda Springs
City of Soda Spring Idaho
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 8
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

65b

2. FULL NAME Wesley Darwin Goff
(a) Residence. No. Rupert, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crawforth Goff
6. DATE OF BIRTH (month, day and year) 1904 Sep. 16
7. AGE Years 27 Months 7 Days 9 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer none
9. BIRTHPLACE (city or town) (State or country) Sandy, Utah
PARENTS
10. NAME OF FATHER J. Frank Goff
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Almina Bateman
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah
14. Informant (Address) J. Frank Goff
15. Filed 4/8, 1932 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4-7-32 (Month) (Day) 19 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to April 7, 1932
that I last saw her alive on April 7, 1932
and that death occurred, on the date stated above, at 10 a m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lympho-Sarcoma
Ado E-K.
(Hodgkins' Disease)
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? yes Date of 1-14-32
Was there an autopsy? no
What test confirmed diagnosis? Biopsy
(Signed) Ellis Karkhof, M. D.
4-7-, 1932 (Address) Soda Springs
19. Place of Burial, Cremation, or Removal Rupert, Ida Date of Burial 19
20. Undertaker Vern McCullock Address Burley Ida

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78648

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 16
(No.) 201
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Preston Louis Daines
(a) Residence. No. Burley St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX boy
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) March. 23 1918
7. AGE Years 13 Months 10 Days 8 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Tetonia Ida.

PARENTS
10. NAME OF FATHER M. H. Daines
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Franklin Ida
12. MAIDEN NAME OF MOTHER Alethea Olsen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Grace Ida.

14. Informant (Address) Alethea Daines. Burley Ida.
15. Filed 3-5 1932 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 14 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1932, to Feb 14, 1932
that I last saw him alive on Feb 14, 1932
and that death occurred, on the date stated above, at 1:30P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fractured Cranel
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Hugh E Dean, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal Heyburn Ida
Date of Burial 2-18 1932
20. Undertaker D. E. Johnson
Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

F -2-

Permit issued to: Aura C. Hatch
Aura C. Hatch Mortuary
85 East 3rd So.
Provo, Utah

April 24, 1957
Date

issued 4-30-57

Department of Public Heatlh
Boise, Idaho

I hereby give authorization for the disinterment of:

NAME OF DECEASED PRESTON LOUIS DAINES

DATE OF DEATH February 14, 1932

CAUSE OF DEATH Accident, horse fell on him and crushed Head.

ATTENDING PHYSICIAN Dr. Dean , Burley, Idaho

BURIED IN Riverside Cemetery, Hayburn, Idaho CEMETERY

TO BE REMOVED TO Salt Lake City, Utah CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT Son

NAME OF LICENSED EMBALMER Aura C. Hatch Idaho License # E-264

REASON FOR DISINTERMENT To place him next to his Mother in the Salt Lake City Cemtery.

Very truly yours,

X Malcolmitt Daines
Signature of relative or person requesting permit. (Father)

906 march 130 west
Address
Salt Lake City ut.

* * * * * * * * * * * * * * *

State of ~~Idaho~~ Utah)
County of Salt Lake) ss.

On this 29th day of April, 1957, before me L. Delon Daines, a Notary Public in and for the within county and state personally appeared Malcolmitt Daines known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this ~~the~~ day and year first above written.

(Seal)

L. Delon Daines
Notary Public, residing at Salt Lake City, ~~Idaho~~ Utah
My commission expires 2-25-58

RECEIVED APR 9 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 78649

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 316

(No.) 165

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie P Nyborg

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 28 - 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	7	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Layton Ut

PARENTS

10. NAME OF FATHER Joseph S Freer

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Nancy Whitesides

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Layton Utah

14. Informant L W Freer
(Address) Burley Ida.

15. Filed Mar 6, 1932 H Hunter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 27, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb. 27, 1932, to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Strychnine Poisoning
Suicide
Verdict of Coroners Jury.
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) D E Johnson Coroner
3-2, 1932 (Address) Burley Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Idaho	3-1 1932
20. Undertaker D E Johnson	Address Burley

Mrs Freer

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MORGAN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78650

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 317
(No. 920 No Overland)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Claud Fredrick Winward. 16 V
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Mar. 10-1932
7. AGE Years Months Days 4 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Burley. Ida.

PARENTS
10. NAME OF FATHER Claud W. Winward.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Dora Russell.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) West Virginia.

14. Informant (Address)
15. Filed Apr 6, 1932 F. A. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) - 14 (Day) - 32 (Year), 19..
17. I HEREBY CERTIFY, That I attended deceased from 3-10, 1932, to 3-14, 1932
that I last saw him alive on 3/14, 1932
and that death occurred, on the date stated above, at ..... m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Insufficient vitality following birth
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G. G. Espe, M. D.
3/19, 1932 (Address) Burley. Ida

19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial 19
20. Undertaker Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78651

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 321
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 b

2. FULL NAME Max Henry Herrera
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Feb. 19 - 1931
7. AGE Years 1 Months 1 Days 7 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At House
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Burley Idaho
PARENTS
10. NAME OF FATHER Max Herrera.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) California.
12. MAIDEN NAME OF MOTHER Thelma Wrigley
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho.
14. Informant (Address) Max Herrera Burley Idaho.
15. Filed Apr 6, 1932 G H Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 26, 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1932, to Mar 25, 1932
that I last saw h alive on Mar 25, 1932
and that death occurred, on the date stated above, at 4:45 A m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia, Lobar
Bilot
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [signature], M. D.
, 19 (Address)
19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial 3-29 1932
20. Undertaker D. E. Johnson Address Burley.

[illegible] Preco

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78652

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 3176 . Local Registrar's No. 320

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** Romelin Adams

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Adams.

6. DATE OF BIRTH (Month, Day and Year) Sept. 21 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	6	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Oakley Idaho

PARENTS

10. NAME OF FATHER John Adams

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah

12. MAIDEN NAME OF MOTHER Annabell Warburton

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant John Adams
(Address) Oakley Ida

15. Filed Apr 6, 1932 F. H. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 26, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

.....

.....

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Pulmonar Incompetency

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) F. H. Cutler, M. D.

3-28-1932 (Address) Burley

19. Place of Burial, Cremation, or Removal	Date of Burial
Oakley Ida	3-27 1932
20. Undertaker D. E. Johnson	Address Burley

Mrs Greco

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78653

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 319
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Lucious Bernard Judd
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) June 2 - 1923
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Burley R.F.D. 2
(State or country) Cassia Co. Idaho

PARENTS
10. NAME OF FATHER Lucious Judd
11. BIRTHPLACE OF FATHER (city or town) Arizona
(State or Country)
12. MAIDEN NAME OF MOTHER Pearl Grossman
13. BIRTHPLACE OF MOTHER (city or town) Michigan
(State or County)

14. Informant L. H. Judd
(Address) Burley R.F.D. 2 Idaho

15. Filed Apr 6, 1932 4 H Cutler Registrar.
Mrs Greco

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 18, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1930, to Feb. 18, 1932
that I last saw him alive on Feb. 18, 1932
and that death occurred, on the date stated above, at 4 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal Burley Ida
Date of Burial 2-20 1932
20. Undertaker W. C. Johnson
Address Burley

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78654

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 318

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. **FULL NAME** Elizabeth Sprague

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ben F. Sprague

6. DATE OF BIRTH (month, day and year) Aug. 29-1898

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33	6	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rockford Ida.

PARENTS

10. NAME OF FATHER. David Holmes

11. BIRTHPLACE OF FATHER (City or town) (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Elizabeth Wye

13. BIRTHPLACE OF MOTHER (City or town) (State or County) Utah

14. Informant (Address) B. F. Sprague Burley Idaho

15. Filed Apr 6, 1932 F. A. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 16 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1932, to Mar 16, 1932

that I last saw h.r alive on Mar 16, 1932

and that death occurred, on the date stated above, at 1[illegible] m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Hansen M. D.

19..... (Address) Rexburg

19. Place of Burial, Cremation, or Removal: Burley Ida. — Date of Burial: 3-20 1932

20. Undertaker: D. E. Johnson — Address: Burley

Mrs Greet

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78655

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 96

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Belle Funke

(a) Residence. No. ..... St. Craigmont- Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of H. W. Funke

6. DATE OF BIRTH (month, day, and year) August 2nd, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lacey (State or country) Iowa

FATHER

13. NAME H. D. Humphrey

14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER

15. MAIDEN NAME Katie Humphrey

16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date 4/28 1932

19. UNDERTAKER Vallar & Co
(Address) Lewiston

20. FILED 8/24, 193.. W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1932, to March 2nd, 1932

I last saw her alive on March 2nd, 1932; death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion of psychosis	6 weeks
Other contributory causes of importance:	
manic-depressive psychosis (Manic type)	6 weeks

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John Holmes McKelway, M. D.

(Address) Orofino - Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78656

PLACE OF DEATH
County of Clearwater
City of Southwick P.O.

Registration District No. 63
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

112

2. FULL NAME Belle Josephine Cuddy
(a) Residence. No. Country on Farm St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. 45 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hiram Cuddy Deseased

6. DATE OF BIRTH (month, day and year): May 14, 1859

7. AGE: Years 72, Months 10, Days 6. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Herself

9. BIRTHPLACE (city or town) (State or country): Nevada Co California

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14. Informant: C. A. Cuddy
(Address): Southwick Idaho

15. Filed Mar 22, 1932 B. F. Nesbit. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to March 20, 1932
that I last saw her alive on March 20th, 1932
and that death occurred, on the date stated above, at 8.40 a m.
The CAUSE OF DEATH* was as follows:
Complications of Stomach and Liver diseases general Breakdown with age
(duration) Several yrs. mos. ds.
CONTRIBUTORY (Secondary): Heart disease valvular
(duration) Several yrs. mos. ds.

18. Where was disease contracted if not at place of death? at Place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None only Clinical Sym
(Signed) Russell Trinitt M. D.
Mch 21, 1932 (Address) Southwick Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Southwick Cemetery
Date of Burial: Mar 22 1932

20. Undertaker: J. J. Pickard
Address: Troy

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78657

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2177 Local Registrar's No. 27
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91

2. FULL NAME Joseph Lusk

(a) Residence. No. St. Bonnersferry, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unascertained

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65-70	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberjack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Ida. Date 3/26, 1932

19. UNDERTAKER F. A. Billberg, Hosp. attdr.
(Address) Orofino - Idaho

20. FILED 3/26, 193 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 24 1932

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1932, to March 24, 1932
I last saw him alive on March 24, 1932; death is said to have occurred on the date stated above, at 7 50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio-sclerosis	

Other contributory causes of importance:
Senile psychosis.
Simple deterioration type

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs as there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) John Howe McKelvey, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78658

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Gilmore 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 29/1857

7. AGE Years 74 Months 10 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER
13. NAME Jacob Myers
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Annie Johnson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Mr Johnson Lenore Ida RFD 1.

18. BURIAL, CREMATION, OR REMOVAL Place Linar Date 3/17, 193

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 3/18, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1932, to March 15, 1932
I last saw her alive on March 14, 1932: death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary oedema from cardiac failure	

Other contributory causes of importance:
Hypertension and arteriosclerosis.

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) A. B. Pappenhagen, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 2107

DO NOT WRITE IN THIS SPACE
State File No. 78659

Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emiby Duchine

(a) Residence. No. Orofino Idaho St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

40

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Duchine

6. DATE OF BIRTH (month, day, and year) June 11, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wolf County Kentucky

FATHER

13. NAME Gabe Daily

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Lidge Chambers Asotin, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Idaho Date 3/20, 1932

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho.

20. FILED 3/19, 1932 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1932, to March 18, 1932

I last saw her alive on March 13, 1932: death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation and failure.	

Other contributory causes of importance:

Hypertension and arterio sclerosis.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. B. Pappenhagen, M. D.

(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78660

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 21
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

86 9

2. FULL NAME Iver Ris

(a) Residence. No. St. Moscow, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE: Years 67 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norway
(State or country)

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMENT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Hosp. No. Cemetery Date March 2, 1932

19. UNDERTAKER F. A. Billberg, Hospital attendant.
(Address) Orofino — Idaho.

20. FILED Mar 3, 1932 N. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 29 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to February 29, 1932
I last saw him alive on February 29, 1932: death is said to have occurred on the date stated above, at 7:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis - mitral regurgitation	
Other contributory causes of importance: Chronic alcoholic psychosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Sign. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) John Irvine McKelway, M. D.
(Address) Orofino — Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 9 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78661

PLACE OF DEATH

County of Clearwater

City of Orofino Ida

Registration District No. 90

Primary Registration District No. 2167

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Emma Jones

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Chas B. Jones

6. DATE OF BIRTH (month, day, and year) March 13-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME John Gummer

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Chilton

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Tim Edwards Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Ida Date 3/17, 1932

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 3/18, 193 W. A. Dean Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/13 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1932, to March 13, 1932

I last saw her alive on March 13, 1932; death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-13-32

Other contributory causes of importance:

Arteriosclerosis.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. B. Pappenhagen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE
State File No. 78662

Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Hagan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Daniel Kirby

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Agnes Martin Pierce, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Clarkston Wash. Date , 193

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 3/14, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/12 193

22. I HEREBY CERTIFY, That I attended deceased from March 8, 193 2, to Mar. 12, 193 2
I last saw her alive on Mar. 8, 193 2; death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer ova of uterus	1926

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. T. Hopkins, M. D.
(Address) Orofino, Idaho

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78663

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Custer

City of Challis

Registration District No. 108

Primary Registration District No. 2176 Local Registrar's No. 137

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

146

2. **FULL NAME** Bessie May Cameron

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kenneth Cameron

6. DATE OF BIRTH (month, day and year) Jan 21 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	2	08	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Klamath Falls Ore

PARENTS

10. NAME OF FATHER Alex Walani

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Texas

12. MAIDEN NAME OF MOTHER Martha

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Texas

14. Informant (Address) Kenneth Cameron

15. Filed March 31, 1932 Edna Jo Kennedy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 29, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1932, to March 29, 1932
that I last saw her alive on March 29, 1932
and that death occurred, on the date stated above, at 5:30a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Puerperal septicemia following
2 mo. self induced abortion

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 8 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) C. E. Kirby, M. D.
4/6, 1932 (Address) Challis, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Challis Ida	April 1 1932

20. Undertaker	Address
W. C. Dobler	Salmon Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Lester
City of Mackay
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 76
Primary Registration District No. 2153
(No. ..... St.)

State File No. 78664
Local Registrar's No. 153
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Margaret Ann Wells

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word)

6. DATE OF BIRTH: June (Month) 11 (Day) 1851 (Year)

7. AGE: 80 Yrs. 10 Mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Ogden, Utah

10. NAME OF Father: Jonathan J. Wells

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Margaret Gardner

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chloe M. Brown
(Address) Mackay Ida

15. Filed Apr. 4 1932 Rose Nowack
Local Registrar

MEDICAL CERTIFICATE OF DEATH 119

16. DATE OF DEATH: 3 (Month) - 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-3- 1932, to 3-22 1932, that I last saw her alive on 3-22-32 19..., and that death occurred on the date stated above, at 8 A M.
The CAUSE OF DEATH* was as follows:
Toxemia
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Intestinal Parasites
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Carroll C. Jensen M. D.
19..... (Address) Mackay Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: McMillan, Mackay Ida
DATE OF BURIAL: Mar 26 1932

20. UNDERTAKER: Farmer
ADDRESS: Arco Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78666

PLACE OF DEATH
County of Elmore
City of Atlanta

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 1

186

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dawne Corak

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs 4 mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 45			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Podlapac Yugo-Slavia

FATHER
13. NAME Joseph Corak
14. BIRTHPLACE (city or town) (State or country) Podlapac Yugo-Slavia

MOTHER
15. MAIDEN NAME Dut Iman
16. BIRTHPLACE (city or town) (State or country) Podlapac Yugo-Slavia

17. INFORMENT (Address) George Milich Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cemetery Date 1-8, 1932

19. UNDERTAKER Belzer-Lemon McCann
(Address) Boise Ida.

20. FILED Jan 27, 1932 A. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-5 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 9.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Death	
Cave in Mine	
Tunnel	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. S. Zachew Coroner Elmore Co. M.D.
(Address) Mt Home Ida.

RECEIVED MAR 24 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78667

PLACE OF DEATH
County of Elmore
City of Mountain Home Idaho

Registration District No. 34
Primary Registration District No. 2020
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 5

100-1

2. FULL NAME Mary Ellen Manion

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE:
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widdow two days before death

6. DATE OF BIRTH (month, day and year): Oct. 18, 1855

7. AGE: 76 Years, Months: 3, Days: 14. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (city or town) (State or country): Mt. Pleasant, Utah

PARENTS
10. NAME OF FATHER: Jerome Zabriskie
11. BIRTHPLACE OF FATHER (city or town) (State or Country): State of Missouri
12. MAIDEN NAME OF MOTHER: Sarah Ivey
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): State of Missouri

14. Informant: Ed. Manion
(Address): Firth Idaho.

15. Filed Feb 4, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 (Month) — 1 (Day) — 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1932, to 2-1-, 1932
that I last saw her alive on 2-1-, 1932
and that death occurred, on the date stated above, at 11.35 P. m.
The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary): Dilated Heart, Mitral Valve regurgitation (duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) F. E. Evans, M. D.
2-4-, 1932 (Address) Mtn. Home Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Mt. Home Ida. Date of Burial: 2-3 1932

20. Undertaker: G. S. Zacher Address: Mt. Home Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78668

PLACE OF DEATH
County of Elmore
City of Mountain Home

Registration District No. 34
Primary Registration District No. 2020

Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

10-a

2. FULL NAME William Harris Manion

(a) Residence. ~~No.~~ Mountain Home, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male		Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mary Ellen Manion

6. DATE OF BIRTH (month, day and year) Jan. 24, 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	—	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Probate Judge
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Elmore Co.

9. BIRTHPLACE (city or town) Liberty, Mo.
(State or country)

PARENTS

10. NAME OF FATHER Wm. Harris Manion

11. BIRTHPLACE OF FATHER (city or town) Liberty, Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (city or town) —
(State or Country)

14. Informant Ed. Manion
(Address) Firth Idaho.

15. Filed Feb 4, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-28-, 1932, to 1-30-, 1932
that I last saw him alive on 1-30-, 1932
and that death occurred, on the date stated above, at 7.45 P. m.
The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J E Evans, M. D.
2-6-, 1932 (Address) Mtn. Home Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Mt. Home Ida.	2-1-1932

20. Undertaker	Address
S. S. Zacher	Mt. Home Ida.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS uld state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE
State File No. 78669

Local Registrar's No. 2

11 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Wiman Groefsema.

(a) Residence. No. Mt. Home Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-19-31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Home Idaho.
(State or country)

FATHER

13. NAME John Groefsema

14. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER

15. MAIDEN NAME Clive WE Ettle

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT John Groefsema
(Address) Mt. Home Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Home Ida Date 1-16, 1932

19. UNDERTAKER D. S. Zarbee
(Address) Mt. Home Ida

20. FILED Feb 4, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1932, to 1-16, 1932

I last saw him alive on 1-15, 1932: death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enterocolitis	1-10-32

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. G. Groefsema, M.D.

(Address) Mt. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78670

PLACE OF DEATH
County of Elmore
City of Mtn Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 3

84

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Franklin Gaines

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Jennie Gaines

6. DATE OF BIRTH (month, day, and year) Jan 22, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockgrower and Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Frank Gaines

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Jennie Gaines Mountain Home, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mtn Home Cem Date Feb 2, 1932

19. UNDERTAKER G. C. Tacker
(Address) Mountain Home, Idaho

20. FILED Feb 4, 1932 H. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1931, to Jan 30, 1932
I last saw h[illegible] alive on Jan 30, 1932: death is said to have occurred on the date stated above, at 11:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis	Jan 1930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. E. Evans M. D.
(Address) Mtn Home, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 78673

Local Registrar's No. 17

(No. 179)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Alvira Wixon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Wixon dec.

6. DATE OF BIRTH (month, day, and year) Dec 5 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME Lewis Ricks

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Emmerett Allen

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Lewis Wixon son

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Idaho mar, 193 28

19. UNDERTAKER M. W. Hendricks
(Address)

20. FILED April 8, 193 2 G. W. Stokes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 193 2

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 193 2, to Mar 26, 193 2

I last saw her alive on Mar 26, 193 2; death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	1920.
Chronic Nephritis without edema.	1920.
Chronic Myocardial Degeneration.	1925
Uremia.	5 days ago.
Other contributory causes of importance:	
Gallstones.	1925

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orson L. Daines, M. D.
(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1 19

PLACE OF DEATH
County of Franklin
City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78674

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101-a

2. FULL NAME Aleen Kofoed

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 15 32

7. AGE Years | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER
13. NAME John Archie Kofoed
14. BIRTHPLACE (city or town) (State or country) Weston Idaho

MOTHER
15. MAIDEN NAME Mable A. Crocket
16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) Guy Nelsen
Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weston Date Mar 27 1932

19. UNDERTAKER (Address) M. W. Hendricks
Preston

20. FILED Apr. 8, 1932 G. W. Stales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 25 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1932, to 3-25, 1932
I last saw him alive on 3-25, 1932: death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Mar 24-32

Other contributory causes of importance:

Congenital heart disease	Jan 15 1932
Prematurity	Jan 15, 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) Orvid R. Cutler, M.D.
(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78675

Registration District No. 17
Primary Registration District No. 2119
Local Registrar's No. 18

(No. 101 W)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth McNeil

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of James R. McNeel

6. DATE OF BIRTH (month, day, and year): July 19 1865

7. AGE: Years 66 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Peterson Utah

FATHER
13. NAME: Peter Neilsen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Hulda Larsen
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mary Hurd Daughter Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Fairview Date: Mar 28, 1932

19. UNDERTAKER (Address): M. W. Hendricks Preston

20. FILED April 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 193

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932, to March 25, 1932
I last saw her alive on March 24, 1932: death is said to have occurred on the date stated above, at 9:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia -	Mar-20-1932

Other contributory causes of importance:
Mitral disease of heart
of Many years standing

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) G. W. States, M. D.
(Address) Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 78676

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Franklin
City of Riverdale

Registration District No. 27
Primary Registration District No. 219 Local Registrar's No. 14
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elvira Vail Nelson 99 B

(a) Residence. No. Riverdale Franklin Co Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 60 yrs. — mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
HUSBAND of (or) WIFE of William G. Nelson

6. DATE OF BIRTH (month, day and year) April 25-1835

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ✓ min.
	92	10	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (city or town) McClean Co Ill
(State or country)

PARENTS

10. NAME OF FATHER Gamaliel Vail

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER Martha Barthelomew

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Pennsylvania

14. Informant (Address) Taylor Nelson Preston Idaho

15. Filed Apr. 8, 1932 G. W. Slates Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 12, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Febr. 24, 1932 to Mar 12, 1932 that I last saw her alive on Mar 9, 1932 and that death occurred, on the date stated above, at 8 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
General debility so far as able to determine with

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Bronchitis with general Weakness .....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) G. W. Slates, M. D.
Mar 14, 1932 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal: Riverdale Idaho — Date of Burial: March 14 1932
20. Undertaker — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 1 - 1932

PLACE OF DEATH

County of Franklin

City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78677

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

65a

2. FULL NAME Charles Alvin Kofoed

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M ~~white~~

4. COLOR OR RACE white married

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Kofoed

6. DATE OF BIRTH (month, day, and year) Nov 14 1884

7. AGE Years 47 Months 4 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Weston Idaho

FATHER

13. NAME Anker Kofoed

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Ellamina Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Sarqh Kofoed wife

18. BURIAL, CREMATION, OR REMOVAL Place Weston Idaho Date Mar, 1926

19. UNDERTAKER (Address) M. W. Hendricks Preston

20. FILED April 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 23 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to Mar 23, 1932

I last saw him alive on March 18, 1932: death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

Lymphatic Leukaemia - of 7 years standing -

Date of onset

Other contributory causes of importance:

Septic infection in lymphatic glands - Cervical -

Name of operation None Date of —

What test confirmed diagnosis? Blood examination Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. W. States, M. D.

(Address) Preston Idaho

FIVED FEB 11 1932

PLACE OF DEATH

County of FREMONT

City of ASHTON

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78679

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

122

2. FULL NAME LAURA MAUD NIESS

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of HARRY NIESS

6. DATE OF BIRTH (month, day, and year) MAY. 8th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) KANSAS.

FATHER

13. NAME J.T ARCHER

14. BIRTHPLACE (city or town) (State or country) D.K.

MOTHER

15. MAIDEN NAME D.K.

16. BIRTHPLACE (city or town) (State or country) D.K.

17. INFORMENT (Address) HARRY NIESS. ASHTON IDAHO

18. BURIAL, CREMATION, OR REMOVAL BURIAL
Place ASHTON IDAHO Date 2/10/32 193

19. UNDERTAKER (Address) LEWIS KISER ASHTON IDAHO

20. FILED 2/9/32, 193 LEWIS KISER Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 193, to 3-7, 1932
I last saw her alive on 3-7-32, 193; death is said to have occurred on the date stated above, at 1/30 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrosis of liver	

Other contributory causes of importance:
Mitral regurgitation

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Ashton Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1932

PLACE OF DEATH

County of FREMONT

City of ASHTON

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78680

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 a

2. FULL NAME DOLLY, MARIE, GEYER

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) JULY 2"TH 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~AT HOME~~ Ashton Ida

FATHER

13. NAME CHAS. GEYER

14. BIRTHPLACE (city or town) (State or country) OHIO

MOTHER

15. MAIDEN NAME CLARA BELLE, DUNN

16. BIRTHPLACE (city or town) (State or country) MISS.

17. INFORMENT (Address) CHAS. GEYER ASHTON IDAHO

18. BURIAL, CREMATION, OR REMOVAL BURIAL
Place ST ANTHONY IDAHO Date 2/4/32, 193

19. UNDERTAKER (Address) LEWIS KISER ASHTON IDAHO

20. FILED 2/3/32, 193 LEWIS KISER Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/2 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1932, to 3-2-32, 193

I last saw ~~her~~ alive on 3-2-32, 193 ; death is said to have occurred on the date stated above, at 5/30) P.M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Labor Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature], M. D.

(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99
Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE
State File No. 78681

Local Registrar's No. 56

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Jared Rock

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) Eliza C. Rock

6. DATE OF BIRTH (month, day, and year) Aug. 24th, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stonecutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morgan, Utah

FATHER

13. NAME Henry Rock

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Lennah Robinson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) James W. Rock Rexburg, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date mar. 24 193 2

19. UNDERTAKER (Address) W. M. Fraser St. Anthony, Idaho.

20. FILED March 28, 193 2 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2nd, 1932, to Mar. 22, 1932

I last saw him alive on Mar. 22 1932; death is said to have occurred on the date stated above, at 3:28 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	3-22-32
Other contributory causes of importance: Chronic Nephritis	1-2-30

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) P. W. Kelly, M. D.

(Address) St. Anthony, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of Heman, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78682

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Mary Helen Mason Winegar

(a) Residence. No. St Anthony, Route #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
62	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morgan County Utah

FATHER

13. NAME James H Mason

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Pomela Bullock

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Stephen J Winegar St Anthony, # 3

18. BURIAL, CREMATION, OR REMOVAL Place Parker Idaho Date Apr, 4th 1932

19. UNDERTAKER (Address) [illegible] St Anthony Ida.

20. FILED April 3, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to March 31, 1932

I last saw her alive on March 10, 1932: death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chr. Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

RECEIVED APR 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Newdale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78683

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Moroni Hodgson

(a) Residence. No. Newdale, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3-1860

7. AGE Years 71 Months 9 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Henry Hodgson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Shaw
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mr H M Hodgson Newdale, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Teton, Idaho Date Mar. 23, 1932

19. UNDERTAKER (Address) Vernon Keller Rexburg, Idaho

20. FILED March 22, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-20 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1931, to Aug 1, 1931
I last saw him alive on Aug 1, 1931: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
April 1931	

Other contributory causes of importance:
Cardio-vascular
renal disease

Name of operation none Date of ✓
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 193..
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
3/21/1932 (Signed) Lorin S. Rich, M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78684

PLACE OF DEATH
County of Fremont
City of Hemau

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgia Anna McMinn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

72

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm McMinn

6. DATE OF BIRTH (month, day, and year) Apr. 2 1860

7. AGE Years 71 Months 11 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER
13. NAME Augusta Pearce
14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER
15. MAIDEN NAME Carline Pullen
16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMENT (Address) Gib McMinn St. Anthony Route 3

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date Mar. 28, 1932

19. UNDERTAKER (Address) W. M. Harrison St. Anthony Idaho

20. FILED Mar 28 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 14 1932, to Mar 26, 1932
I last saw her alive on Mar 25, 1932: death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Dorsalis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. B. Wright M.D., M. D.
(Address) St Anthony Ida

1980

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of FREMONT.

City of ASHTON

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78685

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME AGUSTA HARRINGFELDT

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of CHRIS. HARRINGFELDT.

6. DATE OF BIRTH (month, day, and year) JULY/13/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. HOUSEWIFE.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME WILLIAM SCHAFER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME D.K.

16. BIRTHPLACE (city or town) (State or country) D.K

17. INFORMENT (Address) CHRIS. HARRINGFELDT SQUIRREL IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place ASHTON ID HO Date 2/ , 1932 BURIAL

19. UNDERTAKER (Address) LEWIS KISER ASHTON IDAHO

20. FILED 2/ 8th 1932 LEWIS KISER Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/6 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to 2-6, 1932

I last saw her alive on 2-6- 1932 death is said to have occurred on the date stated above, at 11/30P?M?

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	

Other contributory causes of importance:

Tumor of Pancreas.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Ashton Idaho

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78686

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. ..... 179)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Robert M. Downey

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PHYSICIAN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 30-1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Stockman
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Fairfield
(State or country) Iowa

PARENTS

10. NAME OF FATHER Samuel Downey

11. BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country)

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) " "
(State or County)

14. Informant Mrs Minnie E Downey
(Address) Emmett Ida

15. Filed 3/31, 1932 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 29 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
Jan 1, 1928, to March, 1932
that I last saw him alive on Mar 14, 1932
and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Uremia - Chronic nephritis - Enlarged prostate - Septic bladder
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arterio-Sclerosis Apoplexia
(duration) Several yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. L. Reynolds, M. D.
3/31, 1932 (Address) Emmett, Idaho.

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: 3/31 1932

20. Undertaker: C D Buckmaster — Address: Emmett Idaho

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78687

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter F. Crum

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1856

7. AGE Years 75 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) F. M. Alumbaugh Emmett Idaho

15. Filed 3/17, 1932 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to Mar 15th, 1932
that I last saw him alive on Mar 15, 1932
and that death occurred, on the date stated above, at 2 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Influenza

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. L. Reynolds, M. D.
3/17, 1932 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal Emmett Idaho | Date of Burial 3/17 1932

20. Undertaker C. D. Bucknum | Address Emmett Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

City of Hagerman

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21

Primary Registration District No.

(No. ..... St.)

File No. 78688

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Estella Josephine Adams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Divorced

6. DATE OF BIRTH: Oct (Month) 24 (Day) 1899 (Year)

7. AGE: 32 Yrs. 2 Mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: Joseph Oscar Smith

11. BIRTHPLACE OF FATHER (State or Country): N. C.

12. MAIDEN NAME OF MOTHER: Deborah Leadbetter

13. BIRTHPLACE OF MOTHER (State or Country): Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) O. S. Smith Hagerman

15. Filed Jan 24 1932 R. N. Greene Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16 1931 to Jan 21 1932 that I last saw her alive on Jan 21 1932, and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Nephritis with Complication

Since childhood (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) Lung affection

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. N. Greene M. D.

Jan 21 1932 (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hagerman — DATE OF BURIAL: Jan 23 1932

20. UNDERTAKER: [illegible] — ADDRESS: Buhl, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78689

PLACE OF DEATH
County of Gooding
City of

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 42

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hester Jane Weech

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wm S. Weech

6. DATE OF BIRTH (month, day, and year) Jan 16-1888

7. AGE Years 44 Months 1 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Luther Miller
14. BIRTHPLACE (city or town) (State or country) Dant Knox

MOTHER
15. MAIDEN NAME Kate Banes
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) M. A. Weech Hansen, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hagerman Date 3/8 1932

19. UNDERTAKER (Address) Evans & Johnson L. Johnson Buhl Ida

20. FILED 3/11, 1932 Elizabeth J. Smith Registrar By Act.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to March 6, 1932
I last saw her alive on March 4th, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus following Hysterectomy 24 hrs earlier	3-4-32
Other contributory causes of importance: Fibrosis of uterus (Operation for Relief of Fibro-myoma)	Since 1927

Name of operation Hysterectomy Date of 3-4-32
What test confirmed diagnosis? ✓ Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John F. Haughlin, M.D.
(Address) Twin Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78690

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 329

PLACE OF DEATH
County of Idaho
City of Kooskia
(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert William Waldron

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Luella Odekirk Waldron

6. DATE OF BIRTH (month, day and year) July 26 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dairyman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baxter Springs Kans

PARENTS

10. NAME OF FATHER William Robert Waldron
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Mary Graham
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) New York

14. Informant Luella O Waldron
(Address) Kooskia Idaho

15. Filed April 1, 1932 J M Verbeck Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to March 26, 1932
that I last saw h alive on March 16, 1932
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:
Chronic diffuse Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J M Verbeck M. D.
March 28, 1932 (Address) Kooskia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kooskia Cemetery	March 29 1932
20. Undertaker	Address
Geo Feeney	Kooskia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78691

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 328

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 P

2. FULL NAME Joshua Graham Powton

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Clark Powton

6. DATE OF BIRTH (month, day and year) June 16 - 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER William Powton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not-ascertainable
12. MAIDEN NAME OF MOTHER Martha Graham
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not-ascertainable

14. Informant Homer Powton
(Address) Kooskia

15. Filed April 1, 1932 J M Vanderkeuren Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 25 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to March 25, 1932
that I last saw him alive on March 25, 1932
and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Cystitis
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) J M Vanderkeuren, M. D.
March 27, 1932 (Address) Kooskia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Fairview Cemetery	March 28 1932
20. Undertaker	Address
Geo Tenney	Kooskia Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 15 1932

DO NOT WRITE IN THIS SPACE
State File No. 78692

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 327

PLACE OF DEATH
County of Idaho
City of Kooskia

(No. 162)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Clements

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 19- 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		Ore.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho County - Idaho

PARENTS

10. NAME OF FATHER Homer J Clements
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sun City Kansas
12. MAIDEN NAME OF MOTHER Amy Kyle
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho Co. - Idaho

14. Informant Homer J Clements
(Address) Kooskia - Idaho

15. Filed April 1, 1932 Jm Verbeck Kuns Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 20 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 8:45 P.M.
The CAUSE OF DEATH* was as follows:
No medical attendant - except Dr Phm
Immunity from Return
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Jm Verbeck Kuns, M. D.
March 25, 1932 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Tahoe Cemetery	March 21 1932
20. Undertaker	Address

RECEIVED APR 15 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78693

PLACE OF DEATH
County of Idaho
City of Clearwater

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 326

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernice Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day and year): May 17 - 1929

7. AGE: Years 2, Months 8, Days ..., If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Clearwater Idaho

PARENTS

10. NAME OF FATHER: Gerald Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Grangeville - Idaho
12. MAIDEN NAME OF MOTHER: Nellie Baldwin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): ~~Clearw~~ Idaho,

14. Informant: W B Smith
(Address): Clearwater Idaho

15. Filed April 1, 1932 J M Verbeekmans Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 17, 1932
that I last saw her alive on March 16, 1932
and that death occurred, on the date stated above, at 5:45 a.m.
The CAUSE OF DEATH* was as follows:
Broncho pneumonia
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J M Verbeekmans M. D.
March 20 1932 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Clearwater Cemetery
Date of Burial: 19

20. Undertaker
Address

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 18694
Registered No. 6

1. PLACE OF DEATH
County of Idaho
City of Cottonwood (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Joseph Scherer
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)

6. DATE OF BIRTH: March (Month) 11 (Day) 1932 (Year)

7. AGE: ✓ Yrs. ✓ Mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Cottonwood, Ida.

10. NAME OF FATHER Geo. Scherer

11. BIRTHPLACE OF FATHER (State or Country) Uniontown, Wash.

12. MAIDEN NAME OF MOTHER Mary Mauarity

13. BIRTHPLACE OF MOTHER (State or Country) Westlake, Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. Scherer
(Address) Craigmont, Ida.

15. Filed Mar. 14 1932 W. F. Orr M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 11 1932, to Mar. 14 1932
that I last saw him alive on ..... 19.....
and that death occurred on the date stated above, at 12:30 A M.
The CAUSE OF DEATH* was as follows:
Renal Suppression
.....
.....
(Duration) ..... Yrs. ..... mos. 3 ds.
Contributory (Secondary) Tuberculosis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wesley F. Orr M. D.
3/14 1932 (Address) Cottonwood Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood, Ida. DATE OF BURIAL: Mar. 14 1932
20. UNDERTAKER: Fr. Willibrord ADDRESS: Cottonwood, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY; PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED APR 9 1932

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
(No. ..... St.)

File No. 78695
Registered No. .....

1. PLACE OF DEATH
County of Idaho
City of Cottonwood
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Katherine Dunnan

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE~~, ~~MARRIED~~, WIDOWED OR ~~DIVORCED~~: Widowed (Write the word.)

6. DATE OF BIRTH: April 10 1862 (Month) (Day) (Year)

7. AGE: 69 Yrs. 11 Mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Carltown, Pa.

10. NAME OF FATHER: Peter Parish

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Mary Hartner

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Viscount Dunnan
(Address) Cottonwood Idaho

15. Filed Mar 17 1932 W. F. Orr Local Registrar
per J.B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar 16 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1932, to Mar 16 1932, that I last saw h.er alive on Mar 16 1932, and that death occurred on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia Bronchial.
(Duration) ..... Yrs. 0 mos. 10 ds.
Contributory (Secondary) Cerebral hemorrhage.
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Healey F. Orr M. D.
3/17 1932 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 15 days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not, at place of death? At Home.
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood Ida. DATE OF BURIAL: Mar 18 1932.

20. UNDERTAKER: Bowers & Hamm Lewiston Ida. ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78696

PLACE OF DEATH
County of Idaho
City of Riggins

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Polly Frances Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1019

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of: ~~Tommy~~ Smith
6. DATE OF BIRTH (month, day, and year): April 13, 1899
7. AGE: Years 82; Months 10; Days 21; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kalls County Mo

FATHER
13. NAME: Henry Utterback
14. BIRTHPLACE (city or town) (State or country): Ken

MOTHER
15. MAIDEN NAME: Veranda Utterback
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): Mrs. Roy Hise Riggins Idaho.
18. BURIAL, CREMATION, OR REMOVAL
Place: Riggins Idaho Date: March 11, 1932
19. UNDERTAKER (Address): C. A. Hancock
20. FILED: 4-1-, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-9- 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1932, to Mar. 4, 1932
I last saw her alive on Mar. 4, 1932; death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3·3·32.

Other contributory causes of importance:
Fractured right shoulder by fall.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) B. Chipman, M. D.
(Address) Grangeville Ida

RECEIVED MAR 1 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78697

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 325

PLACE OF DEATH
County of Idaho
City of Kooskia
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Leo Adamson

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant -

6. DATE OF BIRTH (month, day and year) Feb. 12 - 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kooskia - Idaho

PARENTS

10. NAME OF FATHER Percy Adamson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Hoquiam Wash
12. MAIDEN NAME OF MOTHER Juanita Brown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Redmond - Idaho

14. Informant Percy Adamson
(Address) Kooskia - Idaho.

15. Filed March 1, 1932 J M Verbeke Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 23 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1932, to Feb 23, 1932
that I last saw him alive on , 19
and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J M Verbeke M. D.
Feb 25, 1932 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Father Cemetery	Feb 25 1932
20. Undertaker	Address
Family	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 9 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78698

PLACE OF DEATH

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 9

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Fred J. Burnthal

(a) Residence. No. Grangeville, Idaho St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day and year) May 18, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retire Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fortmore Michigan

PARENTS

10. NAME OF FATHER Fred Burnthal

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Margaret Rief

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mike Burnthal Grangeville

15. Filed 4-1-, 1932. B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 20 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-17-, 1928, to 3-19-, 1932

that I last saw him alive on 3-19-, 1932

and that death occurred, on the date stated above, at 4 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 3 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart Lesions

(Signed) B. Chapman, M. D.

3-28-, 1932 (Address) Grangeville Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Prierie View	3-22-3 19
20. Undertaker	Address
Ailor Mortuary	Grangev

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78699

PLACE OF DEATH
County of ~~Lewis~~ Idaho
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 3

#6

2. FULL NAME Cleota McCampbell
(a) Residence. No. Kamiah Ida St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Archie McCampbell

6. DATE OF BIRTH (month, day and year) 8-4-1898

7. AGE: 34 Years | Months: 6 | Days: 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Highland Station Kansas

PARENTS

10. NAME OF FATHER: Luther Gaines
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Highland Station Kansas
12. MAIDEN NAME OF MOTHER: Liza Isabelle Nichols
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Brown County Kansas

14. Informant: Mrs Ray Nichols
(Address)

15. Filed 4-11, 1932. Nell Robertson, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932, to Above, 19..., that I last saw her alive on 2/20, 1932 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of uteris

..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? None
(Signed) [signature], M. D.
2/24, 1932 (Address) Kamiah Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~: Kamiah Ida | Date of Burial: 2-26 1932

20. Undertaker: Kamiah Funeral Home | Address: Kamiah Ida

RECEIVED APR 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78700

PLACE OF DEATH

County of Idaho
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 4

31

2. FULL NAME Fattie Mae Kipp
(a) Residence. No. Kamiah Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Indian
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year)

7. AGE: 19 Years: 1912 Months: Jan. Days: 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Nez Perce Reservation

PARENTS

10. NAME OF FATHER: Ellis Kipp
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Kamiah ~~Ellis Kipp~~ Idaho
12. MAIDEN NAME OF MOTHER: Mary Adams
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Nez Perce Reservation

14. Informant: Blanche Kipp
(Address): Kamiah Idaho

15. Filed E-30, 1932 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 25th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept., 1931, to 2/25, 1932
that I last saw her alive on 2/25, 1932
and that death occurred, on the date stated above, at 1:30 a.m.
The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) [signature], M. D.
2/26, 1932 (Address) Kamiah Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kamiah Second Church Indian Cemetery
Date of Burial: Feb 27 19

20. Undertaker: Geo. W. Trenary
Address: Kooskia Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78701

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1650
Local Registrar's No. 37
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie L Ferguson

(a) Residence. No. St. Maries St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. L. Ferguson

6. DATE OF BIRTH (month, day and year) Nov. 17 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	4	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10. NAME OF FATHER T. Dodd
11. BIRTHPLACE OF FATHER (city or town) (State or Country) W. Virginia
12. MAIDEN NAME OF MOTHER adeline Borderhoff
13. BIRTHPLACE OF MOTHER (city or town) (State or County) W. Virginia

14. Informant J. L. Ferguson
(Address) St. Maries, Idaho

15. Filed 3-29, 1932 H. G. Sturgis Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 23, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19...
that I last saw h— alive on ——, 19...
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental - Struck by truck
suffering fracture of right
fibula, right clavicle right 4-9th
ribs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Examination
(Signed) Harold G Sturgis, M. D.
3 - 24, 1932 (Address) Cda Idaho

19. Place of Burial, Cremation, or Removal: Forest Cemetery — Date of Burial: 3/25 1932
20. Undertaker: R. B. Mooney — Address: Cda.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 78702

Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lloyd Lyle Benjamin

(a) Residence. No. 1601 - 23rd St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

163

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1918-12-8

7. AGE — Years: 13 — Months: 3 — Days: 9 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roscommon Mich.

FATHER

13. NAME Lucian Benjiman

14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Ida Kellbach

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) Ida. Benjamin

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem. Date 3-20, 1932

19. UNDERTAKER Casady Funeral Home (Address) Coeur d'Alene Ida

20. FILED 3-29, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1932, to 3-17, 1932

I last saw h alive on 3-17, 1932: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from gun shot wound in abdomen	

Other contributory causes of importance:

Name of operation Laparotomy Date of 3-17-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-17, 1932

Where did injury occur? Coeur d' Alene, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury Gun shot wound

Nature of injury Gun shot wound

24. Was disease or injury in any way related to occupation of deceased? No or so, specify

(Signed) Harold J. Sturgess, M. D.

(Address) Ida Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7803

PLACE OF DEATH
County of Kootenai
City of Coeur d Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 29
(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mary E Low

(a) Residence. No. 301 Virginia Ave St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) Jan 1 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	2	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Del

PARENTS

10. NAME OF FATHER J Sinex

11. BIRTHPLACE OF FATHER (city or town) (State or Country) U S.

12. MAIDEN NAME OF MOTHER Almira Poe

13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant (Address) Mrs M E Mael Coeur d Alene Idaho

15. Filed 3-29, 1932 W. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 9 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to March, 1932
that I last saw her alive on March 7, 1932
and that death occurred, on the date stated above, at 5.45 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Exam
(Signed) Harold J Sturges, M. D.
3-11, 1932 (Address) Cda Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Forest Cemetery	3/11 1932
20. Undertaker	Address
R B. Mooney	Coeur d Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1650

DO NOT WRITE IN THIS SPACE
State File No. 78704

Local Registrar's No. 36

(No. 161-A)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cyrus Benj. Jr. Mitcheltree

(a) Residence. No. 1415 - C'dAlene St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~1932 - 3 - 26~~

6. DATE OF BIRTH (month, day, and year) 1932 - 3 - 26

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Ida

FATHER

13. NAME Cyrus Benj. Mitcheltree

14. BIRTHPLACE (city or town) (State or country) Mercer. Penn

MOTHER

15. MAIDEN NAME Muriel Wilson

16. BIRTHPLACE (city or town) (State or country) Hillsdale Ind.

17. INFORMENT (Address) C B Mitcheltree

18. BURIAL, CREMATION, OR REMOVAL Place C'd Alene Ida Date 3 - 30, 1932

19. UNDERTAKER (Address) Carsey Funeral Home C'd'Alene Ida

20. FILED 3 - 31, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3 - 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 3 - 26, 1932, to 3 - 29, 1932

I last saw him alive on 3 - 28, 1932.: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	
No Vitality	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. H. Teed, M. D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78705

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Frank J. Neuman

(a) Residence. No. 616 - River St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Hazel Neuman

6. DATE OF BIRTH (month, day, and year) 1873-10-15

7. AGE Years 58 Months 5 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mill worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. saw mill
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation 14 yr

12. BIRTHPLACE (city or town) (State or country) Stillwater Minn.

FATHER
13. NAME Don't know
14. BIRTHPLACE (city or town) (State or country) don't know

MOTHER
15. MAIDEN NAME don't know
16. BIRTHPLACE (city or town) (State or country) don't know

17. INFORMENT (Address) Agnes Neuman 616 River Ave.

18. BURIAL, CREMATION, OR REMOVAL Place C D'Alene Ida Date 3-22, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home C D'Alene Ida

20. FILED 3-29, 1932 H J Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14 to 20, 1932, to ——, 193

I last saw h 20 alive on 3-20, 1932: death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right disease	Jan 32

Other contributory causes of importance:

Dropsy

Name of operation No Date of No

What test confirmed diagnosis? Yours Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Pearson, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 39

DO NOT WRITE IN THIS SPACE
State File No. 78706

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

178

2. FULL NAME Charles Wade Kellogg

(a) Residence. No. 901 - Mullan St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Marion S. Kellogg

6. DATE OF BIRTH (month, day, and year) 1861 - 6 - 17

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Merchant -

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Beaver Dam Wis

FATHER

13. NAME Edgar S. Kellogg

14. BIRTHPLACE (city or town) (State or country) Catlin N. Y.

MOTHER

15. MAIDEN NAME Helen J. Risdon Carter

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Marion S Kellogg

18. BURIAL, CREMATION, OR REMOVAL Place Cdalene Ida Date 4-3 1932

19. UNDERTAKER (Address) Cassed Funeral Home Cdalene Ida

20. FILED 4-3, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 31, 1932

I last saw h alive on March 31, 1932: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	not known
Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible], M. D.

(Address) Coeur d Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 78707

Local Registrar's No. 35

(No. 1209 N. 11th St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Robert Lewis Whitsitt

(a) Residence. No. 1209 N. 11th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1916-12-19

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15 -			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alberta Canada

FATHER

13. NAME Lewis Whitsitt.

14. BIRTHPLACE (city or town) (State or country) Corvallis Mont-

MOTHER

15. MAIDEN NAME Luella Freeland

16. BIRTHPLACE (city or town) (State or country) Plainfield Wis.

17. INFORMENT (Address) Mrs L. T. Whitsitt

18. BURIAL, CREMATION, OR REMOVAL Place C'd'Alene Ida Date 4-3, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home C'd'Alene Ida

20. FILED 4-1, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-1-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-15-, 1932, to Mar 31, 1932

I last saw h- alive on March 31, 1932: death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	2-15-32

Other contributory causes of importance:

Pyogenic Infection	

Name of operation Appendectomy Date of 2-16-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Seed, M.D.

(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78708

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH
Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 31
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Lumberg
(a) Residence. No. ~~301~~ 1 A 21 & Summit St. 66
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 27 yrs. mos. ds. How long in U. S. if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) 1853

7. AGE Years 79 Months Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Woods Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweeden

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Brown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs Axel Larson Coeur d'Alene Ida.

15. Filed 3-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mch (Month) 10 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Found dead in home
Been dead for several days. (probably Valvular Heart disease) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) R B Mooney Prosser, M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal Forest Cemetery
Date of Burial 3/12 1932

20. Undertaker R B Mooney Coeur d'Alene
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78709

PLACE OF DEATH

County of Kootenai
City of Coeurd'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 33
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Andrew Ellis
(a) Residence. No. Hayden Lake Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 9 yrs. — mos. ds. How long in U. S. if of foreign birth 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day and year) June 6 - 1854

7. AGE Years 72 Months 9 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Sweden
(State or country)

PARENTS
10. NAME OF FATHER Hans Ellis
11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or County)

14. Informant (Address) Marie Ellis Hayden Lake

15. Filed 3-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 15 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at ... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Patient died before I arrived
Ch. Myocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Harold J. Sturges, M. D.
3-17, 1932 (Address) Cda Idaho

19. Place of Burial, Cremation, or Removal Forest Cemetery
Date of Burial 3/17 1932

20. Undertaker Mooney Mortuary
Address Coeurd'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 78710

Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Larson

884

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Anglo

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1865-3-10

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME — — Larson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Dont-know

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Henry Larson Jr.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash. Date 3-10, 1932

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene

20. FILED 3-29, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1932, to March 9, 1932

I last saw him alive on Feb 15, 1932; death is said to have occurred on the date stated above, at 11:0 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis + Senility	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Howard J. Sturgess, M. D.

(Address) Cda Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78711

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME J. Wm John Lang.

(a) Residence. No. 909 - 22nd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Mary Belle Lang

6. DATE OF BIRTH (month, day, and year) 1854 - 5 - 25

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Alexander Lang

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Isabella Summerville

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMENT (Address) Mary Belle Lang

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Date 3-27, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 3-29, 1932 W. E. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-24 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19th, 1932, to March 24th, 1932

I last saw h-- alive on March 24, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-19-32
Other contributory causes of importance: Arterio sclerosis	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. H. Reed, M. D.

(Address) Coeur d'Alene Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7812

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 30
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lenora B. Russell
(a) Residence. No. 822 Bancroft St. St. 709
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 7 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of W. J. Russell

6. DATE OF BIRTH (month, day and year) July 29, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	7	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Grand Rapids Mich

PARENTS

10. NAME OF FATHER Vander

11. BIRTHPLACE OF FATHER (city or town) (State or Country) U. S.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) U. S.

14. Informant W. J. Russell (Address) C'd'A.

15. Filed 3-29, 1932 W. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 7, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1932, to March 7, 1932
that I last saw her alive on March 7, 1932
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Chronic Nephritis.
(duration) 1 yrs. or longer mos. ....ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical & Laboratory test
(Signed) O. M. Custead, M. D.
March 8, 1932 (Address) Coeur d'Alene, Ida.

19. Place of Burial, Cremation, or Removal Forest Cemetery — Date of Burial 3-10 1932
20. Undertaker R. B. Mooney — Address C'd'A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78713

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 28
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Petersen 749
(a) Residence. No. 1116 Front St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John E Petersen

6. DATE OF BIRTH (month, day and year): Aug 24, 1858

7. AGE: Years 73, Months 6, Days 11. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Wisc

PARENTS

10. NAME OF FATHER: Thomas Campbell
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: Catherine —
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Wisc

14. Informant (Address): John E Petersen, Coeur d'Alene Ida

15. Filed 3-29, 1932 H. J. Sturger Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mch (Month) 5 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1932, to March 5, 1932
that I last saw her alive on March 5, 1932
and that death occurred, on the date stated above, at 11:15 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Stroke of Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) E. H. Tied, M. D.
3-7-, 1932 (Address) Coeur d'Alene Ida

19. Place of Burial, Cremation, or Removal: Forest Cemetery
Date of Burial: Mch 7 1932

20. Undertaker: P. B. Mooney
Address: Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78714

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 25

(No.) 749
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William W. Bennett

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Flora L. Bennett
6. DATE OF BIRTH (month, day and year): Sept 16 - 1854
7. AGE: Years 67 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Ill.

PARENTS
10. NAME OF FATHER: — Bennett
11. BIRTHPLACE OF FATHER (city or town) (State or Country): ✓
12. MAIDEN NAME OF MOTHER: ✓
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): ✓

14. Informant: Flora L. Bennett
(Address): Rathdrum

15. Filed 3-29, 1932 — W. J. Sturges, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 31. (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1931, to Jany 31, 1932
that I last saw him alive on Jany 31, 1932
and that death occurred, on the date stated above, at 6.30 p m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage with paralysis left side
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) General Arterio-Sclerosis
(duration) 4 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Frank Kenny, M. D.
2/1, 1932 (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Pine Grove Cemetery - Rathdrum
Date of Burial: 2-4 1932
20. Undertaker: Cassidy Funeral Home
Address: Rathdrum

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78715

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME George Franklin Whitsett

(a) Residence. No. 1312 - 4th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Whitsett

6. DATE OF BIRTH (month, day, and year) 1859-3-25

7. AGE Years 72 Months 11 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bryan school
10. Date deceased last worked at this occupation (month and year) Nov. 27, 1931
11. Total time (years) spent in this occupation 9 yr.

12. BIRTHPLACE (city or town) (State or country) Peoria Ill

FATHER
13. NAME Wm Taylor Whitsett
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Mary McCallister
16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Mrs M. Whitsett

18. BURIAL, CREMATION, OR REMOVAL Place Corvallis, Mont. Date 3-9, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 3-7, 1932 K. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to ....., 193...
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	6 to 8 months duration

Other contributory causes of importance:

Name of operation Exploratory Date of Nov. 1931
What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) O M Husted, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78716

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Grismer

(a) Residence. No. 801 Bancroft St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1914-9-19

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17.	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mullan
(State or country) Ida

FATHER
13. NAME W. Grismer
14. BIRTHPLACE (city or town) Minn
(State or country)

MOTHER
15. MAIDEN NAME Theresa Decker
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Frank Grismer
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Saline Ida Date 3-8, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene.

20. FILED 3-8, 1932 H. J. Sturgis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 6 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 6, 1932
I last saw h- alive on March 5, 1932; death is said to have occurred on the date stated above, at 4:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	
Other contributory causes of importance:	

Name of operation Appendectomy Date of March 2 3/32
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C. H. Reed, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7871 7

Registration District No. 126
Primary Registration District No. 2304 Local Registrar's No. 29

(No. 0)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Perry Powell.

(a) Residence. No. 0 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Kittie Powell

6. DATE OF BIRTH (month, day, and year) 1858-6-24

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool room

10. Date deceased last worked at this occupation (month and year) March 1932

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Victoria Ill.

FATHER

13. NAME Perry Powell

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Nancy S. Smith

16. BIRTHPLACE (city or town) (State or country) Don't-Know

17. INFORMENT (Address) William S. Hamer Pine Ridge Oregon.

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Ida Date 3-24, 1932

19. UNDERTAKER Cassedy Funeral Home (Address) Harrison Idaho.

20. FILED Mar. 23, 1932 W. W. Impact Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1932, to Mar 22, 1932
I last saw him alive on Mar. 22, 1932: death is said to have occurred on the date stated above, at 7.20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acidosis	Mar. 1932

Other contributory causes of importance:

Influenza "intestinal type"	2 yrs +

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) W. W. Impact, M. D.
(Address) Harrison

RECEIVED APR 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78718

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 17

88b

2. FULL NAME Gwenna Montague.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 13 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 19, 1918

7. AGE: Years 13 | Months 5 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho.

PARENTS

10. NAME OF FATHER Glenn Earnest Montague.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Myrtle Harrit Cordon.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rigby, Idaho.

14. Informant Glen E Montague
(Address) Rigby, Idaho.

15. Filed 3-13, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2 1932 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to Mar 2, 1932
that I last saw her alive on Mar 1, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Chronic (Rheumatic) valvular endocarditis + myocarditis
..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H Ray Hatch, M. D.
Mar 5, 1932 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. | Date of Burial: 3/12/32 19

20. Undertaker: A B Eckersell | Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78719

PLACE OF DEATH

County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

70

2. FULL NAME Christian Mansen Jockomsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of XXXXXXXXX Laura P. Jockomsen.

6. DATE OF BIRTH (month, day and year) June. 29, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	8	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith.

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10. NAME OF FATHER Hans Jockomsen.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark.

12. MAIDEN NAME OF MOTHER Dorothy (Unknown)

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denmark

14. Informant Hans Jockomsen
(Address) Rigby, Idaho.

15. Filed 3-17, 1932. C. W. Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 15 1932
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1932, to Mar 15, 1932
that I last saw h[illegible] alive on Mar 15, 1932
and that death occurred, on the date stated above, at 7:20 P m.

The CAUSE OF DEATH* was as follows:
Encephalitis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Sinusitis

(duration) yrs. mos. 30 ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Was in Hospital

(Signed) H. A. Anderson, M. D.

Feb 17, 1932 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	3/19/32 19

20. Undertaker C. W. Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78720

PLACE OF DEATH

County of Jefferson

City of Ririe

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 19

(No.) 749

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Henry Rands.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Sarah Elizabeth Rands.

6. DATE OF BIRTH (month, day and year) May 1 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	63	10	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10. NAME OF FATHER William Rands.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Ann Sparling.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland.

14. Informant Clarence R Rands
(Address) Ririe, Idaho.

15. Filed 3-27, 1932 A. E. Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to Mar 26, 1932
that I last saw h~~im~~ alive on Mar 26, 1932
and that death occurred, on the date stated above, at 1 A m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos. 5 ds.
CONTRIBUTORY Arteriosclerosis and
(Secondary) Chronic Myocarditis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical and Laboratory
(Signed) W. K. Abbott, M. D.
Mar 27, 1932 (Address) Ririe Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	3/28/32 19

20. Undertaker A. E. Eckersell Address Rigby

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 78721

PLACE OF DEATH
County of Jerome Idaho
City of Jerome

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Caroline Sinclair

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 26 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER

13. NAME W. G. Sinclair

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Freda Meyer

16. BIRTHPLACE (city or town) (State or country) Copenhagen

17. INFORMENT (Address) W. G. Sinclair Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Idaho Date 4/13, 1932

19. UNDERTAKER L. A. L. Thompson
(Address) Jerome Idaho

20. FILED 4/14, 1932 Chas L Zeller 2nd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April 11, 1932

I last saw her alive on April 11, 1932; death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Principal Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas. J. Schmarsdall, M. D.

(Address) Jerome

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 18722

Registration District No. 1 S
Primary Registration District No.
Local Registrar's No.

PLACE OF DEATH
County of Jerome
City of
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David V Eaklin

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day and year) Oct 10 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10. NAME OF FATHER David Eaklin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pa.
12. MAIDEN NAME OF MOTHER Rebecca Stoltzy
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Pa

14. Informant Mrs Ernest Hunt
(Address)

15. Filed 4/7, 1932 C. F. Zeller Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 6 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932, to April 6, 1932
that I last saw h[illegible] alive on April 5th, 1932
and that death occurred, on the date stated above, at 8:50 a m.
The CAUSE OF DEATH* was as follows:
Influenzal Pneumonia
Pyelitis Right Kidney
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical
(Signed) C. F. Zeller, M. D.
4/7, 1932 (Address) Jerome, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Jerome Cem	Apr 8 1932

20. Undertaker	Address
J R Wiley	Jerome Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7872 3

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 5
Primary Registration District No. 18
Local Registrar's No. 18
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Carol Lee Ploss

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) 7-6-28-

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Jerome Idaho
(State or country)

PARENTS

10. NAME OF FATHER Adolph G. Ploss
11. BIRTHPLACE OF FATHER (city or town) Council Bluffs Iowa
(State or Country)
12. MAIDEN NAME OF MOTHER Jennie Agar
13. BIRTHPLACE OF MOTHER (city or town) Gedar Nebr.
(State or County)

14. Informant Mrs. Adolph G. Ploss
(Address)

15. Filed 3/31, 1932 C. B. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 31 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5 1932 to Mar. 31 1932
that I last saw h.. alive on Mar. 31 1932
and that death occurred, on the date stated above, at 1:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Streptococic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Streptococcus multiple joint infection
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. B. Zeller M. D.
3-31 1932 (Address) Jerome Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial 1932
Jerome Cemetery	
20. Undertaker White Mortuary Inc	Address Twin Falls Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78724

PLACE OF DEATH
County of Jerome
City of

Registration District No. 16
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

74 A

2. FULL NAME Annie Powell

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J A Powell

6. DATE OF BIRTH (month, day and year) May 19 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Denton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Eng
12. MAIDEN NAME OF MOTHER N. K.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Eng

14. Informant J. A. Powell
(Address) Jerome Ida

15. Filed 4/7, 1932 C. A. Zeller Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 5 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1932, to April 5, 1932
that I last saw h[illegible] alive on April 3, 1932
and that death occurred, on the date stated above, at 3:00 P m.
The CAUSE OF DEATH* was as follows:
Cerebral Haemorrage

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. A. Zeller M. D.
4/7, 1932 (Address) Jerome, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Jerome Cem	Apr 7, 1932
20. Undertaker	**Address**
J R Wiley	Jerome – Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 78725

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11-9

2. FULL NAME George S. Hill

(a) Residence. No. Jerome - Ida St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of (or) ~~WIFE of~~ Anne M. Hill

6. DATE OF BIRTH (month, day and year) Dec 4 - 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Bergen
(State or country) Norway

PARENTS

10. NAME OF FATHER Stone Hill

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Norway

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Norway

14. Informant Mrs. M. E. Callicotte
(Address) .....

15. Filed 4/7, 1932 Chas F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 23, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1932 to Mar 23, 1932
that I last saw h... alive on Mar 22, 1932
and that death occurred, on the date stated above, at 3 48 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza

..... (duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (Secondary) Hypostatic Pneumonia
..... (duration) ..... yrs. ..... mos. 2 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) J. M. Sams, M. D.
Mar 25, 1932 (Address) Kimberly Ida

19. Place of Burial, ~~Cremation~~, or ~~Removal~~	Date of Burial 19
Jerome Cemetery	

20. Undertaker	Address
White Mortuary Inc	Twin Falls Ida.

RECEIVED APR 1 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78726

PLACE OF DEATH

County of Jerome

City of Hazelton, Ida.

Registration District No. 23

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

659

2. FULL NAME Ray Clark Cochran

(a) Residence. No. Hazelton, Idaho St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) ✓

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nelle Cochran

6. DATE OF BIRTH (month, day and year) June 26, 1882

7. AGE Years 49 Months 9 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Guthrie Center, Iowa

PARENTS

10. NAME OF FATHER Wilson Cochran

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Sarah Stinson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant (Address) Nelle Cochran Hazelton, Idaho

15. Filed 4-9, 1932 S. Hopper Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1931, to April 9th, 1932

that I last saw him alive on April 9th, 1932

and that death occurred, on the date stated above, at 5:30a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

..... (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Blood counts.

(Signed) John R. Coughlin, M. D.

4-9, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery

Date of Burial 4-11 1932

20. Undertaker White Mortuary Inc

Address Twin Falls Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED APR 15 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 32
Primary Registration District No. 2017
File No. 10127
Registered No.

1. PLACE OF DEATH
County of Jerome
City of Eden
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Nella Hepworth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fm
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): single

6. DATE OF BIRTH: Mar 15 (Month) (Day) 1932 (Year)

7. AGE: ....Yrs....Mos. 3 ds.
IF LESS than 1 day how many....hrs. or....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Eden Ida

10. NAME OF FATHER: Merrit Hepworth

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Lillith Erickson

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edda Erikson
(Address)

15. Filed Apr 1 1932 S Hopper Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 18 (Month) (Day) 1932 (Year) 1619

17. I HEREBY CERTIFY, That I attended deceased from Mar 15 1932 to Mar 18 1932
that I last saw her alive on Mar 18 1932
and that death occurred on the date stated above, at 6:40 P.M.
The CAUSE OF DEATH* was as follows:
Premature

....(Duration) ....Yrs....mos....ds.
Contributory (Secondary)
....(Duration) ....yrs....mos....ds.

(Signed) S Hopper M. D.
....19.... (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....days. In the State....yrs....mos....days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hagerman | DATE OF BURIAL: 3-20 1932

20. UNDERTAKER: none | ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78728

PLACE OF DEATH

County of Latah — Registration District No. 64

City of Troy — Primary Registration District No. 2144 — Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Linnea Norma Frankzich

(a) Residence. No. ..... St. 131

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Casper Frankzich

6. DATE OF BIRTH (month, day and year): Nov 12 1891

7. AGE: 40 Years — Months: 2 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Sweden

PARENTS

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (city or town) (State or County): Sweden

14. Informant (Address): Casper Frankzich, Troy Idaho

15. Filed March 31 1932 — Lucy M Pickerd, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 14, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to March 14, 1932 that I last saw her alive on March 13, 1932 and that death occurred, on the date stated above, at 8 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardio-vascular - renal disease

..... (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Chas. A. Meyer, M. D.

March 15, 1932 (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal: Moscow — Date of Burial: Mar 17 32

20. Undertaker: John J Pickerd — Address: Troy Idaho

Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78729

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Friedline

749

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13, 1932

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow

FATHER
13. NAME Reilly R. Friedline
14. BIRTHPLACE (city or town) (State or country) Desoto Ill.

MOTHER
15. MAIDEN NAME Nelle J. Rutherford
16. BIRTHPLACE (city or town) (State or country) Bosburg Wash.

17. INFORMENT (Address) R.R. Freidline Moscow, Ida.

18. BURIAL, CR~~EMATION OR REMOVAL~~
Place Moscow Date 3/14, 1932

19. UNDERTAKER (Address) H.R. Short Moscow, Ida.

20. FILED 4/12, 1932 J. Harry Einhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1932, to Mar 13, 1932
I last saw him alive on March 13, 1932: death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage of new-born	

Other contributory causes of importance:
Premature birth.
7½ mo gestation

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 15 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78730

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 21

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Anderson

(a) Residence. No. Genesee, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mali Anderson

6. DATE OF BIRTH (month, day, and year) Sept. 23, 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 60yrs

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Joseph P. Anderson, Genesee, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Genesee Valley Date Mar. 19, 1932

19. UNDERTAKER H. R. Short (Address) Moscow, Idaho

20. FILED 4/12, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 6th, 1932, to Mar 16th, 1932
I last saw him alive on Mar 16, 1932; death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Reticulo-Hyper Prostatic Renal Insufficiency - Anuria	Mar 14th
	Mar 15.
Other contributory causes of importance: Uraemic Stupor - Coma	Mar 15
	Mar 6.

Name of operation Cystotomy Prostatectomy Date of Mar 14
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow (Rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 78731

Local Registrar's No. 22

164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John C. Carlson

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Lola Carlson

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 47 yr.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Carl Carlson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Ingre

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Lester Carlson Troy, Idaho R.F.D.No.1.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Idaho Date Mar. 20, 1932

19. UNDERTAKER H. R. Short (Address) Moscow, Idaho

20. FILED 4-12, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932, to March 18, 1932

I last saw him alive on March 1st, 1932; death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Cardio-vascular renal disease	1927.
Other contributory causes of importance:	
Cerebral hemorrhage	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. T. Meyer, M. D.

(Address) Troy, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78732

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Arthur Lewis Taylor

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Josephine Taylor

6. DATE OF BIRTH (month, day, and year) June 10, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Auctioneer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Mt. Ayre, Iowa

FATHER

13. NAME M. L. Taylor

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Mira Wiley

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Mrs. A. L. Taylor Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Idaho Date Mar. 23, 1932

19. UNDERTAKER (Address) H. R. Short Moscow, Idaho

20. FILED 4/12, 1932 J. Harry Einhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to March 19, 1932

I last saw him alive on March 18, 1932; death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis –	Unknown

Other contributory causes of importance:

Post operative Appendix	Feb.

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify NO.

(Signed) J. Harry Einhouse, M. D.

(Address) Moscow, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Mg
Mgr

PLACE OF DEATH

County of Latah

City of Viola

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 15 1932

DO NOT WRITE IN THIS SPACE

State File No. 78733

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159 b

2. FULL NAME Dorothy Nina Libey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1932

7. AGE — Years: — Months: 1 — Days: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow Idaho

FATHER

13. NAME Clyde Libey

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Ona Smith

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Clyde Libey Viola, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Viola, Ida. Date 3/28, 1932

19. UNDERTAKER (Address) H.R. Short Moscow, Ida.

20. FILED 4-12, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/27 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 2, 1932, to Feby 11th, 1932

I last saw her alive on Feby 11, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease
Malnutrition.

Date of onset

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.

(Address) Moscow

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 18735

PLACE OF DEATH
County of LaLah Registration District No. 64
City of Troy Primary Registration District No. 2144 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. **FULL NAME** Johanna Millon

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 6 1840

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
91	11	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER Peter Millon
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Holmes
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Carl Millon (Address) Troy Ida

15. Filed March 31, 1932 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1918, to Feb. 9, 1932
that I last saw her alive on Feb. 8, 1932
and that death occurred, on the date stated above, at 2 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Senility

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Chas A. Meyer, M. D.
Feb. 9, 1932 (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Westdale cem	Feb 14 1932
20. Undertaker	**Address**
John J. Pickerd	Troy Ida

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78736

PLACE OF DEATH
County of Latah
City of Bovill

Registration District No. 64
Primary Registration District No. 2144
(No.)
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

159 C

2. FULL NAME Larry Dean Clark.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word).
M.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) March 7th 1932.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		7.	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant -
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Bovill
(State or country) Latah Co. Idaho.

PARENTS
10 NAME OF FATHER Delbert Clark.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) W. Virginia.
12 MAIDEN NAME OF MOTHER Ellen White.
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Idaho.

14 Informant Delbert Clark
(Address) Bovill, Idaho,

15 Filed March 31 1932 Lucy M Pickerd Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March (Month) 14th (Day) 1932. (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 7th, 1932, to March 14, 1932, that I last saw him alive on March 13, 1932, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:
Congenital malformation of Kidneys & Bladder.
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Chas G. Meyer M. D.
March 16 1932 (Address) Troy, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Spokane Clark.	3-16- 1932
20. Undertaker	Address
Degen & Jaeger.	Spokane Wash.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78737

PLACE OF DEATH
County of Latah
City of Potlatch

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No. 19

(No. 610 Oak St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Sundstrom

(a) Residence. No. 610 Oak St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Allene Sundstrom

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw-filer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill

10. Date deceased last worked at this occupation (month and year) Sept. 1930

11. Total time (years) spent in this occupation 15yrs.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Allene Sundstrom Potlatch, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Ida. Date March 28, 1932

19. UNDERTAKER H.R. Short (Address) Moscow, Idaho

20. FILED March 28th, 1932 J.W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 1932

22. I HEREBY CERTIFY, That I attended deceased from March-, 1931, to March- 26th, 1932
I last saw him alive on March 25th, 1932: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1929
Other contributory causes of importance:	
Arteriosclerosis	1925

Name of operation V Date of
What test confirmed diagnosis? V Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. C. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78738

Registration District No. 63
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Miles Hanks 119

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 3 | Months 10 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): American Ridge Idaho

FATHER
13. NAME: Marion Franklin Hanks
14. BIRTHPLACE (city or town) (State or country): Lenore, Idaho

MOTHER
15. MAIDEN NAME: Louise I. Pierce
16. BIRTHPLACE (city or town) (State or country): Juliaetta, Idaho

17. INFORMENT (Address): Marion F. Hanks Juliaetta, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Juliaetta Date: Mar 29, 1932

19. UNDERTAKER (Address): H. R. Short Moscow, Idaho

20. FILED: Mar 30, 1932 O. F. Neabit, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A cute indigestion, following eating of many eggs, followed by spasms	

Other contributory causes of importance:
Trouble with locked bowels about 45 days ago.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. R. Short Coroner M. D.
(Address) Moscow, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78739

PLACE OF DEATH
County of Latah
City of Kendrick

Registration District No. 63
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Musgrave 100 a
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alta May Musgrave

6. DATE OF BIRTH (month, day and year) Feb. 22, 1871

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	5	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Dayton, Wash.

PARENTS
10. NAME OF FATHER John Thomas Musgrave
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois
12. MAIDEN NAME OF MOTHER Mary Jane Jackson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Missouri

14. Informant (Address) Ivan Musgrave

15. Filed Mar 31, 1932 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 30 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to March 30, 1932
that I last saw him alive on March 30, 1932
and that death occurred, on the date stated above, at 7 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia (broncho) (influenzal type)
..... (duration) ..... yrs. ..... mos. 12 ds.
CONTRIBUTORY (Secondary) Influenza
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Exam
(Signed) D. Albrecht Sensen, M. D.
March 30, 1932 (Address) Kendrick

19. Place of Burial, Cremation, or Removal: Lewiston
Date of Burial: Apr. 2 1932

20. Undertaker: Brewer & Wann
Address: Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78740

PLACE OF DEATH
County of Latah
City of Kendrick

Registration District No. 63
Primary Registration District No. .....
(No. .....)
Local Registrar's No. .....
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. **FULL NAME** William Albert Stephenson

(a) Residence. No. Near Kendrick, Idaho. St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. W. A. Stephenson

6. DATE OF BIRTH (month, day and year) March 23, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	11	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Richland, Iowa Keokuk County

PARENTS

10. NAME OF FATHER John O. Stephenson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Elizabeth Morgan
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant Mrs. W. A. Stephenson
(Address) Kendrick, Idaho

15. Filed Mar 21, 1932 B. F. Neabit. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 21 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb ..., 1932, to March 21, 1932
that I last saw him alive on Feb 22, 1932
and that death occurred, on the date stated above, at 6 A.M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
Arteriosclerosis
Senile Changes

(duration) ....yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) ..... M. D.
....., 19.. (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
.....	Mar 23 1932
20. Undertaker	Address
.....	.....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78741

PLACE OF DEATH

County of Latah

City of Southwick

Registration District No. 63

Primary Registration District No. .....

Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

86 V

2. **FULL NAME** Jacob Michael

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 31, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	1	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Jasper county
(State or country) Missouri

PARENTS

10. NAME OF FATHER Micah Michael

11. BIRTHPLACE OF FATHER (city or town) ?
(State or Country)

12. MAIDEN NAME OF MOTHER Barbara Evans

13. BIRTHPLACE OF MOTHER (city or town) ?
(State or County)

14. Informant (Address) John Michael

15. Filed Mar 2, 1932 B. G. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 29 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932, to Feb. 29, 1932, that I last saw ~~him~~ alive on Feb. 26, 1932, and that death occurred, on the date stated above, at 11:40 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mastoiditis

(duration) 3 wks yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 20 yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) [illegible] M. D.

Mar 1, 1932 (Address) Kendrick

19. Place of Burial, Cremation, or Removal	Date of Burial
Linden	March 2 1932
20. Undertaker	Address
Jack Richard	Troy Idaho

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78742

Smith

PLACE OF DEATH
County of Kendrick
City of Lewiston

Registration District No. 63
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louisa Marie Johns

74a

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Johns

6. DATE OF BIRTH (month, day and year) July 28 1856

7. AGE Years 75 Months 6 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10. NAME OF FATHER Henry Cromer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Augusta
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mrs Thomas McDowell Kendrick Idaho

15. Filed Feb 5, 1932 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 3 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932, to Feb 3, 1932
that I last saw her alive on Feb 3, 1932
and that death occurred, on the date stated above, at 1:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

..... (duration) 12 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
..... (duration) 20 yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Examination
(Signed) D. A. Christensen, M. D.
Feb 4, 1932 (Address) Kendrick Idaho

19. Place of Burial, Cremation, or Removal Kendrick — Date of Burial Feb 5 1932

20. Undertaker John J Pickerd — Address Troy Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78743

PLACE OF DEATH
County of Lewis
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evan J. Price

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Wid

5a. If ~~married,~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Catherine C

6. DATE OF BIRTH (month, day and year) 4-17-

7. AGE 80 Years | Months 11 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wisc.

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales

14. Informant Beulah V. Brown
(Address)

15. Filed 4-9, 1932 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 6th 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 25, 1931, to April 6th 1932
that I last saw him alive on April 6th, 1932
and that death occurred, on the date stated above, at 10. a m.
The CAUSE OF DEATH* was as follows:
Myocarditis

..... (duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) A. H. Bryan M. D.
April 6, 1932 (Address) Kamiah Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Clarkston Wn | Date of Burial 4-8 1932

20. Undertaker Kamiah Und. Co | Address Kamiah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED APR 16 1932

DO NOT WRITE IN THIS SPACE
State File No. 78744

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Lewis
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1

49

2. FULL NAME James C. Carlisle

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary Ann Carlisle

6. DATE OF BIRTH (month, day and year): Mar 17 - 1847

7. AGE: Years: 84 | Months: 9 | Days: 14 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Surveyor-
(b) General nature of industry, business, or establishment in which employed (or employer): Land
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Shelbyville Ind

PARENTS

10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Not Known

14. Informant: Mrs. V. Carlisle
(Address): Kamiah

15. Filed 4-11, 1932 — Nell Robertson, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 1 (Day) 32 (Year)

17. I ~~HEREBY~~ CERTIFY, That I attended deceased from October, 1929, to Jan 1st, 1932, that I last saw ~~him~~ alive on Dec 22nd, 1931, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Cancer
Cancer of face (cheek) (right)
(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) [signature], M. D.
1-2, 1932 (Address) Kamiah

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~: Kamiah Ida — Date of Burial: 1-2 1932

20. Undertaker: Kamiah Funeral Home — Address: Kamiah Ida

RECEIVED APR 1 0 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78745

PLACE OF DEATH
County of Lewis
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
Local Registrar's No. 2
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91

2. FULL NAME Eliza Jane Johnson

(a) Residence. No. Kamiah Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 9 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
~~HUSBAND of~~ ~~(or)~~ WIFE of W. D. Johnson

6. DATE OF BIRTH (month, day and year) Aug 22, 1853

7. AGE Years	Months	Days	If LESS than 1 day,
78	5 6	29	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Doniphan Mo.
(State or country) Ripley County

PARENTS
10. NAME OF FATHER B. Jefferson Grantham
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER Nancy Cotter
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Tenn.

14. Informant Mrs. R. L. Nickel.
(Address)

15. Filed 4-11, 1932 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 21 (Month) 1932. (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from December, 1931, to Date, 19
that I last saw her alive on 2/19, 1932
and that death occurred, on the date stated above, at 10-10a. m.
The CAUSE OF DEATH* was as follows:
Mitral Stenosis
(duration) ? yrs. mos. ds.
CONTRIBUTORY (Secondary) Nephritis
(duration) yrs. ? mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? No
(Signed) C. P. Bryan, M. D.
2/22, 1932 (Address) Kamiah Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Kamiah Ida	2.23 1932
20. Undertaker	Address
Kamiah Funeral Home	Kamiah Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lewis

City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 50

Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE
State File No. 78746

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles M Bartlett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura Bartlett

6. DATE OF BIRTH (month, day, and year) Dec 31, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erie, Pa.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) E. M. Bartlett Craigmont Ida

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Ida Date 3-23, 1932

19. UNDERTAKER Craigmont Howe Co. (Address) Craigmont Ida

20. FILED 3/23, 1932 R C Dunloh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 193 to Mar 21, 1932

I last saw him alive on Mar 18, 1932; death is said to have occurred on the date stated above, at 2.30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Marlo
Other contributory causes of importance: Chronic Nephritis	3 years
High blood pressure	10 years
x	x

Name of operation x Date of usual

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? x Date of injury xc, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. x

Manner of injury x

Nature of injury x

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) R C Dunloh M.D.

(Address) Craigmont Idaho

RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78747

PLACE OF DEATH
County of Kootenai
City of Dietrich

Registration District No. 16
Primary Registration District No. ____ Local Registrar's No. 5

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jens Andersen

161-9

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/22/32

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. No.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation No.

12. BIRTHPLACE (city or town) (State or country) Detroit Idaho.

FATHER

13. NAME Ed. M. Andersen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Lyman, Kootenay

16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Ed. M. Andersen

18. BURIAL, CREMATION, OR REMOVAL Place Dietrich Date 2/24, 1932

19. UNDERTAKER (Address) None.

20. FILED 2/22, 1932. J. L. Fuller Registrar.
By A. M. Mahon, Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/22 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/22, 1932, to 2/22, 1932

I last saw h[illegible] alive on 2/22, 1932; death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth.	

Other contributory causes of importance:

Undernourished.	
Premature birth.	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Fuller, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1932

PLACE OF DEATH
County of Madison
City of Rexburg,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78748

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christian Mortensen

(a) Residence. No. Rexburg, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb, 22 1867

7. AGE Years 65 Months 1 Days x If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Peter Mortensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Karine Maurie Larsen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs Christian Mortensen Rexburg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Idaho Date Mar, 25th, 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 4-5, 1932 J R Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to March 22, 1932
I last saw him alive on March 21, 1932: death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
(1) Auricular Fribulation	
(2) Decomposition	
(3) Ch. Nephritis	
Acute edema of lungs, dilatation	
Other contributory causes of importance: Heart	

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) H B Rigby, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg R.F.D. #3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78749

Registration District No. 160

Primary Registration District No. 2178

Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number.)

131

2. FULL NAME Eli Jeppa Bell

(a) Residence. No. Rexburg Idaho #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25-1866

7. AGE: Years 66 | Months — | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worked for Himself

10. Date deceased last worked at this occupation (month and year) Oct 1930

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Lehi, Utah

FATHER

13. NAME Alfred Milton Bell

14. BIRTHPLACE (city or town) (State or country) Shelbyville Illinoise

MOTHER

15. MAIDEN NAME Christine Benson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Milton S. Bell Rexburg Route #3

18. BURIAL, CREMATION, OR REMOVAL Place Burton, Ida. Date April 2nd, 1932

19. UNDERTAKER (Address) Vern C. Keller Rexburg, Idaho

20. FILED 4-5, 1932 J. Ryoung Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1931, to March 30, 1932

I last saw him alive on March 29, 1932: death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	Jan-1930 (from history)
Other contributory causes of importance: myocarditis	Jan-1931

Name of operation none Date of

What test confirmed diagnosis? symptoms & laboratory tests Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓, 193..

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ✓

(Signed) Louis F. Rich M. D.

(Address) Rexburg Idaho

3/30/32

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED APR 9 1932

DO NOT WRITE IN THIS SPACE

State File No. 78750

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2013

Local Registrar's No. 14

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lloyd L. Fraser

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 17 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	3	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Oregon

PARENTS

10. NAME OF FATHER John Fraser

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oregon

12. MAIDEN NAME OF MOTHER Silvia Neal

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Oregon

14. Informant Silvia Pierce
(Address) Rupert Idaho

15. Filed 3-15 1932 Ed O Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1932, to Mar 8, 1932

that I last saw him alive on Mar. 8, 1932

and that death occurred, on the date stated above, at 1:05 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Ed O Elmore M. D.

3-15 1932 (Address) Rupert Idaho

19. Place of Burial, Cremation, or Removal ..... Date of Burial 3-10 1932

20. Undertaker W A Goodman Address Rupert Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78751

Local Registrar's No. 15

PLACE OF DEATH

County of Mandoha
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
(No.)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Lora May Cole

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) March 9 - 1932

7 AGE Years	Months	Days	If LESS than 1 day, ½ hrs. or min.
0	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rupert Idaho

PARENTS

10 NAME OF FATHER Leoyal Louis Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ogden Utah

12 MAIDEN NAME OF MOTHER Stella Matilda Noble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Springville Utah

14 Informant Leoyal Louis Cole
(Address) Rupert Ida

15 Filed 3 - 15 - 1932 E M Ehmore
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March (Month) 9 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1932, to March 9, 1932
that I last saw her alive on March 9, 1932
and that death occurred, on the date stated above, at 8:40 P m.

The CAUSE OF DEATH* was as follows:
Instrumental delivery and obstruction of umbilical cord
(duration) yrs. mos. ½ hr ds.
Heart beats were heard for 30 min.
CONTRIBUTORY (Secondary) after delivery
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) E M Ehmore, M. D.
3 - 11, 1932 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Rupert Ida. S.D.S. Cem.	3 - 11 1932
20. Undertaker W A Goodman	Address Rupert Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78752

PLACE OF DEATH
County of Nez Perce.
City of Sweetwater.

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tennessee Catherine White.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 11th, ~~1932~~ 1867.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
65.	4.	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Harvey Britton.

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Louisa Peters.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) J. M. White Sweetwater, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Dec. 28th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Jan. ....., 1932 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 27th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932, to Jan 27, 1932
last saw h[illegible] alive on Jan 27, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1-6-32

Other contributory causes of importance:

Diabetes first discovered in December	1931

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Culdesac, Idaho.

TION is very important. See instruction on back of certificate.

RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7875 3

PLACE OF DEATH
County of Nez Perce.
City of Near Culdesac.

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. 114

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilbur Floyd Parker.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 9th, 1931.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
----.	2.	18.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culdesac, Idaho.

FATHER
13. NAME Floyd W., Parker.
14. BIRTHPLACE (city or town) (State or country) Ferdinand, Idaho.

MOTHER
15. MAIDEN NAME Olive Mary Tucker.
16. BIRTHPLACE (city or town) (State or country) Pomeroy, Washington.

17. INFORMENT (Address) Culdesac, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Culdesac, Idaho. Date Feb. 29th 1932.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Feb ~, 1932 George Gaymard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 27th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb 1~, 1932 to Feb 27~, 1932
I last saw h..... alive on ....., 193..: death is said to have occurred on the date stated above, at 12:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro - enteritis	Feb. 1-32
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaymard, M. D.
(Address) Culdesac, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78754

PLACE OF DEATH
County of Nez Perce
City of Lapwai Idaho
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Simone Agnes Matthews

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian 4/4	Single

5a. If maried, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

FATHER
13. NAME Simon Matthews
14. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

MOTHER
15. MAIDEN NAME Edna Newman
16. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

17. INFORMENT (Address) Geo. Gaignard Physician

18. BURIAL, CREMATION, OR REMOVAL
Place Kamiah Idaho Date 1-12-, 1932

19. UNDERTAKER
(Address)

20. FILED Jan. ....., 1932 George Gaignard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 10 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 -, 1932, to Jan. 10, 1932
I last saw he alive on Jan 10, 1932. death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Geo. Gaignard, M. D.
(Address) Kamiah Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO RECEIVED APR 9 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78757

PLACE OF DEATH
County of Nez Perce
City of Gifford
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Gifford Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Rosetta V. Downing

(a) Residence. No. Gifford Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME John H. Downing
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Rebecca White
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) E. M. Downing Lewiston Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Gifford Ida Date Mar 21, 1932
19. UNDERTAKER Vassar Mortuary (Address) Lewiston Idaho
20. FILED 3-21, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) 3-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1932, to 3-19, 1932
I last saw her alive on 3-18, 1932: death is said to have occurred on the date stated above, at 1.35 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E E Watts, M. D.
(Address)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78758

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 63
Primary Registration District No. .....
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lizzie Ellen Graham

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Monroe B. Graham

6. DATE OF BIRTH (month, day and year) Nov. 27, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	3	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER Adrian A Higgins
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Walden
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Mrs M B Graham
(Address)

15. Filed Mar 23, 1932 B F Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 22 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb ....., 1932, to March 22, 1932
that I last saw her alive on March 22, 1932
and that death occurred, on the date stated above, at 2:45 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic intestinal obstruction (colon)
? (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arteriosclerotic
heart disease (duration) ? ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Symptoms
(Signed) D A Chatterton, M. D.
Mar 22, 1932 (Address) Kendrick

19. Place of Burial, Cremation, or Removal: Lewiston — Date of Burial: Mar 24 1932
20. Undertaker — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78759

PLACE OF DEATH
County of Nez Perce
City of Lapwai

Registration District No. 128
Primary Registration District No.
Local Registrar's No.
(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101-A

2. FULL NAME Johnson, Ernestine

(a) Residence. No. Lapwai Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sep 9, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	5	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work student.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho.

PARENTS

10. NAME OF FATHER Willie Johnson.
11. BIRTHPLACE OF FATHER (city or town) Lapwai
(State or Country) Idaho.
12. MAIDEN NAME OF MOTHER Lucy H. Ill.
13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho.

14. Informant Records Fort Lapwai Sanatorium
(Address) Lapwai, Idaho.

15. Filed Feb, 1932 George Gaisford M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932, to Feb 14, 1932, that I last saw her alive on Feb 14, 1932 and that death occurred, on the date stated above, at 2:05 P m.

The CAUSE OF DEATH* was as follows:
Bi-lateral Lobar Pneumonia.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis? Physical exam & Lab

(Signed) Ralph M. Allen, M. D.
Feb 14, 1932 (Address) Lapwai, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Webb, Idaho	Feb 16th 1932
20. Undertaker	Address
Brower-Dann Co	Lewiston Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78760

Registration District No. 96
Primary Registration District No. 1089
Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Francis Donnally

(a) Residence. No. North Lapwai Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

168 e

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Marian Donnally
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 2 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Section Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Camas Prarie R.R.

10. Date deceased last worked at this occupation (month and year) March 3 1932

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Graingeville Idaho

FATHER

13. NAME William Donnally

14. BIRTHPLACE (city or town) (State or country) Waitsburg Washington

MOTHER

15. MAIDEN NAME Rebecca Moyer

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs. Marian Donnally North Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Normal Hill Date Mar 6, 1932

19. UNDERTAKER Vassar Mortuary Inc. (Address) Lewiston, Idaho

20. FILED Mar. 9, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/2/32

22. I HEREBY CERTIFY, That I attended deceased from 3/2, 1932, to 3/3, 1932
I last saw him alive on 3/3/32, 1932; death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Neck	
Head and Lower Jaw	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/4, 1932
Where did injury occur? Near Gladen Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. While riding on Speeder
Manner of injury Fell off Speeder
Nature of injury Speeder ran over Neck & Head

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. E. Pearson, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78761

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 167

(No. 210 - Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Beaton

(a) Residence. No. 532 3rd Ave. St. 210 2nd
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Trained Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs. Watson Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Idaho Date 3/31, 1932

19. UNDERTAKER Bowers - Kane Co. (Address) Lewiston Idaho

20. FILED Apr. 5, 1932 J. M. Lyle (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Mar 30, 1932

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas asphyxiation	
Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193...
Where did injury occur? Lewiston Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury Illuminating Gas Asphyx

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. M. Bowers Coroner M. D.
(Address) Lewiston Idaho
Nez Perce Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78762

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 143-15

(No. Whites Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amelia Belle McDowell.

(a) Residence. No. 1816 13th, Avenue. St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of S. C. McDowell.

6. DATE OF BIRTH (month, day, and year) March 24th, 1914.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17.	11.	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reubens,
(State or country) Idaho.

FATHER

13. NAME Chas. N. Litchfield.

14. BIRTHPLACE (city or town)
(State or country) N. Y.

MOTHER

15. MAIDEN NAME Belle Yardley.

16. BIRTHPLACE (city or town)
(State or country) Oklahoma.

17. INFORMENT Chas Litchfield
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date March 20th 1932.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Apr. 5, 1932 J. M. Tyler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 17th 1932.

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1932 to March 17, 1932
I last saw he alive on March 17, 1932 death is said to have occurred on the date stated above, at 6.35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia of Pregnancy	March 1-32
7 months Pregnant.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Laboratory Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

RECEIVED APR 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78763

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161-9

2. FULL NAME Gleneta Hedges.

(a) Residence. No. St. Orofino, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1st, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, 1 hrs. or min.
----.	----.	---.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston, Idaho.
(State or country)

FATHER
13. NAME C. B. Hedges.
14. BIRTHPLACE (city or town) Moscow,
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Ayo Thomas.
16. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho.

17. INFORMENT (Address) L. B. Hedges. Orofino, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Mar. 2nd., 1932

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Mar. 9, 1932 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 1st, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to Mar 1, 1932
I last saw h alive on Mar 1, 1932: death is said to have occurred on the date stated above, at 1.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Delivery	
7 months gestation	

Other contributory causes of importance:

Name of operation Caesarean Section on mother Date of Mar 1 32
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. P. Broadbent, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

State File No. 78764

Local Registrar's No.

(No. The White Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161-a

2. FULL NAME Davie Lee Etter.

(a) Residence. No. St. Kendrick, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14th, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
----.	----.	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME N. M. Etter.

14. BIRTHPLACE (city or town) (State or country) Ritzville, Washington.

MOTHER

15. MAIDEN NAME Dolly Aiken,

16. BIRTHPLACE (city or town) (State or country) Kendrick, Idaho.

17. INFORMENT (Address) Nelson M. Etter Kendrick, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Kendrick, Idaho. Date Mar. 16th 1932

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Mar. 16, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 15th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932, to March 15, 1932

I last saw him alive on March 11, 1932; death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
6½ months.	
non viable.	

Other contributory causes of importance:

Unknown except Mother was lifting and hurt herself

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78765

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. 924 15th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1659

2. FULL NAME Claire Eugene Knoll

(a) Residence. No. 924 15th, Avenue. XXX
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 6th, 1932.

7. AGE Years ----. Months ----. Days ----. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER
13. NAME C. R. Knoll.
14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER
15. MAIDEN NAME Georgia Lucile Townsend.
16. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

17. INFORMENT (Address) C. R. Knoll Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Mar. 7th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Mar. 14, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 6th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to ....., 193..
I last saw him alive on March, 1932 death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth estimated 6 1/2 months -	

Other contributory causes of importance:
None found -

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Lyle, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78766

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick Meehan.

(a) Residence. No. Somerville Home. St. 129
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 8th, 1861.

7. AGE Years 60. Months 11. Days 4. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER
13. NAME Not known.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) R Walk Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date March 15th 2

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED Apr. 5, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 12th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Mar, 1932
I last saw him alive on Mar, 1932 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
" endocarditis	?

Other contributory causes of importance:
apoplexy

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury no injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78767

PLACE OF DEATH

County of Nezperce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 9
Primary Registration District No. 1009 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Conrad Keuhl

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alpha Motter

6. DATE OF BIRTH (month, day and year) June 11, 1854

7. AGE Years 74 Months 6 Days 29 If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Harness Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hamburg, Germany

PARENTS

10. NAME OF FATHER Henry Keuhl
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Louisa Kopp
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) L.R. Keuhl (Son) Clarkston, Wash.

15. Filed Mar. 16 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 10, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1932, to March 10, 1932
that I last saw him alive on March 10, 1932
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardio-nephritis (chronic)
Hypertension.
General arteriosclerosis
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Clarkston wash.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Casts + albumin in urine
(Signed) E. G. Braddock, M. D.
Mar 16, 1932 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal Clarkston, Wash. Date of Burial 3/13/32

20. Undertaker H.R. Merchant Address Clarkston Wn

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78768

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Jane Walker Peterson

119

(a) Residence. No. 1507 11th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of C. E. Peterson

6. DATE OF BIRTH (month, day, and year) 6-28-1893

7. AGE Years 38 Months 8 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Music Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wn.

FATHER
13. NAME W. L. Walker
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Louine Ridgway
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs. W. L. Walker Spokane

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Date 3/13, 1932

19. UNDERTAKER (Address) Bower-Wayne Co. Lewiston Ida

20. FILED Mar. 14, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/12 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to March 12, 1932
I last saw her alive on March 12, 1932; death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal - Strangulation	3/12/32
Shock -	

Other contributory causes of importance:
post operative adhesions

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify William S. H. Hatel
(Signed) , M. D.
(Address) Lewiston Ida.

RECEIVED APR 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78769

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 1019

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Randall.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced ?.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known.

7. AGE Years: 77. Months: ---. Days: ---. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known.

FATHER
13. NAME Not known.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Somerville Home records. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date ....., 193

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED Apr. 6, 1932 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 11th, 1932.

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ for several years, ~~193~~, to ....., 193
I last saw him ~~alive~~ on Mar 1932, 193 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	—

Other contributory causes of importance:

Chronic cholecystitis

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Lewiston, Idaho.

APR 11 1932

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78770

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101-9

2. FULL NAME Samuel Hogar.

(a) Residence. No. Snakeriver Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known.

7. AGE Years 65?. Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known.

FATHER
13. NAME Not known.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Joe Barber Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date March 21st 1932

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Apr. 5, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932, to Mar 7, 1932
I last saw him alive on Mar, 1932 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	?

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78771

PLACE OF DEATH

County of Nezperce

City of Lewiston

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 91

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Benjiman Arthur

(a) Residence. No. Pomeroy Road, Clarkston, Wn. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Hastings

6. DATE OF BIRTH (month, day and year) Nov. 31st 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	3	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Columbia, Penn

PARENTS

10. NAME OF FATHER Moses Arthur

11. BIRTHPLACE OF FATHER (city or town) (State or Country) West Minster, Maryland

12. MAIDEN NAME OF MOTHER Rebecca Marchand

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Allegheny Co. Penn.

14. Informant Emery Martin
(Address) Clarkston, Wash.

15. Filed Mar. 30, 1932 J. M. Tyler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
....., 19....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1931, to Mar 19th, 1932, that I last saw him alive on Mar 19th, 1932 and that death occurred, on the date stated above, at 4 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) age

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) J. C. Carnagey M. D.

....., 19..... (Address) Lewiston, Idaho

19. Place of Burial, Cremation, or Removal: Lewiston, Ida. Date of Burial: 19

20. Undertaker H. R. Merchant Address Clarkston, Wn.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Prece

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

State File No. 78772

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Granville Alexander Arrowood

(a) Residence. No. 1110-8th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Clara Egan Arrowood

6. DATE OF BIRTH (month, day, and year) Oct 20 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locomoative

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Dassel Minnesota

FATHER

13. NAME Garrett Arrowood

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Lousia Wells

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs Clara Arrowood Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Normal Hill Date 3/6/, 1932

19. UNDERTAKER (Address)

20. FILED Mar 9, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/5/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 2d, 1931, to Mar 5, 1932

I last saw him alive on Mar 5, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	

Other contributory causes of importance:

Chr Hypocardial degeneration

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Pearson M. D.

(Address) Lewiston Idaho

RECEIVED APR 11 1932

Braddock.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78773

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74-9

2. FULL NAME Andrew C. Rasmussen

(a) Residence. No. 1309 18th St. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Nidia Rasmussen

6. DATE OF BIRTH (month, day, and year): May 22 1880

7. AGE: Years 51, Months 10, Days 9, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Saw Mill

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 3/31/32

12. BIRTHPLACE (city or town) (State or country): Duluth Minn

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Nidia Rasmussen.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place: Bonners Ferry Date: Apr. 4th, 1932

19. UNDERTAKER (Address): Brower-Wann Co Lewiston, Idaho

20. FILED: Apr. 5, 1932 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932, to March 31, 1932

I last saw him alive on March 31, 1932: death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 31-32

Other contributory causes of importance:

Hypertension	Eyes ~~3 yr~~
Arteries & Clerosis (General)	1928

Name of operation: None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. G. Braddock, M. D.

(Address) Lewiston Idaho

RECEIVED APR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78774

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1089
Local Registrar's No. 9
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74

2. FULL NAME Infant Son Mr & Mrs David E. Fisher

(a) Residence. No. 1306 N Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 6 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0.	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME David E Fisher

14. BIRTHPLACE (city or town) (State or country) Wilbur Washington

MOTHER

15. MAIDEN NAME Lila May Pratt

16. BIRTHPLACE (city or town) (State or country) Melrose Idaho

17. INFORMENT (Address) David E Fisher Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Normal Hill Date 3/9/32 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED Mar. 14, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/9/32 193

22. I HEREBY CERTIFY, That I attended deceased from Mch 6, 193 2, to Mch 9, 193 2
I last saw him alive on Mch 8, 193 2 death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage from difficult birth.	

Other contributory causes of importance:

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Paul D Johnson M.D.
(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78775

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 74-9

(No. 721 Lapwai Road.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kate Chermak.

(a) Residence. No. 721 Lapwai Road. xx
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Saint Chermak.

6. DATE OF BIRTH (month, day, and year) Nov. 4th, 1887.

7. AGE: Years 44. Months 4. Days 4. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER
13. NAME Louis Chermak.
14. BIRTHPLACE (city or town) (State or country) Europe.

MOTHER
15. MAIDEN NAME Marie Havelka.
16. BIRTHPLACE (city or town) (State or country) Europe.

17. INFORMENT (Address) Saint Chermak, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Myrtle, Idaho. Date Mar. 10, 1932

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED Mar. 10, 1932 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 8th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to Mar 7, 1932
I last saw her alive on Mar 7, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 7-32

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. G. Broadock, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78776

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-9

2. FULL NAME Mrs Margarett Curran
(a) Residence. No. 702 5th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Curran (Deceased)

6. DATE OF BIRTH (month, day, and year) April 9 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 6 MO.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scranton
(State or country) Penn

FATHER
13. NAME Frank Mary
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Jathrine Rock
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMENT Mrs Geo Beckman
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Winonia Minn Date , 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED Mar 9, 1932 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/6/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Mar 4, 1932
I last saw h alive on Mar 5, 1932: death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Chronic Intestinal Nephritis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) W. W. Curtis M. D.
(Address) Lewiston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Nez Perce
City of Lewiston

DO NOT WRITE IN THIS SPACE
State File No. 78777

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. 601 -7th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-a

2. FULL NAME Benjmin F. Nicholas

(a) Residence. No. 601 7th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lulu Nicholas

6. DATE OF BIRTH (month, day, and year) Aug 24 1866

7. AGE Years 65 Months 4 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. General Merchandise
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1918
11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) Lexington Mo

FATHER
13. NAME Benedict Nicholas
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) H.B.Nicholas Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Colfax Wash Date 3/8/32, 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Ida

20. FILED Mar. 9, 1932 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/7/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932, to March 7, 1932
I last saw him alive on March 6, 1932; death is said to have occurred on the date stated above, at 5P.M m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Hypertension & nephritis

Name of operation None Date of —
What test confirmed diagnosis? Physical Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) P. J. Henry, M. D.
(Address) Lewiston Ida

FROM is very important. See instruction on back of certificate.

RECEIVED APR 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No., 78778

PLACE OF DEATH
County of Nez Perce
City of Lapwai

Registration District No. 96
Primary Registration District No. 6009
(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 31

2. FULL NAME Laura Running Wolf.

(a) Residence. No. ..... St. Browning, Mont.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 4 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Indian	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
14	7	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Browning, Mont.

PARENTS

10. NAME OF FATHER Miles Running Wolf.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Montana
12. MAIDEN NAME OF MOTHER Mary Little Plume
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Montana.

14. Informant Records - H. Lapwai Sanatorium
(Address) Lapwai, Idaho.

15. Filed Apr. 5, 1932 J. M. Lyle, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 31 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931, to March 31, 1932
that I last saw her alive on March 31, 1932
and that death occurred, on the date stated above, at 1130 P m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) 6 yrs. ? mos. ? ds.
CONTRIBUTORY (Secondary) Pulmonary Hemorrhage
(duration) ..... yrs. ..... mos. 3 ds.

18. Where was disease contracted if not at place of death? Browning, Mont
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Lab, X Ray - Phys. Exam.
(Signed) Ralph M. Abbey, M. D.
Mar 31, 1932 (Address) Lapwai, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Ft Browning, Mont.	
20. Undertaker	Address
Brown-Wann Co	Lewiston, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78779

PLACE OF DEATH
County of Oneida
City of Malad.

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Wilhelm Hibbard

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Hibbard

6. DATE OF BIRTH (month, day, and year) Feb. 23-1869

7. AGE Years 63 Months 1 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Jacob Wilhelm
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Rogina - - - - -
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Henry L. Buehler Malad Ida

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Logan Utah Date Mar 26 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Ida

20. FILED 3/31, 1932 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 23 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1925 to Mar 23, 1932
I last saw her alive on March 22, 1932; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	

Other contributory causes of importance:

Indigestion Chronic

Name of operation no Date of .....
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) [signature], M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78780

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Fallis - 188 f

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 51 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Carol Stuart

6. DATE OF BIRTH (month, day, and year) Dec. 9. 1880

7. AGE Years 51 Months 3 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) 3/26/32
11. Total time (years) spent in this occupation life.

12. BIRTHPLACE (city or town) (State or country) Malad Ida

FATHER
13. NAME Charles C. Fallis.
14. BIRTHPLACE (city or town) (State or country) /

MOTHER
15. MAIDEN NAME Carol D. Jones.
16. BIRTHPLACE (city or town) (State or country) Willard Utah

17. INFORMENT (Address) Sarah Fallis Malad Ida

18. BURIAL, CREMATION, OR REMOVAL Place Malad Ida Date Burial Mar 30 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Ida

20. FILED 3/31, 1932 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 27 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Mar 27, 1932
I last saw him alive on March, 1932 death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrown from horse that was hit by motor cycle. Fracture of base of skull and occipital	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury 27, 1932
Where did injury occur? Malad Oneida Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public State Road
Manner of injury Fracture skull
Nature of injury Thrown from horse -

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 78781

Local Registrar's No. 10

91 R

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis Daniel Jones

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Beatrice Smith

6. DATE OF BIRTH (month, day, and year) June 28. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Active Life

12. BIRTHPLACE (city or town) (State or country) Willard Utah

FATHER

13. NAME Lewis W. Jones

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMENT (Address) Mrs. Charles Ward Malad Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Malad Ida Date Mar 7 193 2

19. UNDERTAKER J. Seay Benson (Address) Malad Ida

20. FILED 3/31, 193 2 J. M. Nevis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar - 4 193 2

22. I HEREBY CERTIFY, That I attended deceased from , 1925, to March 4, 1932

I last saw him alive on March 3, 1932; death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Appendicitis	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Mabey, M. D.

(Address) Malad Idaho

RECEIVED APR 9 1932

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78782

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Mary Lou Thorpe

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Edgar Thorpe

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER

15. MAIDEN NAME Rachel Blodwin Evans

16. BIRTHPLACE (city or town) (State or country) Malad Idaho

17. INFORMENT (Address) Edgar Thorpe Malad Ida

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Mar. 27, 1932

19. UNDERTAKER (Address) J. Guy Denman Malad

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 24 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1928, to Mar 24, 1932

I last saw her alive on March 24, 1932: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Mitral Reg. + dns-	

Other contributory causes of importance:

Name

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify no

(Signed) O H Malay, M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78783

PLACE OF DEATH
County of Oneida
City of Malad
Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 11
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

67

2. FULL NAME Joseph Thorpe

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mary Mason

6. DATE OF BIRTH (month, day, and year) Feb. 12-185 2

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME William Thorpe

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Clymo

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Jos. Thorpe Jr. Malad Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant View Cem. Date Mar 13 193 2

19. UNDERTAKER (Address) J. Ben Peterson Malad Ida

20. FILED 3/37, 193 2 J.M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 10 193 2

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 193 1, to March 10, 193 2
I last saw him alive on March 9, 193 2; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis.	
Gangrene of Lt. 1st toe.	
Other contributory causes of importance:	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) W. L. Hart, M. D.
(Address) Malad, Ida.

RECEIVED APR 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78785

PLACE OF DEATH
County of Payette
City of New Plymouth

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Everett Schwadt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: none
6. DATE OF BIRTH (month, day, and year)
7. AGE Years | Months | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New Plymouth Idaho

FATHER
13. NAME: Everett Lotton Schwadt
14. BIRTHPLACE (city or town) (State or country): Los Angeles Calif

MOTHER
15. MAIDEN NAME: Mary Francis Golden
16. BIRTHPLACE (city or town) (State or country): Colorado

17. INFORMENT (Address): Evert Lawton Schwadt New Plymouth Ida

18. BURIAL, CREMATION, OR REMOVAL Place: New Plymouth Id Date: 4/10/32 193

19. UNDERTAKER (Address): Glenn C. Paxton Payette Id

20. FILED: Apr 10 1932, 193 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 9 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1932, to April 9, 1932, I last saw him alive on April 9, 1932: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 6th

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Paxton, M. D.
(Address) Fruitland Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78786

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008. Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs. Lafayette E. Taylor.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marguerite S. Taylor.

6. DATE OF BIRTH (month, day, and year) Oct 18-1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	5	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Kentucky.

FATHER

13. NAME Burleson Taylor

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Payton.

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMENT (Address) J. C. Jones Fruitland. Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Cemetery Date 3-27 1932

19. UNDERTAKER (Address) Glenn E. Sanders Payette, Idaho.

20. FILED Mar 26, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1932, to Mar 25, 1932

I last saw him alive on Mar 25, 1932; death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	unknown
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Merrill K. Fox, M. D.

(Address) Payette, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78787

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008. Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Irene E. Bowman

(a) Residence. No. 1315 N. Ninth St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lila Bowman

6. DATE OF BIRTH (month, day, and year) Nov 24

7. AGE Years 43. Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Wholesalers
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Poultry & Eggs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME C. H. Bowman
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Harriett Noble
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Arthur F. Lattig Payette, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date 3-17, 1932

19. UNDERTAKER (Address) Glenn C Sandon Payette Idaho

20. FILED Mar 26, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1932, to Mar. 14, 1932
I last saw him alive on Mar. 14, 1932: death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	July 1, 1931

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Merrill R. Pox, M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

permit issued 10-12-55

October 12, 1955
Date

Department of Public Health
Boise, Idaho

I hereby give authorization for the disinterment of: _____

NAME OF DECEASED Herve E. Bowman

DATE OF DEATH March 14, 1932

CAUSE OF DEATH angina pectoris

ATTENDING PHYSICIAN Dr. Fox

BURIED IN Payette, Idaho - - - - - - - - - - - - - - Riverside CEMETERY

TO BE REMOVED TO another location in same Lot at - - - - -Riverside CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT widow

NAME OF LICENSED EMBALMER Gifford R. Shaffer of Shaffer Memory Chapel at Payette, Idaho

REASON FOR DISINTERMENT to re-arrange family Lot and provide for future burials

Very truly yours,

Lila S. Bowman
Signature of relative or person requesting permit.

Boise, Idaho
Address

- * * * * * * * * * * * * * -

Notarial

State of Idaho)
County of Ada) ss

On this 12th day of Oct, 195_, before me W Benson a Notary Public in and for the within county and state personally appeared _____ known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

W Benson
Notary Public, residing at Boise Idaho
My commission expires July 31, 58

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE
State File No. 78788

Local Registrar's No. 10

(No.) 89
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm H. Wade.

(a) Residence. No. 492 South 12th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Caressa Wade

6. DATE OF BIRTH (month, day, and year) July 23 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Portland Flint Co. Portland
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymouth Mich.

FATHER
13. NAME Wm H. Wade
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Mary Cryder
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Caressa Wade. Payette Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Entiat Wash. Date Mar 13, 1932

19. UNDERTAKER Glenn R. Sanders (Address) Payette Ida.

20. FILED Mar 12, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH J.A.W.

21. DATE OF DEATH (month, day, and year) Mar 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to Mar 11, 1932

I last saw him alive on Mar 11, 1932; death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pneumonia	Feb 4 1932
Other contributory causes of importance: Prostatitis	Jan 1, 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Y R Woodward, M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78789

PLACE OF DEATH
County of Payette
City of New Plymouth

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Smith 89

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) widow
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George M. M. Smith
6. DATE OF BIRTH (month, day, and year) Dec 29 1851
7. AGE Years 80 Months 2 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eng.

FATHER
13. NAME Christ Davis
14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER
15. MAIDEN NAME Jane Reed
16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMENT (Address) Mrs G T Smith New Plymouth Ida.
18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Ida. Date Mar 12 1932
19. UNDERTAKER (Address) Glenn C Sandon Payette Idaho
20. FILED Mar 12, 1932 J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 10 1932
22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to Mar 10, 1932
I last saw her alive on Mar 10 1932 193..: death is said to have occurred on the date stated above, at 3.30 p.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J C Woodward, M. D.
(Address) Payette Id

RECEIVED APR 13 1932

PLACE OF DEATH

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78790

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-a

2. FULL NAME Mrs Harriett Ackerman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. P. Ackerman

6. DATE OF BIRTH (month, day, and year) Nov 7 1858

7. AGE Years 73 Months 3 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Luther Hill N. Y.

FATHER

13. NAME Aldridge Luther

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Amanda Thumb

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Mrs M. A. James 205 N. 13th Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Ida. Date ....., 193

19. UNDERTAKER (Address) Glenn C. Landon Payette Idaho

20. FILED Mar 8, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Mar 5, 1932

I last saw her alive on Feb 28, 1932: death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan 10-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas E Palmer, M. D.

(Address) Ontario Ore

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE
State File No. 78791

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

11-9

2. FULL NAME Robert William Close.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farming for father
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minden Mine
(State or country) Minnesota

FATHER

13. NAME M. J. Close
14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER

15. MAIDEN NAME Anna Nichols.
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMENT (Address) Mable Close New Plymouth Ida.
18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Ida. Date 4-7-, 1932
19. UNDERTAKER Glenn C. Sanders
(Address) Payette Ida.
20. FILED Apl 7 1932 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 4- 1932.
22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932, to April 4, 1932.
I last saw him alive on April 4, 1932: death is said to have occurred on the date stated above, at 2.30 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
April 1st 1932	April 1st 32
Influenza	

Other contributory causes of importance:

Meningitis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Paxton, M. D.
(Address) Fruitland Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78792

PLACE OF DEATH

County of Power
City of American Falls, Idaho
Registration District No. 25
Primary Registration District No. 2572
Local Registrar's No. 7

(No.) 146
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Belle Garrison

(a) Residence. No. 4 Miles South west of Am Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of O.W.Garrison

6. DATE OF BIRTH (month, day, and year) Dec 26 1898

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
33	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Ind.,

FATHER

13. NAME John Williams
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) O.W. Garrison American Falls, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Am. Falls Date Mch. 8 1932
19. UNDERTAKER Davis (Address) American Falls, Idaho
20. FILED 3-7, 1932 Genevieve Nott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/6/ 1932
22. I HEREBY CERTIFY, That I attended deceased from March 6, 1932 to March 6, 1932
I last saw her alive on March 6, 1932 death is said to have occurred on the date stated above, at 10:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal eclampsia	
Other contributory causes of importance:	
Uterine	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) V.A Logan, M. D.
(Address) American Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78793

PLACE OF DEATH
County of Power
City of Am. Falls, Idaho

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 8

(No. Bethany)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Bulfinch

(a) Residence. No. ..... St. 1619
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14, 1932

7. AGE Years Months Days If LESS than 1 day, 6½ hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc** —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc** —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) American Falls Idaho
(State or country)

FATHER
13. NAME Paul Bulfinch
14. BIRTHPLACE (city or town) Oregon
(State or country)

MOTHER
15. MAIDEN NAME Vannie L. Lister
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT Paul Bulfinch
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ~~American Falls~~ Date March 15 1932

19. UNDERTAKER
(Address)

20. FILED Mch. 15, 1932 Gwenen Nott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 1:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) V. G. Logan, M. D.
(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78795

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. ~~16~~ 17 128

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Flink

(a) Residence. No. Mullan, Ida. St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Christina Flink

6. DATE OF BIRTH (month, day, and year) Sept 27-1862

7. AGE Years 69 Months 5 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Omol Sweden

FATHER
13. NAME Magnus Flink
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Elsabeth
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mullan, Idaho Date March 6, 1932

19. UNDERTAKER (Address) J. L. Bever (Ward Und Co) Wallace Idaho

20. FILED Mar 6, 1932 C. L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1931 to March 3, 1932

I last saw him alive on Mar 3, 1932; death is said to have occurred on the date stated above, at 1030 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	

Other contributory causes of importance: Gastric ulcer.

Name of operation — Date of

What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. W. Rolf, M. D.

(Address) Mullan Ida

RECEIVED DEC 15 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78796

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 22
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Downs Scott
(a) Residence. No. Larson St. Idaho 101 a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of David Roscoe Scott

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Davenport, Iowa

FATHER
13. NAME Martin Downs
14. BIRTHPLACE (city or town) (State or country) County of Clare, Ireland

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) O. L. Scott Larson, Ida
18. BURIAL, CREMATION, OR REMOVAL Place Mullan, Ida. Date March 21 1932
19. UNDERTAKER (Address) J. Burns (Ward Undertaking Co.) Wallace, Ida
20. FILED Mar 17, 1932 L. D. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 17 1932
22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to March 17, 1932
I last saw her alive on March 17, 1932 death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Evan T. Jones M.D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 78797

Local Registrar's No. 21

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

91 v

2. FULL NAME Alvin Taylor

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Divorced~~ No information

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	X	X		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NX Illinos

FATHER

13. NAME No information

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No inf

16. BIRTHPLACE (city or town) (State or country) No inf

17. INFORMENT (Address) None

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida. Date 3/22/32 193
M. C. Mornhill

19. UNDERTAKER (Address)

20. FILED Mar 22, 193 2 L. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/16/32 193

22. I HEREBY CERTIFY, That I attended deceased from 19 29, 193 1 to 3/16/32, 193
I last saw him alive on 3/16/32, 193: death is said to have occurred on the date stated above, at 9:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Heard	
Cerebral Apoplexy	3/16

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James R Dean, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 15 1932 Dr Bean

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78798

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna E. Davis. 90

(a) Residence. No. Osburn, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of W. D. Davis

6. DATE OF BIRTH (month, day, and year) July 17 1872

7. AGE Years 59 Months 7 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Glen Fairfield Osburn Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Id. Date 3-9-, 1932

19. UNDERTAKER (Address) Bruce G. Marstall Wallace Ida

20. FILED Mar 9, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to March 6, 1932
I last saw her alive on March 4, 1932: death is said to have occurred on the date stated above, at 4:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart	years
Other contributory causes of importance:	
Cerebral Apoplexy	3 hours

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) James R Bean, M.D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78799

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 23

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Kinney

(a) Residence. No. ..... St. 90
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 71 | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Bob Waldron. Wallace Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date March 19 1932

19. UNDERTAKER (Address) J. A. Bruce (Ward Und Co) Wallace Idaho.

20. FILED Mar 19, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 21, 1932, to March 17, 1932
I last saw him alive on March 16, 1932; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cha Valvular Heart	Years

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) James R Dean, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78800

Registration District No. 70
Primary Registration District No. 1014 Local Registrar's No. 24
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Wesley Betts

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 81 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): U. S.

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): John A Wourms Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Ida. Date: Mar 24 193 2

19. UNDERTAKER: J. A. Bean (Ward and Co) (Address): Wallace, Idaho.

20. FILED Mar 24, 193 2 J. D. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 193 2, to March 18, 193 2
I last saw him alive on March 18, 193 2; death is said to have occurred on the date stated above, at 3301 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	10 days
Fx. neck femur	
Arteriosclerosis	several yrs

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Mar 1, 193 2
Where did injury occur? City of Wallace Shoshone Co Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. City of Wallace residence
Manner of injury Fell down stairs
Nature of injury Fx. neck femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Dr. [illegible] M. D.
(Address) Wallace Ida

RECEIVED APR 15 1932

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78801

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 16

(No. Readquee)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Olive Shipley

(a) Residence. No. Wallace, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Aug-16-1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel John Shafer

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) O. C. Shipley Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Ida Date March 29 1932

19. UNDERTAKER J. A. Burns (Ward Und Co.) (Address) Wallace, Ida

20. FILED Mar 29, 1932 C. L. Hoke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-31, 1931, to Mar 25, 1932

I last saw her alive on Mar 25, 1932; death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
& Decompensation	
Other contributory causes of importance:	
Arteriosclerosis	about
Carcinoma of Uterus	1928

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence Ellis, M. D.

(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Gem

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78802

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 15

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Roberts

(a) Residence. No. Gem, Idaho St. Gem, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth 44 yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Sept 29

7. AGE Years 82 Months 5 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cornwell England

FATHER
13. NAME Robt Floyd
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Cliff
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs J. Witherton Gem Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Ida Date March 4, 1932

19. UNDERTAKER (Address) J. A. Brown (Ward Hud Co) Wallace, Ida

20. FILED Mar 4, 1932 J. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1923, to March 1, 1932

I last saw her alive on ~~Feb 28~~ Feb 28 1932 death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Myocarditis Chr
arteriosclerosis few minutes

Other contributory causes of importance:

Paralytic Stroke
about a yr ago

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Dr. Mowery M. D.
(Address) Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78803

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 19

(No. Residence
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Harris

(a) Residence. No. Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Nov 25 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Bakus

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Harry Stewart Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date March 16 1932

19. UNDERTAKER J. H. Brown Ward Undertaking Co. (Address) Wallace, Ida.

20. FILED Mar 16, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14 1932

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1932, to March 14, 1932

I last saw her alive on March 14, 1932; death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. T. Smyth, M.D.

(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78804

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 20
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John M Loney 88b
(a) Residence. No. Near Wallace St. Near Wallace
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Loney.
6. DATE OF BIRTH (month, day, and year) July 16-1871
7. AGE Years 60 Months 7 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mng.
10. Date deceased last worked at this occupation (month and year) 2 yrs.
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER
13. NAME James Loney.
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Elizabeth Nadell
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Margaret Loney Wallace Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date March 17 1932
19. UNDERTAKER (Address) J. A. Bever (Ward Mud Co.) Wallace Ida
20. FILED Mar 17 1932 P. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14 1932
22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1932, to Mch 14, 1932
I last saw him alive on Mch 14, 1932, death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis acute	several days
Hemoplegia left	
Cerebral Hemorrhage	12 da

Other contributory causes of importance:
arteriosclerosis several months

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. Morrow Vrd, M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78805

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 11011 Local Registrar's No. 25
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

70

2. FULL NAME Velma Hale
(a) Residence. No. Mullan, Idaho St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas Hale.
6. DATE OF BIRTH (month, day, and year) July 5-1909
7. AGE Years 22 Months 8 Days 21 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eureka Mont.

FATHER
13. NAME Joseph Peltier
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Lottie Adams
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Thomas Hale 618 Earle Ave Mullan Ida
18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Idaho Date March 28 1932
19. UNDERTAKER (Address) J. A. Brown (Ward Und Co) Wallace, Ida.
20. FILED Mar 28, 1932 C. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 1932
22. I HEREBY CERTIFY, That I attended deceased from Mch 18, 1932, to Mch 26, 1932
I last saw her alive on Mch 25 1932; death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
Suppurative	3 da
Other contributory causes of importance:	
Leukocemia	
Post Abortive	1 da

Name of operation Curettage Date of 3/10
What test confirmed diagnosis? None Was there an autopsy? 280

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Drs Manvers M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78806

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 27

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Charles Lehto

(a) Residence. No. Mullan Ida. St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma Lehto

6. DATE OF BIRTH (month, day, and year) Oct 15 - 1876

7. AGE Years 55 Months 5 Days 13 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 2 yrs
11. Total time (years) spent in this occupation 24.

12. BIRTHPLACE (city or town) (State or country) Tagalu Sweden

FATHER
13. NAME Isaac Lehto.
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Ema Lehto Mullan Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Ida Date Apr 3, 1932

19. UNDERTAKER (Address) J. A. Bever (Ward Ind Co) Wallace, Ida

20. FILED Apr 3, 1932 P. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Mar 28, 1932

I last saw him alive on Mar 27, 1932: death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
T. B. Pulmonary	Dec 1931

Other contributory causes of importance:

Influenza	Oct 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) F. W. Rolfs, M. D.

(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 101

DO NOT WRITE IN THIS SPACE
State File No. 78807

Local Registrar's No. 16

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William W. Garrison

31

(a) Residence. No. Wallace, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Iva

6. DATE OF BIRTH (month, day, and year) Jan 17 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1930

11. Total time (years) spent in this occupation 22 yrs.

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME David Garrison.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Elza Smeltzer

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMENT (Address) Mrs Iva Garrison Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Date Mar 5, 1932

19. UNDERTAKER Jabour (Ward and C) (Address) Wallace, Ida

20. FILED Mar 5, 1932 C. D. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to March 3, 1932

I last saw h alive on March 3, 1932 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Bronchopneumonia	
Antecedent cause	
Contributory	Dont know

Other contributory causes of importance: none

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. M. Wallace M. D.

(Address) Wallace Ida.

RECEIVED APR 9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78808

PLACE OF DEATH
County of Shoshone
City of Kellogg, Ida

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude D. Duncan

161-9

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 21 Feb. 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg, Ida

MOTHER FATHER

13. NAME Kenneth Duncan

14. BIRTHPLACE (city or town) (State or country) ~~North Dakota~~ North Dakota

15. MAIDEN NAME Hazel Gardner

16. BIRTHPLACE (city or town) (State or country) Dummers Arkansas

17. INFORMENT (Address) Kenneth Duncan Kellogg, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida Date March 3, 1932

19. UNDERTAKER H. B. Thornhill (Address) Kellogg, Ida.

20. FILED April 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1932, to Feb 29, 1932
I last saw her alive on Feb 27, 1932: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature, 6 weeks	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. P. Mason, M. D.
(Address) Kellogg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78809

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cipriano Nana

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 9 - 1884

7. AGE: Years 47 | Months 3 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 4 Years

12. BIRTHPLACE (city or town) (State or country) Lansado Italy

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Naturalization Records

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg - Idaho Date Mar. 6, 1932

19. UNDERTAKER (Address) R. Dow Kellogg Idaho

20. FILED Apr. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1931, to March 1st, 1932
I last saw h..... alive on March 2nd, 1932: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Not known
Dropsical Complications	

Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. O. Stone, M. D.
(Address) Box 76 Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 9 1932

DO NOT WRITE IN THIS SPACE
State File No. 78810

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

33

2. FULL NAME Dorthy Hammer

(a) Residence. No. ..... Kellogg, Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 27th Oct. 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Valier Montana

FATHER

13. NAME Ralph Kelly

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Christine Craig

16. BIRTHPLACE (city or town) (State or country) Norfolk.

17. INFORMENT (Address) H. O. Hammer Kellogg, Idaho,

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida. Date March 4 1932

19. UNDERTAKER (Address) H. B. Thornhill Kellogg Ida.

20. FILED Apr. 1, 1932 Mrs. Helen M. McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/29 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20th, 1931, to Feb 29, 1932

I last saw her alive on Feb 29, 1932: death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Colitis	

Other contributory causes of importance:

Pulmonary Tuberculosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Idaho

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78811

PLACE OF DEATH
County of Teton
City of Driggs.

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 8
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Freddie Johnie Davidson
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

161

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) March 30 - 1932.
7. AGE Years | Months | Days | If LESS than 1 day, 4 hrs. or 30 min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Driggs Idaho.

PARENTS
10. NAME OF FATHER John Hubert Davidson.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Arkansaw.
12. MAIDEN NAME OF MOTHER Lavern Barton.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Cardston Canada.

14. Informant (Address) Mrs Lavern Davidson Driggs Idaho.
15. Filed Apr 1, 1932 Abie M Greene. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 30 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 30, 1932, to March 30, 1932
that I last saw him alive on March 30, 1932
and that death occurred, on the date stated above, at 7:35 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature infant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) L. J. C. Tadue, M.D., M. D.
, 19.... (Address)

19. Place of Burial, Cremation, or Removal: Driggs. Date of Burial: April 1st 1932
20. Undertaker Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78812

PLACE OF DEATH
County of Ft Teton
City of Driggs

CERTIFICATE OF DEATH
Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl August Johnson
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teckla Johnson.
6. DATE OF BIRTH (month, day and year) Mar-1-1863
7. AGE Years 69 Months Days 5 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Spokloster Upsala Lan. (Sweden)

PARENTS
10. NAME OF FATHER Anders Petter Johnson.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spokloster Upsala Lan.
12. MAIDEN NAME OF MOTHER Christina Louisa Warn
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Haggerby Upsala Lan.

14. Informant (Address) William Johnson Driggs Idaho R.F.D. #1
15. Filed April 1st 1932 Abie M Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 6th (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1932, to March 6, 1932
that I last saw him alive on Jan. 9, 1932
and that death occurred, on the date stated above, at ..... m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Hypertrophic Cirrhosis of Liver
..... (duration) many yrs. mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Edema
..... (duration) yrs. mos. 1 ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Morticians Observation
(Signed) L. R. Tadner, M. D.
March 7, 1932 (Address) Driggs, Idaho.

19. Place of Burial, Cremation, or Removal Darby Idaho. Date of Burial 19
20. Undertaker Lewis Kiser Address Ashton Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78813

PLACE OF DEATH
County of Teton
City of Cache Dale
Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 6
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

9 D

2. **FULL NAME** Hans Madsen

(a) Residence. No. Cache Ward, near Teloma, Idaho, St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary Madsen

6. DATE OF BIRTH (month, day and year) Feb. 20, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68		17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Copenhagen, Denmark

PARENTS

10. NAME OF FATHER Madsen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant (Address) John Madsen, Teloma, Ida.

15. Filed 3-1-, 1939. Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 7, 1939
(Month) (Day) (Year)
2:00 a.m.

I HEREBY CERTIFY, That I attended deceased from March 7, 1939, to March 7, 1939
that I last saw him alive on March 7, 1939
and that death occurred, on the date stated above, at 9:00 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Embolism of Greater Omentum
(duration) yrs. mos. One ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) Reveal yrs. mos. ds.

18. Where was disease contracted if not at place of death? Contracted at home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? History + examination
(Signed) L. F. C. Tadsen M. D.
3/8, 1939 (Address) Driggs Idaho

19. Place of Burial, Cremation, or Removal: Clawson-Cache Cemetery — Date of Burial: 3/11 1939
20. Undertaker — Address —

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78814

PLACE OF DEATH

County of Teton

City of Driggs

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Therese Pintar

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Slavo Pintar

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Croatia

PARENTS

10. NAME OF FATHER Ignat Grgurich

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Croatia

12. MAIDEN NAME OF MOTHER Frana Dragovich

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Croatia

14. Informant Slavo Pintar
(Address)

15. Filed April 1st 1932 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1931 to Mar 29, 1932

that I last saw her alive on Mar 15, 1932

and that death occurred, on the date stated above, at 10.30 P M

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Failure of Compensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetis Mellitus

(duration) 3 yrs. 4 mos. 11 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Parkinson, M. D.

3-30-, 1932 (Address) Driggs Ida

19. Place of Burial, Cremation, or Removal: Driggs Idaho — Date of Burial: 4/1 1932

20. Undertaker: Lemon Kier — Address: Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 9 1932

DO NOT WRITE IN THIS SPACE

State File No. 78815

PLACE OF DEATH

County of Twin Falls

City of Twin Falls County Hospital

Registration District No. 39

Primary Registration District No. 2084

Local Registrar's No. 179

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Russell Beauford Robertson

(a) Residence. No. 7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 10 1928

7. AGE — Years: 3 | Months: 10 | Days: 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Beauford R. Robertson

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Margery Allen

16. BIRTHPLACE (city or town) (State or country) Yakima Wash

17. INFORMENT (Address) Mrs Margery Allen Castleford

18. BURIAL, CREMATION, OR REMOVAL. Place Twin Falls Cem Date 3/7, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl Idaho

20. FILED Mar. 10, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-2-, 1932, to 3/4, 1932

I last saw him alive on 3/4, 1932: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppression of urine from Hot water burns involving one-half of Body area.	
Other contributory causes of importance: Shock.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 3-2, 1932

Where did injury occur? Farm near Buhl Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In house.

Manner of injury Fell into tub of

Nature of injury hot water.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Ira Jennings, M. D.

(Address) Buhl Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78816

PLACE OF DEATH

County of Twin Falls
City of Burley

Registration District No. 39
Primary Registration District No. 2087
(No.) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME Francis Marion Coffey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 6 1861

7. AGE: Years 70 | Months 3 | Days 11 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Iowa

PARENTS

10. NAME OF FATHER: R R. Coffey
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ind.
12. MAIDEN NAME OF MOTHER: Elizabeth Frazier
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ind

14. Informant: Mrs Eva Coffey
(Address): Burley Ida

15. Filed Mar. 23, 1932 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-10-, 1932, to 3-17, 1932
that I last saw him alive on 3-17-, 1932
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:
Gangrene of right leg.
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Cerebral apoplexy
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Geo Jennings, M. D.
3-18-, 1932 (Address) Burley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Cemetery	3/19 1932
20. Undertaker: Llewellyn & Rugg	Address: Burley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78817

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mary Anne Lilly

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Cephas Lilly

6. DATE OF BIRTH (month, day, and year) Apr 10-1852

7. AGE Years 79 Months 11 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER
13. NAME Ellison
14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER
15. MAIDEN NAME Susie Mann
16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMENT (Address) Mrs C. M. McQueary Buhl

18. BURIAL, CREMATION, OR REMOVAL Place Pueblo Colo Date 3/27, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl L. J. Johnson

20. FILED Mar 26, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/24 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1930, to 3-24, 1932
I last saw her alive on 3-24, 1932: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Parenchymatous Nephritis	About 1930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo Jennings, M. D.
(Address) Buhl Ida.

RECEIVED APR [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78818

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 128
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo Drommerhausen
(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Ida Mae Drommerhausen

6. DATE OF BIRTH (month, day and year) Aug 29 1860

7. AGE Years 71 Months 6 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minn.

PARENTS
10. NAME OF FATHER Geo Drommerhausen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Julia Persig
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Mewille D Riggs
(Address) Buhl Idaho

15. Filed Mar. 23, 1932 J. H. Wurpfel Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-20, 1931, to 3-17, 1932
that I last saw him alive on 3-17-, 1932
and that death occurred, on the date stated above, at 8:10 A m.
The CAUSE OF DEATH* was as follows:
Acute suppression of urine.
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Chron. Paren. Nephritis
..... (duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) Geo Jennings, M. D.
3-18-, 1932 (Address) Buhl Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery
Date of Burial 3/19 1932

20. Undertaker Mewille D Riggs
Address Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2-087

DO NOT WRITE IN THIS SPACE

State File No. 78819

Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Douglous Seckler

(a) Residence. No. 1006 Poplar St. Buhl, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If maried, widowed, or divorced. HUSBAND of (or) WIFE of Artilessia Layne Seckler

6. DATE OF BIRTH (month, day, and year) Apr 10 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salsbury (State or country) North Carolina

FATHER

13. NAME Christian Seckler

14. BIRTHPLACE (city or town) Penn. (State or country)

MOTHER

15. MAIDEN NAME Susan Anthony

16. BIRTHPLACE (city or town) Penn (State or country)

17. INFORMENT Homer Beauchamp (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 3/20, 1932

19. UNDERTAKER Evans & Hopkinson Hoschmidt (Address)

20. FILED Mar 23, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-10-, 1932, to 3-18, 1932

I last saw him alive on 3-18-, 1932: death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza-Pneumonia	3-10-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Fenning, M. D.

(Address) Buhl, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78820

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

90

2. FULL NAME Grover Cleveland Thompson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Ella B. Thompson

6. DATE OF BIRTH (month, day and year) Feb 26 1885

7. AGE Years 47 Months 1 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wash

PARENTS

10. NAME OF FATHER B E Thompson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn
12. MAIDEN NAME OF MOTHER Karlina Keck
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iowa.

14. Informant Mrs I F Morris
(Address) Buhl Idaho

15. Filed Mar 30, 1932 J. H. Wurpley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) - 28 (Day) - 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-2, 1932, to 3-28, 1932
that I last saw him alive on 3-28-, 1932
and that death occurred, on the date stated above, at 9 a. m.
The CAUSE OF DEATH* was as follows:
Organic Heart Dis.
Chron. Paren. Nephritis
about 4 (duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Lab.
(Signed) Geo Jennings, M. D.
3-28-, 1932 (Address) Buhl, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery — Date of Burial 3/29 1932

20. Undertaker Mewilly D Rugg — Address Buhl Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78821

PLACE OF DEATH
County of Twin Falls
City of Buhl
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 749

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alonzo M. Sage

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 18-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME Wm Sage
14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER
15. MAIDEN NAME Mattie Newton
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT Mrs Ava Moeller Ontario, Ore
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Buhl Ida Date 3/30 1932

19. UNDERTAKER Evans & Johnson E. Johnson
(Address) Buhl, Ida

20. FILED Mar 31, 193? J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/28 193?

22. I HEREBY CERTIFY, That I attended deceased from Mar. ?8, 193?, to , 193
I last saw him alive on Mar ?8, 193?: death is said to have occurred on the date stated above, at 7.30 a.m.
The principal cause of death and related causes of importance were as follows: Apoplexy — Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Murphy, M. D.
(Address) Buhl Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE

State File No. 78822

Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma M Slonmaker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of S. Slonmaker

6. DATE OF BIRTH (month, day, and year) Aug 14-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 -	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Enid Okla

FATHER

13. NAME Barney Shriver

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Torbett

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) W. E. Slonmaker Buhl Id

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 3/21, 193 2

19. UNDERTAKER Evans & Johnson
(Address) J. C. Schmidt

20. FILED Mar 26, 193 2 J. T. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-18 193 2

22. I HEREBY CERTIFY, That I attended deceased from 1-15-, 193 2, to 3-18, 193 2

I last saw h alive on 3-26, 193 2; death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	about 1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Exploratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Jennings, M. D.

(Address) Buhl Ida

APR 9 1932

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78823

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No.)
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Cora E Amos

11-9

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Wm Amos Sr

6. DATE OF BIRTH (month, day and year) July 15 1859

7. AGE: Years 72 | Months 7 | Days 26 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Miss -

PARENTS

10. NAME OF FATHER: Heathman
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Not Known

14. Informant: A. J. Amos
(Address): Buhl Idaho

15. Filed Mar. 17, 1932. J. F. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) — 5 (Day) — 32 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from 2-25, 1932, to 3-5, 1932, that I last saw her alive on 3-5, 1932, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ed. Jennings, M. D.

3-6-, 1932 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Buhl Cemetery — Date of Burial: 3/8/1932

20. Undertaker: Buhl & Rupp — Address: Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78824

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 41
(No. 2nd Ave S.O Twin Falls
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Riepel 31

(a) Residence. No. Jaub Cabins 2nd Ave S. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	—

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N D Records

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) —

18. BURIAL, CREMATION, OR REMOVAL
Place Filer Ida Date Feb 13, 1932

19. UNDERTAKER
(Address) Twin Falls Ida

20. FILED 3/12, 1932 Elizabeth J. Smith Registrar.
ACS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis about	1920
Other contributory causes of importance:	

Name of operation None. Date of
What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? Tourist cabin Twin Falls.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) T. A. Dwight, M. D.
Address Filer Ida. Coroner.

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78827

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 45

(No. 403-4 ave E)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Anna Marie Hanson

(a) Residence. No. 403 4 ave E St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) apr 6 1860

7. AGE: 71 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME V
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME V
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) James Hanson 403 4 ave E

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Mar 8, 1932

19. UNDERTAKER S. F. Phillips
(Address)

20. FILED 3/9, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932, to March 7, 1932.
I last saw h~~e~~ alive on March 7, 1932: death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown Chronic Disease	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? O Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wilson, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78828

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2185
Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard E. Goodnight

(a) Residence. No. Twin Falls RF#2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188 C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 4 1924

7. AGE: 7 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls Ida
(State or country)

FATHER
13. NAME E. R. Goodnight
14. BIRTHPLACE (city or town) Colo
(State or country)

MOTHER
15. MAIDEN NAME Irma Mullins
16. BIRTHPLACE (city or town) Wash
(State or country)

17. INFORMENT (Address) J. S. Mullins

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Mar 9 1932

19. UNDERTAKER J. C. Billings
(Address) Twin Falls

20. FILED 3/9, 1932 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932, to Mar 5, 1932
I last saw him alive on Mar 5, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Auto injury.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-5, 1932
Where did injury occur? On Highway 1 mile E of T.F.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public road
Manner of injury Auto struck him.
Nature of injury Skull fracture.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) J. E. Langenwalter, M. D.
(Address) Twin Falls Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 7829

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 322

(No. Twin Falls County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin LeRoy Jacklin

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May. 10 - 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22		15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) South Jordan
(State or country) Ut.

PARENTS

10. NAME OF FATHER William J. Jacklin

11. BIRTHPLACE OF FATHER (city or town) American Fork
(State or Country) Ut.

12. MAIDEN NAME OF MOTHER Blanch Beckstead

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Utah

14. Informant W. J. Jacklin
(Address) Burley Ida.

15. Filed Feb 6, 1932 F. L. Scott
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 25, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1932, to Mch 25, 1932
that I last saw him alive on Mch 25, 1932
and that death occurred, on the date stated above, at 6.50 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

accidental injury - run over by freight train & died from shock
left leg was amputated

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Mch 25

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Chas. R. Scott M. D.

Mch 28, 1932 (Address) Twin Falls Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Ida.	3-31 1932
20. Undertaker	Address
D. E. Johnson	Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78830

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 64
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

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2. **FULL NAME** Clarene Shatto

(a) Residence. No. Rock Creek Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. — yrs. 19 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 27-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	7	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Excelsior Ida.

PARENTS

10. NAME OF FATHER C. C. Shatto
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kansas
12. MAIDEN NAME OF MOTHER Clara Chase
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kansas.

14. Informant C. C. Shatto
(Address) R.F.D. #2 Hansen Ida.

15. Filed 3/31, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 28, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1932 to Mar 28, 1932
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at 11 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental drowning

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? observation
(Signed) J. M. Davis M. D.
Mar 31, 1932 (Address) Kimberly Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cemetery	3-31 1932
20. Undertaker	Address
White Mortuary Inc	Twin Falls. Ida.

ACS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78831

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 47

(No. 250-Have East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertram C. Morgan

(a) Residence. No. ..... St. 167
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Stella Master Morgan

6. DATE OF BIRTH (month, day, and year): Mar 13-1882

7. AGE 49 Years | 11 Months | 27 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: J. A. Morgan
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: L. M. Federer
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): V. E. Morgan, R#1 Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Twin Falls Date: Mar 11, 1932

19. UNDERTAKER (Address): S. C. Phillips, Twin Falls Ida

20. FILED 3/12, 1932 Elizabeth J. Smith, Registrar. Filed Ida.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 9, 1932

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 193..., to ....., 193...
I last saw him ~~alive on~~ March 9, 1932: death is said to have occurred on the date stated above, about 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	12:27 a.m.
Suicide	

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? Blood Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193...
Where did injury occur? Garage, 250-4th Ave East. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home garage.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No.
(Signed) F. A. Dwight, M. D.
Address Coroner

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78832

PLACE OF DEATH

County of Twin Falls. Registration District No. 37

City of Twin Falls Primary Registration District No. 1083 . Local Registrar's No. 57

(No. 131)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Samuel Edgar Leece

(a) Residence. No. Twin Falls Ida St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 30, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	5	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dentist + farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Argyle, Wis.

PARENTS

10. NAME OF FATHER John Leece

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Isle of Man.

12. MAIDEN NAME OF MOTHER Mary Sweeny.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wis. (?)

14. Informant Orrin A. Fuller
(Address)

15. Filed 3/14, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 13, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to March 13, 1932
that I last saw h.. alive on March 5, 1932
and that death occurred, on the date stated above, at 5:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardio - renal disease

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) C. Russell Heaney, M. D.
3-14, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls.	Mar 15 1932
20. Undertaker J. E. Drake	**Address** Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7833

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
County Hospital
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Lunacy Adams Odekirk

(a) Residence. No. Twin Falls County General Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Odekirk
6. DATE OF BIRTH (month, day, and year) May-10-1846
7. AGE Years 85 Months 10 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clay, N. Y

FATHER
13. NAME Wm Odekirk
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Lucinda Odekirk
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Forrest Crater Twin Falls.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 3/15, 1932
19. UNDERTAKER Evans & Johnson Co Inc
(Address) Twin Falls Ida
20. FILED 3/18, 1932 Elizabeth Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/17 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to Mar. 17, 1932
I last saw him alive on Mar 11, 1932; death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Senility	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78834

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1083 Local Registrar's No. 42
(No. County Gen Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Blain McCrary

(a) Residence. No. 1316-6 ave E St. 117
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 3 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Frederick McCrary
14. BIRTHPLACE (city or town) (State or country) Ut

MOTHER
15. MAIDEN NAME Henrietta Keller
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Frederick McCrary

18. BURIAL, CREMATION, OR REMOVAL Place Portage Ut Date , 193

19. UNDERTAKER (Address) S. E. Phillips

20. FILED 3/8, 1932 Elizabeth J. Smith Registrar. By Acd.

Portage, Utah

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3 - 7 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932, to Mar. 7, 1932

I last saw him alive on Mar 7, 1932: death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	Jan. 27/32

Other contributory causes of importance:
Peritonitis
Hemorrhage - Pleura
in Abdomen c/ plastic Adhesions

Name of operation Appendectomy Date of Feb. 11 & 23/32
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. John R. Morgan, M. D.
(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78835

PLACE OF DEATH

County of Ten Falls Registration District No. 37
City of Ten Falls Primary Registration District No. 2085 Local Registrar's No. 60
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Eugene Lundy
(a) Residence. No. Hospital St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 3 / 1912

7. AGE Years 13 Months 10 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Student
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS
10. NAME OF FATHER A. Lundy
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia
12. MAIDEN NAME OF MOTHER Jone Poucher
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mo

14. Informant (Address) A. Lundy Hansen Rest #2

15. Filed 3/26 19 32 Elizabeth J. Smith Registrar By act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 22 19 32, to Mar 24 19 32
that I last saw him alive on Mar. 24 19 32
and that death occurred, on the date stated above, at 9 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Appendicitis
(Ruptured)

(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) General Peritonitis
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death? Hansen Ida
Did an operation precede death? yes Date of 3/22/32
Was there an autopsy? no
What test confirmed diagnosis? yes
(Signed) Jn Davis, M. D.
Mar - 25, 19 32 (Address) Kimberly Ida

19. Place of Burial, Cremation, or Removal Pick Creek Date of Burial Mar 26 1932
20. Undertaker F. E. Drake Address Ten Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78836

1019

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 63

(No. 453 Main)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry S. Bunker

(a) Residence. No. 453 Main East St.
(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lina Bunker

6. DATE OF BIRTH (month, day, and year)

7. AGE			If LESS than 1 day, hrs. or min.
71 Years	7 Months	17 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meek

FATHER

13. NAME Joel Bunker

14. BIRTHPLACE (city or town) (State or country) Meek

MOTHER

15. MAIDEN NAME Elizabeth Morton

16. BIRTHPLACE (city or town) (State or country) U. K.

17. INFORMENT (Address) John Z. Bunker Walla Walla Wash

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place T. F. Cemetery, Date 3/29, 1932

19. UNDERTAKER (Address) S. C. Phillips Twin Falls Ida

20. FILED 3/29, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 27 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to ....., 1932

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 1215 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	

Other contributory causes of importance:

Flu	

Name of operation ~~~ Date of ~~

What test confirmed diagnosis? ~~~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~~ Date of injury ~~, 193..

Where did injury occur? ~~~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~~~

Manner of injury ~~~

Nature of injury ~~~

24. Was disease or injury in any way related to occupation of deceased? ~~~ If so, specify ~~~

(Signed) C. E. Essex M.D.

(Address) Twin Falls Ida

RECEIVED APR 9 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78837

PLACE OF DEATH
County of Twin Falls Registration District No. 37
City of Twin Falls Primary Registration District No. 1085 Local Registrar's No. 58
No.) =
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Jane Wilson

(a) Residence. No. 166 St. Twin Falls
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Stetson Maine

PARENTS
10. NAME OF FATHER Abram Tucker
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Maine
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant R W Hudgens
(Address) Twin Falls Ida

15. Filed 3/21, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 19 (Month) (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/16, 1932, to 3/19, 1932
that I last saw her alive on 3/19, 1932
and that death occurred, on the date stated above, at 9 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Secondary
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Myocarditis
Several
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. D. Weaver M. D.
3/21, 1932 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal: Twin Falls — Date of Burial: Mar 22 1932
20. Undertaker F E Daake — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78838

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 59
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91b

2. FULL NAME Elizabeth McConnel
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 24 - 1846

7. AGE Years 85 Months 3 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Davis County - Iowa

PARENTS
10. NAME OF FATHER Nathan Hall
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn
12. MAIDEN NAME OF MOTHER Permelia Mathew
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) W. N. McConnel Milner, Ida

15. Filed 3/24, 1932 Elizabeth J. Smith Registrar. By ACT

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 22 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 22, 1932
that I last saw her alive on March 22, 1932
and that death occurred, on the date stated above, at 2:45 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
General arteriosclerosis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) A. W. Souchek, M. D.
March 22, 1932 (Address) Twin Falls, Idaho

19. Place of Burial, ~~Cremation, or Removal~~ 2 2 Cemetery
Date of Burial 3/24 1932

20. Undertaker White Mort. Inc.
Address

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78839

PLACE OF DEATH
County of Twin Falls
City of

Registration District No. 37
Primary Registration District No. 2081 Local Registrar's No. 36
(No. Residence 889)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lois Josephine Chamberlain
(a) Residence. No. St. Kimberly Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) May 8 - 19

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	10	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work school girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Kimberly
(State or country) Idaho

PARENTS

10. NAME OF FATHER A. R. Chamberlain
11. BIRTHPLACE OF FATHER (city or town) Carmel
(State or Country) Indiana
12. MAIDEN NAME OF MOTHER Anna Greene
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Missouri

14. Informant A. R. Chamberlain
(Address) Route #1 Kimberly Idaho

15. Filed 3/21, 1932 Elizabeth J. Smuck Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 18, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to March 18, 1932
that I last saw her alive on March 16, 1932
and that death occurred, on the date stated above, at 4:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute endocarditis,
following influenza

(duration) yrs. 2 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible], M. D.
March 19, 1932 (Address) Twin Falls Idaho

19. Place of Burial, ~~Cremation, or Removal~~ L. D. Cemetery — Date of Burial March 21 1932

20. Undertaker White Mortuary Inc. — Address Twin Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78840

Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 55

74-9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie Julia Williams

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of O. H. Williams

6. DATE OF BIRTH (month, day, and year) Apr 25 - 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Nathaan Williams

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Rose Wade

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMENT (Address) O. H. Williams Filer

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date 3/20 193 2

19. UNDERTAKER (Address) Evans & Johnson Twin Falls L. D. Johnson

20. FILED 3/18, 193 2 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/18 193 2

22. I HEREBY CERTIFY, That I attended deceased from March 15, 193 2, to March 18, 193 2

I last saw her alive on March 17, 193 2: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy - Hemorrhage or irritation at Stem of brain.	Mar 15/32
Died by respiratory failure.	

Other contributory causes of importance:

Hypertension (300+/150) Simple	3 years
Extraction teeth	5 days ago.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr John R Morgan, M. D.

(Address) Twin Falls, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78841

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2065
Local Registrar's No. 61
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-9

2. **FULL NAME** Edward Francis Day
(a) Residence. No. Eden, Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 24-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 30 min.
0	0	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Kimberly
(State or country) Ida

PARENTS
10. NAME OF FATHER John P. Day
11. BIRTHPLACE OF FATHER (city or town) Ellensburg
(State or Country) Wash.
12. MAIDEN NAME OF MOTHER Catherine A. Owens
13. BIRTHPLACE OF MOTHER (city or town) Denver
(State or County) Colo.

14. Informant John P. Day
(Address) Eden Ida.

15. Filed 3/26, 1932 Elizabeth J. Smith Registrar.
By act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 25, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
On 3/24, 1932, to 3/25, 1932
that I last saw him alive on 3/25, 1932
and that death occurred, on the date stated above, at 2 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(duration) yrs. mos. 3 hours
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. D. Weaver M. D.
3/25, 1932 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cemetery	3-26 1932
20. Undertaker	Address
White Mortuary Inc	Twin Falls

PHYSICIAN
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If it may be properly classified, should state CAUSE OF DEATH in plain terms, so that
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78842

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Co. Hospital

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mae Bacon

(a) Residence. No. 435 2nd. ave W St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of F. H. Bacon

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 51 Months 5 Days X If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME John Horner
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Susan Schaevider
16. BIRTHPLACE (city or town) (State or country) Travel

17. INFORMENT (Address) F. H. Bacon Twin Falls Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 3/11 1932

19. UNDERTAKER (Address) Evans & Johnson L. Johnson Twin Falls

20. FILED 3/11, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14th, 1932, to 3-9, 1932
I last saw her alive on 3-8, 1932: death is said to have occurred on the date stated above, at 4.05 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Dec 1st 32
Other contributory causes of importance:	
Anasarca from obstructed portal circulation	Feb 15th 1932

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no
(Signed) John P. Coughlin, M. D.
(Address) Twin Falls Idaho

act.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78843

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 54

(No.) County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Thomas L Helsley

(a) Residence. No. (Usual place of abode) Rogerson St. Ida

Length of residence in city or town where death occurred. 16 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 7 1916

7. AGE				
16 Years	2 Months	9 Days	If LESS than 1 day, ... hrs. or ..... min.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rogerson Ida

FATHER

13. NAME Jerome N. Helsley

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Ora Curtis

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Jerome N Helsley Rogerson Ida

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Mar 18 1932

19. UNDERTAKER S. C. Phillips (Address) Twin Falls Ida

20. FILED 3/18, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 16 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13th, 1932, to March 16th, 1932

I last saw him alive on March 16, 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia Staphylococci Aureus - secondary to pustular acne -	March 12-32
Other contributory causes of importance: Endo. Myo & Peri Carditis Acute.	March 14-32

Name of operation No Date of

What test confirmed diagnosis? Blood Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 193..

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan L. Alexander, M. D.

(Address) Twin Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78844

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Co Hospital

Registration District No. 37
Primary Registration District No. 20851
Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Maxley

(a) Residence. No. Twin Falls County General Hospital 36
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jane Maxley

6. DATE OF BIRTH (month, day, and year) June 8 –

7. AGE Years 66. Months 9 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Dant Knaw
14. BIRTHPLACE (city or town) (State or country) Dant Knaw

MOTHER
15. MAIDEN NAME Dant Knaw
16. BIRTHPLACE (city or town) (State or country) Dant Knaw

17. INFORMENT (Address) Jane Roberts Castleford

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~ Place B Date 3/17 1932

19. UNDERTAKER (Address) Evans & Johnson L. Johnson Buhl, Ida

20. FILED 3/18, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/15 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to 3/15, 1932

I last saw him alive on 3/12, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of femur lasting ten years.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78845

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 52
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Herbert Davis Read

(a) Residence. No. 436 - 3rd ave N. St.
(Usual place of abode.)
Length of residence in city or town where death occured. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

11-9

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Read

6. DATE OF BIRTH (month, day and year) Aug 19 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Police Judge
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Jamacia Vermont

PARENTS

10. NAME OF FATHER Charles Davis Read
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Vermont
12. MAIDEN NAME OF MOTHER Clara Charlotte Willard
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Vermont

14. Informant (Address) Mrs. Julia Read 436 - 3rd ave N.

15. Filed 3/15, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13th, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1928, to March 13th, 1932
that I last saw him alive on March 9th 1932
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza.

(duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis of Brain and Chronic Bronchitis (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical & X Ray

(Signed) H. E. Lamb M. D.
March 14th 1932 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cemetery	3-16 1932
20. Undertaker White Mortuary Inc	Address Twin Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78846

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1185
Local Registrar's No. 62
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11-4

2. FULL NAME William Edward Keller

(a) Residence. No. 1420 - 11th ave E, St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Emma R. Keller

6. DATE OF BIRTH (month, day and year) Jan 7 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Medical Doctor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Portsmouth
(State or country) Ohio

PARENTS

10. NAME OF FATHER Henry C. Keller
11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Germany
12. MAIDEN NAME OF MOTHER Katharine Ketter
13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Germany

14. Informant Mrs. W. E. Keller
(Address) 1420 - 11th ave E Twin Falls Ida

15. Filed 3-29, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 27, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8th, 1927, to March 22, 1932
that I last saw him alive on March 27, 1932
and that death occurred, on the date stated above, at 5.30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Influenza Respiratory Acute
with dilation Heart Acute
(duration) ..... yrs. ..... mos. 6 ds.
CONTRIBUTORY (Secondary) Dilation Heart + + + + Valvular insufficiency - Post. Influenza infection
(duration) 4 yrs. 10 mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? X-ray - Blood Chemistry
(Signed) Duncan L. Graham M. D.
Mar 29, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal: Twin Falls Cem — Date of Burial: March 29 1932
20. Undertaker: White Mortuary Inc — Address: Twin Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78847

PLACE OF DEATH
County of Valley
City of Arling

Registration District No.
Primary Registration District No.
Local Registrar's No. 15

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clayton Downend

11-1

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 13 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER
13. NAME John Downend
14. BIRTHPLACE (city or town) (State or country) Sanborn Iowa

MOTHER
15. MAIDEN NAME Nancy Paddock
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) John Downend

18. BURIAL, CREMATION, OR REMOVAL Place Crown Point Date Feb 25 1932

19. UNDERTAKER (Address) A D Robb

20. FILED Feb 26, 1932 Montana Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1932, to February 23 1932
I last saw him alive on February 23 1932: death is said to have occurred on the date stated above, at 11:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:
Pleurisy with effusion

Name of operation None Date of
What test confirmed diagnosis? Puncture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Roscoe C Ward M. D.
(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78848

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nettie Connolly.

(a) Residence. No. Mamus Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Connolly

6. DATE OF BIRTH (month, day, and year) Feb 25-1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Phillip Trout
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs Elmer Laing Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mamus Creek Date 4-7-, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 4-8, 1932 W. R. Hamilton Registrar.

E. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 4- 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to April 4, 1932.
I last saw h alive on March 26, 1932: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility,	
Chronic Myocarditis.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) F. A. Johnson, M. D.
4-5-32 (Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78849

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

14-9

2. FULL NAME Ella Glascock

(a) Residence. No. 476. E Conn St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Clinton Glascock

6. DATE OF BIRTH (month, day, and year) Nov 20. 1862

7. AGE Years 69 Months 5 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER
13. NAME George Langley
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Ann Moody
16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMENT (Address) George Glascock Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 4-4-, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 4-8, 1932 W. R. Hamilton Registrar.
E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Apr 2, 1932
I last saw her alive on Mch 30, 1932; death is said to have occurred on the date stated above, at 2 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of brain	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) G M Wawrhouse, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78850

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mary Jane Cousens.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John C Cousens

6. DATE OF BIRTH (month, day, and year) April 5-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. York

FATHER
13. NAME Rev. Ryan.
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Wm Cousens Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 4-24, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 4-1, 1932 W. R. Hamilton Registrar.

E. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 27 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to March 27, 1932
I last saw h- alive on March 27, 1932; death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis.	(?)
Other contributory causes of importance: Uremia	March 20 1932

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W. R. Hamilton M. D.
(Address) Weiser Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE

State File No. 78851

Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Minnie Christensen

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of C. A. Christensen

6. DATE OF BIRTH (month, day, and year) Apr. 16

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Frank Markgraf.

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) C. A. Christensen Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Cem Date , 193

19. UNDERTAKER L. B. Northcutt (Address) Weiser. Idaho

20. FILED 4-1, 1932 W. R. Hamilton Registrar.

E. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Mar. 28, 1932

I last saw her alive on Mar 28, 1932: death is said to have occurred on the date stated above, at 1300 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Marshall M. D.

(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7885

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

11-4

2. FULL NAME William Montus Mayhew

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Sadie Mayhew

6. DATE OF BIRTH (month, day, and year) Oct. 7 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Hotel Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon
(State or country) ~~Colorado~~

FATHER
13. NAME Thomas Mayhew
14. BIRTHPLACE (city or town) California
(State or country)

MOTHER
15. MAIDEN NAME Rosia Green
16. BIRTHPLACE (city or town) Texas
(State or country)

17. INFORMENT Guy Mayhew. Hopyard Wash
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Ida. Date 3-14-, 1932

19. UNDERTAKER W. C. Northam
(Address) Weiser Ida

20. FILED 4-1, 1932 W. R. Hamilton Registrar.
E.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1932, to Mar. 12, 1932
I last saw him alive on Mar 12, 1932: death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
"Flu"	Mar. 5.

Other contributory causes of importance:
Anaemic Condition
Two severe haemorrhages from nose

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Leo Marshall, M. D.
(Address) Weiser

78853

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78853

PLACE OF DEATH
County of Shoshone
City of Avery

Registration District No. 127
Primary Registration District No. 2400
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Anacleta Petrucca

(a) Residence. No. Avery - Idaho St. —
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Concetta Barbata

6. DATE OF BIRTH (month, day, and year) Feb. 15-1874

7. AGE Years 58 Months 2 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Section Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Co.
10. Date deceased last worked at this occupation (month and year) April 1932
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Francesco Petrucca
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Ruberta Gabriala
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) John Russio Avery - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries, Idaho Date April 21, 1932

19. UNDERTAKER (Address) Geo. E. Mitchell St. Maries, Idaho

20. FILED Apl. 21, 1932 C. Busey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April, 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw ~~him alive~~ after death on April 20, 1932: death is said to have occurred on the date stated above, at 6.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Sudden death

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. Busey, M. D.
(Address) Avery, Idaho

78854

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78854

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 74

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Louis G. Hill

(a) Residence. No. Filer, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jennie A. Hill

6. DATE OF BIRTH (month, day, and year): Nov. 13-1873

7. AGE: Years 58 | Months 4 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Cambridge Minn

FATHER
13. NAME: Peter Ericson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: .....
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Mrs. Jennie Hill R.F.D. #1 Filer, Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Cemetery Date: 4-12, 1932

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls, Ida.

20. FILED 4/13, 1932 Elizabeth J. Smith Registrar. ACT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-10, 1932

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 193..., to ....., 193...
I last saw him ~~alive on~~ April 10, 1932: death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & Hemorrhage	5:45 a.m.

Other contributory causes of importance:
Gun shot, through heart. (Suicide)

Name of operation: none. Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4-10, 1932
Where did injury occur? Near Filer Twin Falls Co. Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Barn on his ranch.
Manner of injury: Gun shot.
Nature of injury: Chest wound.

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify: No.
(Signed) F. A. Dwight Coroner, M.D.
(Address) Filer, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

976

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

✓ Stewart 78855

DO NOT WRITE IN THIS SPACE
State File No. 78855

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 10

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Alfred Roe.

(a) Residence. No. Ivy Wild South Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Della. F. Roe.

6. DATE OF BIRTH (month, day, and year) Jan. 24. 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52.	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Traveling
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman. Boise Grocery Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oshkosh, Wis.

FATHER
13. NAME John. P. Roe.
14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER
15. MAIDEN NAME Mary Bliss.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Della. F. Roe. Box. 505. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. April. 19 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-20, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-16 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932, to April 16, 1932
I last saw h alive on April 16, 1932; death is said to have occurred on the date stated above, at 4.45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky mountain spotted fever	April 4/32

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? Jordan Valley, Oregon
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In dwelling
Manner of injury Patient by a Tick
Nature of injury Tick Bite

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) J. A. Springer, M. D.
(Address) Boise Idaho

78856

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78856

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 20

(No.) 170
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry E. Smith

(a) Residence. No. 502 N. 5th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Luella Smith

6. DATE OF BIRTH (month, day, and year) Dec 8-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Mars, Iowa

FATHER
13. NAME Jos. Smith
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Anna Skonnac
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Edna M. Mahler, Payette, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Idaho Date May 2, 1932

19. UNDERTAKER Elmer C. Sanders
(Address) Payette Idaho

20. FILED May 3, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-29-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1932, to 4-29, 1932
I last saw h.m alive on 4-28, 1932: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide gun shot - wound in right Temple,	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 4-29, 1932
Where did injury occur? Painting Office
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Painting Office
Manner of injury gun shot
Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edwin Sanders Coroner
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1932

78857 V

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78857

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 139

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Belle Grimme. Young.

(a) Residence. No. 614. N. 5 th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 18. 1896

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
36	0	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME V. Doughman.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) C.J. Grimme. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Mizpeh. Minn. Date May. 12. 1932

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 5-11, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932, to May 9, 1932

I last saw her alive on May 9, 1932; death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Lower, M. D.

(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1932

78859

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78859

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bennett Harold Kostenbader

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or) WIFE of~~ Margaretta Kostenbader

6. DATE OF BIRTH (month, day, and year) Sept. 7, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Poultry Raiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Freeport, Ill.

FATHER

13. NAME Daniel L. Kostenbader

14. BIRTHPLACE (city or town) (State or country) Freeport Ill.

MOTHER

15. MAIDEN NAME Mary Elizabeth Bennett

16. BIRTHPLACE (city or town) (State or country) Utica New York

17. INFORMENT (Address) Margaretta Kostenbader Weiser Ida

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date 5-27-, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 5-4, 1932 W. R. Hamilton Registrar.

E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 25 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Apr. 25, 1932

I last saw h. alive on Apr 25, 1932: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	June 1. 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter.l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Marshall, M. D.

(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 7 8860

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78860

PLACE OF DEATH
County of Ada
City of ########

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Oren Gibson Elder.

(a) Residence. No. 3 Miles West of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Josephene Elder.

6. DATE OF BIRTH (month, day, and year) January. 13. 1862.

7. AGE: 70 Years, Months: 2, Days: 27. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Draft
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sman General Land Office.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine.

FATHER
13. NAME William. B. Elder.
14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER
15. MAIDEN NAME Sarah Kimball.
16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMENT (Address) Mrs. O.G. Elder. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. April. 12. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 4-12, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 19th 1932, to April 11th, 1932
I last saw him alive on April 9th 1932: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

Cancer of Liver and Spleen - (Carcinoma)

Date of onset

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Bout, M. D.
(Address) Boise Ida

Correct Copy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78860

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 32

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oren Gibson Elder

(a) Residence. No. 3 Miles West of Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Josephine Elder

6. DATE OF BIRTH (month, day, and year) January 13, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Draftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Land Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME William B. Elder

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Sarah Kimball

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT Mrs. O. G. Elder
(Address) R. D. #2, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery Date April 12, 1932

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 4/12/32, 193.. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1931, to April 10, 1932, 193..

I last saw him alive on April 9, 1932: death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver and spleen (Carcinoma)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Boeck M.D.

(Address) Boise, Idaho

RECEIVED MAY 78861

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78861

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100 Local Registrar's No. 04

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Takei Kubo.

(a) Residence. No. Speed Rooming House
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Japanese
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 25 1882

7. AGE: Years 49 | Months 5 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan.

FATHER
13. NAME Chokichi Kubo.
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME Shima Yamagachi
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMENT (Address) S. Kubo. Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls. Date 4/12, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED Apr 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1932, to April 11, 1932
I last saw him alive on Apr 6, 1932 death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular endocarditis and myocarditis	?

Other contributory causes of importance:

Name of operation No Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) H. Ray Hatch, M. D.
(Address) April 11, 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78862

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 9

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1 16

2. FULL NAME Daniel G. Drake.

(a) Residence. No. Cascade, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie Drake.

6. DATE OF BIRTH (month, day, and year) Nov. 15-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Restaurant.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jefferson Co. Mo.

FATHER

13. NAME Richard F. Drake.

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Elizabeth J. Johns.

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs. Nellie Drake. Cascade, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 4/3/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 4-4, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/1/32 193

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932, to Death, 193

I last saw h[illegible] alive on 4-1-32, 193: death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Purulent Peritonitis	3-27-32

Other contributory causes of importance:

Acute appendicitis.	3-26-32

Name of operation Abdom. drainage Date of 3-27-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. West, M. D.

(Address) Boise, Idaho.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78863

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 29

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Roy C. Michelson

(a) Residence. No. Genesee, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 3, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Frances H. Smith
(Address) Veterans Administration, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Genesee, Idaho Date 4/7/32 193

19. UNDERTAKER McBratney Funeral Home,
(Address) Boise, Idaho

20. FILED 4-7, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1931, 193, to April 6, 1932, 193
I last saw him alive on April 6, 1932: death is said to have occurred on the date stated above, at 1:12 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis, Chronic	
Other contributory causes of importance:	
Uremia	

Name of operation Clinical / Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. C. Smith, M. D.
(Address) F.C.SMITH, Chief Medical Officer Vet. Admin., Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78864

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 26

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. H. Evans. 179

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME David M. Evans.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME ------Holden.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Pearl Jackson. Smith, Ferry, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake, Utah Date 4/3/32, 193 Shipped
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.
20. FILED 4-4, 1932 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/1/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Apr 1, 1932
I last saw him alive on Apr 1, 1932; death is said to have occurred on the date stated above, at 1.40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Toxaemia & Coma	5 days ago

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Bradshaw, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 1 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78865

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 37

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Lewis Crowder.

(a) Residence. No. 4 Miles West Of Boise. Spaulding Station.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100-a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Anna. R. Crowder.

6. DATE OF BIRTH (month, day, and year): Feb. 2.1848.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tennessee.

FATHER

13. NAME: John Wesley Crowder.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): Mrs. Emma Wendt. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cemetery. Date April. 26.1932.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 4-26, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/24 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1930, to 4/23, 1932

I last saw him alive on 4/23, 1932 death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4/20/32

Other contributory causes of importance:

Cerebral hemorrhage	Fall of 1930

Name of operation: None Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) C. S. Allen, M. D.

(Address) 218 Eastman Bldg Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78866

PLACE OF DEATH
County of Ada
City of Boise, Idaho

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 30

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ormand BURRELL

(a) Residence. No. ..... St. S.t. Anthony, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME M. W.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Fern Birch, Boise, Iddho

18. BURIAL, CREMATION, OR REMOVAL Place St. Anthony, Ida. Date 4/11/32 Shipped 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-11, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932, 193..., to April 9, 1932, 193...
I last saw him alive on April 9, 1932 193...: death is said to have occurred on the date stated above, at 11.10 m. pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
V.H.D. Mitral regurgitation,	
Aortic regurgitation; nephritis	
chr. interstitial.	
Other contributory causes of importance:	
uremia and hypostatic pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

C. C. Smith (Signed) ....., M. D.
(Address) Veterans Administration, Boise, Idaho

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78867

PLACE OF DEATH
County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 31

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

81

2. FULL NAME Charles. M. Wardle.

(a) Residence. No. 6 Miles North West of Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Harriet Wardle.

6. DATE OF BIRTH (month, day, and year) Dec. 18. 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Jordan
(State or country) Utah.

FATHER
13. NAME Isaac John Wardle.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER
15. MAIDEN NAME Sophia Myers.
16. BIRTHPLACE (city or town) Denmark.
(State or country)

17. INFORMENT Mrs. C. M. Wardle.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. April. 12. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4 - 11, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

April 10-1932

21. DATE OF DEATH (month, day, and year) saw, 193

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from April 9, 193 2, to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Found dead in Pasture	
Had been having severe	
Other conditory causes of importance: for	
several Weeks	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E. Summers Coroner, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78868

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 95

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. George Meier

(a) Residence. No. 1011 No 6th St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo. G. Meier

6. DATE OF BIRTH (month, day, and year) Aug. 7, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Landeghem, Belgium

FATHER

13. NAME Bruno Van Leeuwen

14. BIRTHPLACE (city or town) (State or country) Landeghem, Belgium

MOTHER

15. MAIDEN NAME Julie Marlier

16. BIRTHPLACE (city or town) (State or country) Ursel, Belgium

17. INFORMENT Amerita Meier (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Ida. Date 4-4, 1932

19. UNDERTAKER Schreiber & McCann (Address) Boise, Ida.

20. FILED 4-2, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-31 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932, to March 30, 1932

I last saw her alive on March 30, 1932; death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Hypertension	5 yrs.

Other contributory causes of importance:

Diabetes	10 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Forbush, M. D.

(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78869

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 33

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Franklin Layson.

(a) Residence. No. 2009 N. 15th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ida Layson

6. DATE OF BIRTH (month, day, and year) August 10-1852

7. AGE Years 79 Months 8 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) DeCald, Mo.

FATHER
13. NAME David Layson.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Mary Jane Jackson.
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Mrs. W. B. Walters. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4/15/32, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 4-14, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/14/32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193...; death is said to have occurred on the date stated above, at 7:30 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	Don't know

Other contributory causes of importance:

Starvation form inability to swallow	Ap 1

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. N. Braxton, M. D.
(Address) Boise, Idaho.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78870

PLACE OF DEATH
County of Ada
near
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 36

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carolina Rechrich Proesch

(a) Residence. No. E. W. Roberts St. Collister Dist. Ada Co
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Proesch M.D.

6. DATE OF BIRTH (month, day, and year) March 17-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prussia Germany

FATHER
13. NAME William Rechrich
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Caroline
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Wm. J. Proesch Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 4-24, 1932

19. UNDERTAKER Schreiber & McCann (Address) Boise, Ida

20. FILED 4-25, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 193__, to _____, 193__

I last saw h__ alive on _____, 193__: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Brain hemorrhage	

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

_____ If so, specify _____

(Signed) Geo Calliet, M. D.

(Address) _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78871

PLACE OF DEATH
County of Ada
City of near Meridian

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank P Weasel

(a) Residence. No. ..... St. Meridian Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Nora F Weasel

6. DATE OF BIRTH (month, day, and year): Feb 24th 1863

7. AGE: 69 Years | Months: 1 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Phillip Weasel
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Doul Knowe
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Margie Oakes Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Morris Hill Boise Ida Date: 4-5 1932

19. UNDERTAKER (Address): Schreiber & McCann Boise Ida

20. FILED 4-5, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1932, to April 1st, 1932
I last saw him alive on March 31st, 1932: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease —	
Cerebral Hemorrhage	
Feb 22nd 1932	

Other contributory causes of importance:
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) John Bank, M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78872

PLACE OF DEATH
County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 35

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Boeman Davis.

(a) Residence. No. 3 Miles West of Boise, Near St Cole School.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

744

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nancy. J. Davis.

6. DATE OF BIRTH (month, day, and year) Jan. 29.1858.

7. AGE Years 74 Months 2 Days 25. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkersburg. Virginia.

FATHER
13. NAME John Davis.
14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER
15. MAIDEN NAME Mary Piper.
16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) Mrs. Nancy. J. Davis. R.D. # 2., Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Apr. 26.1932

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 4-25, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-24 1932

22. I HEREBY CERTIFY, That I attended deceased from not previous to day of death, 193 , to , 193

I last saw him alive on 4-23, 1932: death is said to have occurred on the date stated above, at 1:20 a.m. 4-24

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4-23-32

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis Phy. Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. F. West M. D.
(Address) 415 Eastman Bldg.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

J Springer

MAY 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78873

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 28

(No. Boise, Idaho. Rt. 4)

(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Mrs. Isabel R. Brown

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. T. Brown

6. DATE OF BIRTH (month, day, and year) April 15-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dolgeville, N.Y.

FATHER

13. NAME Frank Reed.

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Catherine Suets.

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Wm. T. Brown. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4/7/32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 4-5, 1932 W.T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/4/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1931, to April 4th, 1932

I last saw her alive on Feb 17th, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of uterus and Vagina.	

Other contributory causes of importance:

Name of operation Removal of uterus through vagina Date of 2-8/31

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Springer, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78874

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wesley Sutton Mc Daniel.

(a) Residence. No. 3 Miles West of Boise, Near Collister Station.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Nellie. L. Mc Daniel.

6. DATE OF BIRTH (month, day, and year) Aug. 5. 1873.

7. AGE: Years 58. Months 7 Days 26. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Navasot, Texas.

FATHER
13. NAME J.C. Mc Daniel.
14. BIRTHPLACE (city or town) (State or country) Texas.

MOTHER
15. MAIDEN NAME Elizabeth Sutton.
16. BIRTHPLACE (city or town) (State or country) Texas.

17. INFORMENT (Address) Mrs. Nellie. L. Mc Daniel. R.D. # 3. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date April. 4. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 4-2, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932, to April 1, 1932

I last saw him alive on Apr. 1, 1932: death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78875

PLACE OF DEATH
County of Ada Canyon
City of Melba
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 59

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Blanche Shaw

(a) Residence. No. Melba, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 24-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winterset
(State or country) Iowa

FATHER

13. NAME Geo L Stiffler

14. BIRTHPLACE (city or town)
(State or country) Penn

MOTHER

15. MAIDEN NAME Lucie Starr

16. BIRTHPLACE (city or town)
(State or country) Ohio Louisianna

17. INFORMENT
(Address) E Shaw

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Ontario, Ore Date May 5, 1932.

19. UNDERTAKER C. V. Perkins
(Address) Caldwell Idaho

20. FILED 5-10-, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to May 3, 1932

I last saw her alive on May 3, 1932: death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (~~violence~~), fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A Swayne, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78876

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 112

(No. 1122 Lincoln Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lula Mae Jackson

(a) Residence. No. 1122 Lincoln Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of T. B. Jackson.

6. DATE OF BIRTH (month, day, and year) Mar. 23-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodbine, Iowa.

FATHER

13. NAME Harrison Ballinger.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Martha Pace.

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMENT (Address) T. B. Jackson. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4/19/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 4-19, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/18/32 193

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3rd, 1932, to Apr. 14, 1932

I last saw her alive on Apr. 14, 1932: death is said to have occurred on the date stated above, at 2:20 A.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Stomach	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ann Belle Maxwell, M.D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Nokes.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78877

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 115

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie Lee Johnston.

(a) Residence. No. 1602. N. 17 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

24

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 5.1875.

7. AGE Years: 57. Months: 1 Days: 12. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER
13. NAME Archie. M. Johnston.
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Mary Gardner.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Roy Johnston. 1602. N. 17 th St. Boise.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Apr. 19. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 4-20 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-17 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to April 17, 1932
I last saw him alive on April 15, 1932 death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-spinal Menningitis (Menningo-Cocous)	4-15-32

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis? Spinal puncture. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Gerald T. Nokes, M. D.
(Address) 427 Eastman Bldg. Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78878

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 117

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francisco Mendiola

(a) Residence. No. ..... St. Parma Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 14-1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME Vicente Mendiola

14. BIRTHPLACE (city or town) (State or country) Berarona Spain

MOTHER

15. MAIDEN NAME Carmen Triondo

16. BIRTHPLACE (city or town) (State or country) Marguina Spain

17. INFORMENT (Address) Bonifacio Garmendia 1009 Eastman St Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Date 4-20-1932

19. UNDERTAKER (Address) Schreiber & Mc Cain Boise Ida

20. FILED 4-21, 1932 W. F. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-18-1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1932, to Apr 18, 1932
I last saw him alive on Apr 16, 1932; death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Polio Encephalitis	
Synonym for acute Anterior ~~Poliomyelitis~~ Poliomyelitis.	
Other contributory causes of importance:	

Name of operation Spinal Puncture Date of 4/13/32
What test confirmed diagnosis? Was there an autopsy? 4/16/32

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. A. Pennington, M. D.
(Address)

MAR 11 1932

Book V

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78880

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 106

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant West.

(a) Residence. No. 3002. West Jefferson Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April.10.1932.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Roy Edwin West.

14. BIRTHPLACE (city or town) (State or country) Oregon.

MOTHER

15. MAIDEN NAME Evelyn Kirchner.

16. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

17. INFORMENT (Address) R.E. West. 3002. W. Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date April.11.1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 4-12, 1932 W.T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-10 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to April 10, 1932

I last saw him alive on April 10, 1932 death is said to have occurred on the date stated above, at ——— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - birth	
Feeble Heart Action	
4 & 1/2 hours.	
Cause undetermined	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Karl Bowers M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78881

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 104
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances P. Kelleher

(a) Residence. No. Bldg 22 Boise Barracks
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thos. J Kelleher

6. DATE OF BIRTH (month, day, and year) Mar-9-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Warsaw (State or country) Wis

FATHER
13. NAME Oconisky
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) Warsaw (State or country) Wis

17. INFORMENT (Address) Thomas F Kelleher Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date 4-11, 1932

19. UNDERTAKER Schreiber-McCann (Address) Boise Ida

20. FILED 4-11, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1932, to death, 1932
I last saw h alive on 4-10, 1932: death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4-9-32
Other contributory causes of importance:	
Arteriosclerosis	1923
Myocarditis.	1930

Name of operation None Date of
What test confirmed diagnosis? Lab. findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H T West, M.D.
(Address) 415 Eastman Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78882

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 9.
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Gladys Pearl Knowles.
(a) Residence. No. 1603. N. 11 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Bert. C. Knowles.
6. DATE OF BIRTH (month, day, and year): May. 10. 1906
7. AGE: Years 25. Months 10 Days 24. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho.

FATHER
13. NAME: John. H. Vanatta.
14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER
15. MAIDEN NAME: Nellie Miller.
16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): Bert. C. Knowles. 1603. N. 11 th St, Boise, Ida.
18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cemetery. Date April. 6. 1932.
19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.
20. FILED 4-5, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 4 1932
22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1932, to April 4, 1932
I last saw her alive on April 4, 1932: death is said to have occurred on the date stated above, at 1:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolus with sudden death	Apr 4 32

Other contributory causes of importance:

Peritonitis following double salpingitis	Mar 22 1932

Laparotomy & drainage
Name of operation ... Date of Mar 24 32
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~~St Lukes Hospital~~
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A B Borch, M. D.
(Address) Boise Ida

976

RECEIVED MAY 11 1932

Stewart

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78883

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 105

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Rosa Nancy Johnston

(a) Residence. ~~No.~~ Oreana Ida ~~St.~~
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) 6/18/72

7. AGE Years 59 Months 9 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER Souders

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo

12. MAIDEN NAME OF MOTHER Ridenour

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mo.

14. Informant S. D. Johnston
(Address) Oreana, Ida

15. Filed 4-11, 1932 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1932, to Apr 6, 1932

that I last saw her alive on Apr 6, 1932

and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism
Post operative 10 days

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) 14 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Oreana Ida

Did an operation precede death? Yes Date of Mch 26-1932

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) James Stewart, M. D.

Apr 11, 1932 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kohlerlawn Cem Nampa Ida — Date of Burial: 4-9 1932

20. Undertaker: F. K. Robinson — Address: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78884

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 190

(No. Idaho Soldier's Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John J. Donnelly.

(a) Residence. No. Oreana, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Feb. 7-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cattleman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME ------Donnelly.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME -----Jackson.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Frank B. Neiss. Oreana, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4-6, 1932

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 4-5, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/3/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932, to 4/3, 1932

I last saw him alive on 3/2, 1932, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10 yrs
Decompensation	10 yrs ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Symptoms

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred A. Tibbetts, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78885

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 105

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Harrison Minton.

(a) Residence. No. 1612. N. 5 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Bettie Minton.

6. DATE OF BIRTH (month, day, and year) June. 21.1871.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Repair man for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Furniture Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15.

12. BIRTHPLACE (city or town) (State or country) Pleasant Gap. Missouri.

FATHER

13. NAME Jonothan Minton.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Elizabeth Gibson.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Mr. W.H. Minton. 1612. N. 5 th St. Boise. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. April. 8. 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 4-7, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April - 6 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/26/32, 1932, to 4/6, 1932

I last saw h alive on 4/6, 1932; death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	

Other contributory causes of importance:

Chronic nephritis and asthma	

Name of operation none Date of

What test confirmed diagnosis? Phy findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Agnes Bussey M.D., M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Bruner

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78886

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 114
(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vena Joy Elliott.
(a) Residence. No. 2nd & Garden Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Feb. 7. 1916.
7. AGE Years 16 Months 2 Days 11 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Idaho.

FATHER
13. NAME Claude. E. Elliott.
14. BIRTHPLACE (city or town) (State or country) Prairie City. Oregon.

MOTHER
15. MAIDEN NAME Lydia A Jeffrey.
16. BIRTHPLACE (city or town) (State or country) Little Rock. Ark.

17. INFORMENT (Address) Claude. E. Elliott. R.D. # 2. Boise. Idaho.
18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Apri. 20. 1932.
19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.
20. FILED 4-20 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 18 1932
22. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1932, to April 18, 1932
I last saw her alive on Apr 18, 1932 death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Concussion of Brain. External Cause

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/17, 1932
Where did injury occur? Ada County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Hit & run auto driver
Nature of injury Concussion of brain
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward F Rimm, M. D.
(Address) 1005 Jr Main St

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78887

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 103

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Albert Campbell

(a) Residence. No. New Meadows, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Campbell.

6. DATE OF BIRTH (month, day, and year) June 25-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER
13. NAME William Campbell.
14. BIRTHPLACE (city or town) (State or country) New Jersey.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Charles A. Campbell. New Meadows, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place New Meadows Date 4-12-32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 4-11, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/9/32 193

22. I HEREBY CERTIFY, That I attended deceased from Mch 5, 193 2, to Apr 9, 193 2
I last saw h alive on Apr 9, 193 2; death is said to have occurred on the date stated above, at 6:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Prostatic Hypertrophy	
with obstruction	
(2) Chronic Myocarditis	
Other contributory causes of importance:	
(3) Pulmonary Embolism	

Name of operation Prostatectomy Date of 3/11/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ~, 193
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No injury
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ~

(Signed) James A. Stewart, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1932

v Sanbaugh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78888

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 102
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Laurinda. J. Nyborg.

(a) Residence. No. 4½. Miles West of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of William Nyborg.

6. DATE OF BIRTH (month, day, and year) May. 3. 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt Pleasant
(State or country) Utah.

FATHER

13. NAME Andrew Jensen.

14. BIRTHPLACE (city or town)
(State or country) Denmark.

MOTHER

15. MAIDEN NAME Laura Hansen.

16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMENT
(Address) William Nyborg. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. April. 9. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-8, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7- 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1932, to 4-6, 1932
I last saw h.. alive on April 6, 1932: death is said to have occurred on the date stated above, at 3:30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Fibroma of Uterus -	Unknown
b Intestinal Obstruction	3-29-32

Other contributory causes of importance:

Hysterectomy - 3-17-32
Name of operation Enterostomy Date of 3-31-32
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) O. F. Swindell, M. D.
(Address) Boise Idaho

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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78889

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 9

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Meakin.

(a) Residence. No. 2114. N. 9 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Clyde. E. Summers. 906. Bannock Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Lincoln Nebraska. April. 7. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-5, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1932, to Apr 2, 1932
I last saw he alive on Apr 2, 1932, death is said to have occurred on the date stated above, at 11.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:
Recurrence in Vagina involving bladder

Name of operation Radical Hysterectomy Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Brayton M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78890

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 104

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Marie Marker.

(a) Residence. No. 1608 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) July 20-1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eagle, Idaho.

FATHER
13. NAME Floyd Marker.
14. BIRTHPLACE (city or town) (State or country) Emmett, Idaho.

MOTHER
15. MAIDEN NAME Elizabeth Irene Johnson.
16. BIRTHPLACE (city or town) (State or country) Eagle, Idaho.

17. INFORMENT (Address) Mrs. Elizabeth Marker. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Star Cemetery Date 4/14/32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 4-12 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/12/32 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1932 to Apr 12, 1932
I last saw her alive on Apr 12, 1932; death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Adenitis	Mar 25
May have been Scarlett Fever but no eruption at any time.	
Other contributory causes of importance: Acute Nephritis	Apr 7.

Name of operation None Date of
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Braxton, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78891

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 129

(No. 1701 Colorado Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mrs. Helen G. Harden

(a) Residence. No. 1701 Colorado St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wesley Harden.

6. DATE OF BIRTH (month, day, and year) April 7-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Porter, Wis
(State or country)

FATHER

13. NAME Wm. Yaden

14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME ------ Miles.

16. BIRTHPLACE (city or town)
(State or country) Wis.

17. INFORMENT Mrs. B. M. Strawn.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem Date 4-29-32, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 4-28, 1932 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/27/32 193

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1932, to 4/27, 1932

I last saw h alive on, 193: death is said to have occurred on the date stated above, at 7:10 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Toxaemia & Coma	Apr 29/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. N. Braxton, M. D.

(Address) Boise, Idaho.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78892

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Ada

City of

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 128

(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gilbert H. Waring.

(a) Residence. No. 2515 Idaho Street. St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word.): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Waring.

6. DATE OF BIRTH (month, day and year): July 2nd 1880

7. AGE: 51 Years | Months: 9 | Days: 23 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Furniture dealer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Oregon

PARENTS

10. NAME OF FATHER: Ira S. Waring.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): N. Y.
12. MAIDEN NAME OF MOTHER: Rose Clark
13. BIRTHPLACE OF MOTHER (city or town) (State or County): N. Y.

14. Informant (Address): Mrs. Laura Waring. Boise, Idaho.

15. Filed 4-27, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 25th 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to April 25, 1932 that I last saw him alive on April 25, 1932 and that death occurred, on the date stated above, at 1:45 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia and Pulmonary edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): apoplexy

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs + tests

(Signed) G. H. Wahle, M. D.

4-26-32, 19 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal: Morris Hill Cemetery. Date of Burial: 4/27/32 19

20. Undertaker: Wm. McBratney. Address: Boise, Ida.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78893

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 127

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella E. Turner

(a) Residence. No. St. Valley View Dist. Ada Co
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Turner

6. DATE OF BIRTH (month, day, and year) March 17-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Dolan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) John G. Turner

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns. Date 4-26-1932 Boise

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida

20. FILED 4-25-1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to 4/23, 1932

I last saw h alive on 4/23, 1932: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanosis of deep structures of brain involving Cervical Vert.	
Other contributory causes of importance:	
Epithelioma	

Name of operation no Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A. Pettengill, M. D.

(Address) Boise Ida

Pettengill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78894

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 125
(No. Idaho Soldiers Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilson Leiser.
(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

164

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widower
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Leiser.
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 101 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Watsontown, Pa.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) " U.S.A.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMENT (Address) Bruce C. Leiser. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 4-23-32, 193
19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.
20. FILED 4-23, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/20/32 193
22. I HEREBY CERTIFY, That I attended deceased from 1/4, 1932, to 4/20, 1932
I last saw him alive on 4/18, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis Acute	

Other contributory causes of importance:

Senility

Name of operation — Date of
What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Fred A. Pittenger, M. D.
(Address) Boise, Idaho.

RECEIVED MAY [illegible] 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78895

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 130

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

33

2. FULL NAME Marie Miller.

(a) Residence. No. 1515. Grant Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 10. 1867.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64.	5	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER

13. NAME Bengt Miller.

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Ingrid Olson.

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Nels Miller. 1515. Grant Street. Boise,

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. May. 1. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-30, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-28 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1932, to Apr. 28, 1932

I last saw her alive on Apr. 28, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric T.B.	

Other contributory causes of importance:

Chronic Hepatitis.	
also injured in auto wreck, Feb. 19	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury Feb 19, 1932

Where did injury occur? Boise Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Contributory only, in that it

Manner of injury probably shortened life.

Nature of injury broken thumb and bruising of region over liver.

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No

(Signed) W. M. Halverson, M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78896

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Eldridge.

(a) Residence. No. St. Lukes Hospital. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) April 14-1932

7. AGE Years Months Days If LESS than 1 day, 3 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME Frank Eldridge.
14. BIRTHPLACE (city or town) (State or country) Salmon, Idaho.

MOTHER
15. MAIDEN NAME Delores Kelsey.
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Frank Eldridge. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4/15/32, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 4-16, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/15/32 193

22. I HEREBY CERTIFY, That I attended deceased from 1:00 a.m. 4-15-32, 193, to 3:30 4-15-32, 1932
I last saw him alive on 4-15-32, 193: death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic injury to brain + skull during birth. No instruments used.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193
Where did injury occur? During Birth.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury During Birth
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Henry H Nokes + , M. D.
(Address) Boise, Idaho. A. H. Budge Jr.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78897

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 108

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Bartlett Sinclair

(a) Residence. No. 1119 North 15th St. Boise Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Sinclair

6. DATE OF BIRTH (month, day, and year) March 12 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1929

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Lancaster S.C.

FATHER

13. NAME George Sinclair

14. BIRTHPLACE (city or town) (State or country) Eton Scotland

MOTHER

15. MAIDEN NAME Margaret Thompson

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMENT (Address) Mrs. Bartlett Sinclair

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date April 10 1932

19. UNDERTAKER Schreiber & McCann (Address) Boise Ida.

20. FILED 4-12, 1932 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1932 to April 9, 1932

I last saw him alive on April 9, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis	3-19-32
Pyonephrosis	

Other contributory causes of importance:

Name of operation Exploratory Date of 4-1-32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Swendsen, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78898

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1204
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 121

2. FULL NAME Felix Leander Bowman

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Dorothy Bowman

6. DATE OF BIRTH (month, day and year) June 15-1900

7. AGE Years 31 Months 10 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Challis Idaho

PARENTS
10. NAME OF FATHER John Bowman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Amanda Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant (Address) Dewey Bowman Emmett Idaho

15. Filed 4-22 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 18 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1932, to Apr. 18, 1932
that I last saw him alive on Apr 18, 1932
and that death occurred, on the date stated above, at 5.30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Peritonitis

..... (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Ruptured Appendix
..... (duration) ..... yrs. ..... mos. 12 ds.

18. Where was disease contracted if not at place of death? Unknown
Did an operation precede death? yes Date of Apr. 15
Was there an autopsy? no
What test confirmed diagnosis? operation
(Signed) Sweeney, M. D.
4/20, 1932 (Address) Boise

19. Place of Burial, Cremation, or Removal: Emmett Idaho
Date of Burial: 4/21 1932

20. Undertaker: C. D. Bucknum
Address: Emmett Idaho

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78899

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 113

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora Spielman Adams.

(a) Residence. No. 1605. Hays Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

124

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Robert. W. Adams.

6. DATE OF BIRTH (month, day, and year) Oct. 2.1869.

7. AGE: Years 62 Months 5 Days 9. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tekamah. Nebraska.

FATHER
13. NAME Jesse Spielman.
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Sarah Jane Kiester.
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Robert. W. Adams. 1605. Hays Street. Boise.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date April. 14. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 4-19, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1932 to Apr 11, 1932
I last saw her alive on Apr 11, 1932; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis & Gall Stones	Dent Sums

Other contributory causes of importance:

Pulmonary Infarct acute dilatation of right Heart	Apr 11, 1932

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. N. Brattan, M. D.
(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1932

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 122

DO NOT WRITE IN THIS SPACE

State File No. 78900

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Charles Shaver.

(a) Residence. No. 1661. Eastman. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101-a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Grace. M. Shaver.

6. DATE OF BIRTH (month, day, and year): May. 30.1870.

7. AGE: Years 61. Months 10 Days 20. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana.

FATHER

13. NAME: Henry Shaver.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Sophronia Heiny.

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMENT (Address): Mrs. Grace. M. Shaver. 1661. Eastman, St Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cemetery April. 23.1932.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 4-22, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-20 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1932, to April 20, 1932

I last saw him alive on Apr 20, 1932: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	

Other contributory causes of importance:

Pneumonia Anemia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) B. H. Parker, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 78901

Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen. M. Whitemore.

(a) Residence. No. 909. Fort Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 27. 1846.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	8	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reynoldsburg.
(State or country) Ohio.

FATHER

13. NAME William Mills.

14. BIRTHPLACE (city or town)
(State or country) New York.

MOTHER

15. MAIDEN NAME Lura Fisk.

16. BIRTHPLACE (city or town)
(State or country) New York.

17. INFORMENT Mrs. William. M. Mitchell
(Address) 909. Fort Street. Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Joliet, Ill. Date Apr. 24 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-22, 1932 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1932, to Apr 21, 1932

I last saw h alive on Apr 21, 1932; death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Primary)	4/18 4/20
Bronchial	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. H. Parker, M. D.

(Address) Boise Idaho

RECEIVED MAY 11 1932

V

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78902

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 24

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

4 V

2. FULL NAME John Smalley

(a) Residence. No. 615 South 16th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Smalley

6. DATE OF BIRTH (month, day, and year) June 4-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. J. Smalley Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4-24-32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 4-23, 1932 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/21/32, 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 193 2 to Apr 21, 193 2
I last saw him alive on April 20, 193 2; death is said to have occurred on the date stated above, at 12:45 m. A.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance:

arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. H. Wahle, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78903

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 119

(No. Idaho State Soldiers Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles H. Leonard

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-8-1845

7. AGE Years 8 Months 3 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Brass Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meriden, Conn

FATHER

13. NAME Eugene Leonard

14. BIRTHPLACE (city or town) (State or country) Staughton, Mass.

MOTHER

15. MAIDEN NAME Lavina Curtis

16. BIRTHPLACE (city or town) (State or country) Wallingford Conn.

17. INFORMENT (Address) N. F. Waldrop Soldiers Home

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Conn. Date 4-21, 1932

19. UNDERTAKER (Address) Schreiber + McCann Boise, Ida

20. FILED 4-21, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-19 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1932, to 4/19, 1932

I last saw him alive on 4/18, 1932: death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	

Other contributory causes of importance:

Arterio Sclerosis and Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred A. Pulington, M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78904

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 120
(No. 410 S. 14)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Alfred Paul Burns.
(a) Residence. No. 1309. State Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widower.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) March. 2.1853.
7. AGE Years: 79 Months: 1 Days: 19. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME John Burns.
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Mary Lefler.
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT C.B. Burns.
(Address) 1823- 2 nd St South, Nampa, Idaho.
18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. APRIL 24. 1932.
19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.
20. FILED 4-22, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 21 1932
22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ April 21, 1932 to saw, 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 12.30 0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Dropped dead white.	
working	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E Summers Corony Ada Co
(Address) Boise Idaho.

Dr Coats.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 120

DO NOT WRITE IN THIS SPACE
State File No. 78905

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Hulda Adaline Anderson

(a) Residence. No. 402 West Jefferson St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March-23-1853

7. AGE — Years: 79 — Months: 3 — Days: 23 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield (State or country) Missouri

FATHER

13. NAME Joseph C. Loud
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown. (State or country)

17. INFORMENT Mrs Emmett Frost (Address) 1510 - West Belmont

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Place Boise Ida Date April 16 1932

19. UNDERTAKER Summers & Turbo (Address) Boise Idaho

20. FILED 4-16, 1932 W. D. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April-13 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1932, to Apr. 12, 1932

I last saw her alive on Apr. 12, 1932: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis, attack of apoplexy	Jan. 1932

Other contributory causes of importance: High blood pressure

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Coats, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78906

Registration District No. 2
Primary Registration District No. 1104 Local Registrar's No. 131
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Catherine White

(a) Residence. No. Glenns Ferry Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Paul White

6. DATE OF BIRTH (month, day, and year) 2-14-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fergus Falls Minn.

FATHER

13. NAME Edward Grasso.

14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Cora Leason.

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMENT (Address) Paul White Glenns Ferry Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 4/19, 1932

19. UNDERTAKER E. E. Fuher
(Address) Ant. Wyne Idaho

20. FILED 4-18, 1932 W. N. Rhoden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-17 1932.

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1932, to , 1932.
I last saw h[illegible] alive on 17, 1932. death is said to have occurred on the date stated above, at 5.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Anemia	
Other contributory causes of importance:	
Miscarriage on Feb. 24-1932	

Name of operation — Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred A. Tillman M. D.
(Address) Boise Ida

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78907

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 118

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME James V. Hall

(a) Residence. No. St. Tyghe Valley Ore.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Hall

6. DATE OF BIRTH (month, day, and year) July 18-1866

7. AGE Years 65 Months 8 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Abraham S. Hall
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Ruth Carey
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) L. C. Hall Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Sweet Cemetery
Place Sweet, Ida Date 4-21-1932

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida

20. FILED 4-21, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-17 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1931, to Apr 17, 1932

I last saw him alive on Apr 17, 1932: death is said to have occurred on the date stated above, at 9.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Melitus	Don't knew
Other contributory causes of importance: Gangrene of Right Leg	Apr 10 1932

Name of operation None Date of —

What test confirmed diagnosis? Wassermann and Blood Chemistry was there a autopsy? No

23. If death was due to exter. causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. N. Braxton, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78908

PLACE OF DEATH
County of Ada
City of Meridian
Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Missouri Anna Bland
(a) Residence. No. ..... St. 127 Mad
(Usual place of abode.)
Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 21 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	9	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Andrews Co Missouri

PARENTS

10. NAME OF FATHER Wm McKee
11. BIRTHPLACE OF FATHER (city or town) (State or Country) North Carolina
12. MAIDEN NAME OF MOTHER Sarah Ingram
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Virginia

14. Informant Ethel Strum
(Address) Meridian Idaho

15. Filed 4-11, 1932 H F Neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 10, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-7, 1932, to 4-10, 1932
that I last saw her alive on 4-9, 1932
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute indigestion accompanied by acute enlargement of the liver.
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) H F Neal, M. D.
M 2, 1932 (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial, 19
Morris Hill	
20. Undertaker W S Walker	Address Meridian Ida

RECEIVED MAY 14 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78909

Registration District No. 124
Primary Registration District No. 2202
Local Registrar's No. 215

129

PLACE OF DEATH

County of Ada.
City of Kuna.
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aren W. Corey.

(a) Residence. No. Kuna, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 5-10-66

7. AGE	Years	Months	Days	If LESS than 1 day,
	65	11	2	_____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer

9. BIRTHPLACE (city or town) N.Y.
(State or country)

PARENTS

10. NAME OF FATHER A.P.Corey .

11. BIRTHPLACE OF FATHER (city or town) N.Y.
(State or Country)

12. MAIDEN NAME OF MOTHER Olive M.Carpenter.

13. BIRTHPLACE OF MOTHER (city or town) N.Y.
(State or Country)

14. Informant Mrs A. W. Corey
(Address) Kuna Idaho

15. Filed Apr. 16, 1932 Mary J. Coleman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 12 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-10, 1931, to 4-12, 1932
that I last saw deceased alive on 4-11, 1932
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
with myocarditis

(duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) N. F. Neal M. D.
4-13, 1932 (Address) Meridian Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
F. K. Robinson Kuna Cemetery	4-15 1932
20. Undertaker	**Address**
F. K. Robinson	Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78910

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 9+10
Primary Registration District No. 9+10 Local Registrar's No. 102

(No. Star, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs. Emma Swalley

(a) Residence. No. Star, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Frank Swalley.

6. DATE OF BIRTH (month, day, and year) Oct. 15-1846

7. AGE: 85 Years, Months: 6, Days: 7, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Co. Pa.

FATHER
13. NAME Robert A. Bruce.
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Julia MacCaslin.
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Mrs. Agnes Manchester. Star, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place STAR Cemetery Date 4/24/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 4/24, 1932 Orville Jackson Registrar. Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/22/32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to April 21, 1932

I last saw her alive on April 20, 1932: death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pasacardia	2 years ago.
Mal nutrition.	
Old age	

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. A. Hall, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78911

PLACE OF DEATH
County of Ida
City of Meridian

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 7
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank G. Roark 90
(a) Residence. No. North West of Meridian St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 71 Months 4 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kansas

PARENTS
10. NAME OF FATHER William Roark
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Mary Perry
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Myrtle Roark

15. Filed 5-1, 1932 H. F. Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 30 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-20, 1932, to 4-30, 1932
that I last saw him alive on 4-25, 1932
and that death occurred, on the date stated above, at 7 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Mitral regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H F Neal, M. D.
5-1, 1932 (Address) Meridian Ida

19. Place of Burial, Cremation, or Removal Star Cemetery
Date of Burial May 3 1932

20. Undertaker H S Mater Meridian Id
Address

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78912

PLACE OF DEATH
County of Ada
City of Meridian
Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 4
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John A Goat

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov-14- 1869

7. AGE	Years	Months	Days	If LESS than 1 day,
	62	4	19	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Butler
(State or country) Virginia

PARENTS

10. NAME OF FATHER Isaac Goat
11. BIRTHPLACE OF FATHER (city or town) (State or Country) West Virginia
12. MAIDEN NAME OF MOTHER Mary Koontz
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Missouri

14. Informant (Address) Emmett Goat Boise

15. Filed 4-3-32 N F Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 2nd (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Apr. 2, 1932, that I last saw h-- alive on Apr. 2, 1932, and that death occurred, on the date stated above, at 5.30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis Chronic with Mitral regurgitation
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) N F Neal M. D.
4-4, 1932 (Address) Meridian Ida

19. Place of Burial, Cremation, or Removal: Meridian Cemetery — Date of Burial: April 1932

20. Undertaker: [illegible] Address Meridian Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78913

PLACE OF DEATH
County of Ada
City of ~~Boise.~~ Meridian

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 6

(No. Meridian, Idaho. R#2.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lydia Huntington.
(a) Residence. No. Meridian, Idaho. R#2. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Charles Huntington.
6. DATE OF BIRTH (month, day, and year): June 2-1856
7. AGE: Years 75, Months 10, Days 13, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Vermont.

FATHER
13. NAME: Squires
14. BIRTHPLACE (city or town) (State or country): Vermont.

MOTHER
15. MAIDEN NAME: ~~Lydia Squires~~
16. BIRTHPLACE (city or town) (State or country): Pollie Squires

17. INFORMENT (Address): Charles H. Huntington. Meridian, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 4/18/32, 193
19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.
20. FILED: 4-16, 1932 H. F. Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/15/32, 193
22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1932, to 4/15/32, 193
I last saw her alive on 4-14, 1932; death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows: Myocarditis following attack of Influenza
Date of onset
Other contributory causes of importance: Influenza of 10 days duration

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) H. F. Neal, M. D.
(Address) Meridian, Idaho.

RECEIVED MAY 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78914

PLACE OF DEATH
County of Adams
City of Mesa
Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna P. Messing 90

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Frank N. Messing.

6. DATE OF BIRTH (month, day, and year) Nov. 3rd 1866

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
66	5	23.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Wilhelm Penn
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Wilhelmina ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT Frank N. Messing.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lindsay Valley Cemetery Date April 28, 193 2

19. UNDERTAKER J. Funderburk.
(Address) Emmett Ida.

20. FILED May 10, 193 2 Alvin S. Hurlbut M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 26 193 2

22. I HEREBY CERTIFY, That I attended deceased from ~~since~~ ~~last saw~~ ~~alive~~ ~~dead~~ ~~on~~ April 26 193 2, death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure.	3 yrs ago.
Other contributory causes of importance:	
Arteriosclerosis	3 yrs ago.

Name of operation None Date of ____
What test confirmed diagnosis History & Exam. Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? O Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. O
Manner of injury O
Nature of injury O

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) Alvin S. Hurlbut, M. D.
(Address) Emmett.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 12, 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78915

PLACE OF DEATH
County of Adams
City of —

Registration District No.
Primary Registration District No.
Local Registrar's No. 7

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Lee Thompson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word) widowed

5a. ~~If married~~, widowed, ~~or divorced~~
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 15, 1853

7. AGE Years 78 Months 7 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER
13. NAME R. J. Thompson
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Tilda Perkins
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Son. Wm Thompson

18. BURIAL, CREMATION, OR REMOVAL
Place Heggins Cemetery Date May 2, 1932

19. UNDERTAKER (Address) Family

20. FILED May 10, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to May 1, 1932
I last saw him alive on April 26, 1932: death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancarditis Generalized	
Anasarca.	March 15 1932

Other contributory causes of importance:

Interstitial Nephritis.	4-5 yrs.
Decompensatrate Mitral.	
Hypertension	4-5 yr.

Name of operation 0 Date of
What test confirmed diagnosis? Gain Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury, 193
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 0
(Signed) [illegible], M. D.
(Address) [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 9 1932

DO NOT WRITE IN THIS SPACE
State File No. 78917

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 20
Primary Registration District No. 2161
Local Registrar's No. 297

(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gladys Isabelle Munn

(a) Residence. No. 337 South Hayes St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

12 6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Wife of Clifford Munn

6. DATE OF BIRTH (month, day, and year) 4/27/1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cody Nebraska

FATHER

13. NAME Arthur Earl Hook

14. BIRTHPLACE (city or town) (State or country) unknown Iowa

MOTHER

15. MAIDEN NAME Amy Pearl Newell

16. BIRTHPLACE (city or town) (State or country) Unknown Minnesota

17. INFORMENT (Address) Clifford Munn 337 S. Hayes

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date 4/16, 1932

19. UNDERTAKER McHan Undertaking Co (Address) Pocatello

20. FILED 4/12, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/12 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1932, to 4/12, 1932

I last saw h[illegible] alive on 4/12, 1932. ~~Death~~ is said to have occurred on the date stated above, at 8 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 78918

Local Registrar's No. 306

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel LaGrand Pope

(a) Residence. No. South of Pocatello City St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Husband of Mary Jane McMurray

6. DATE OF BIRTH (month, day, and year) May 8, 1860.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer &

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Dairyman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grantsville, Utah.

FATHER

13. NAME William Monroe Pope

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Catherine McBride

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. D. E. Pope Ranch So. of Poca., City.

18. BURIAL, CREMATION, OR REMOVAL Place Firth, Idaho. Date Apr. 27, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Apr. 26, 1932. D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 25, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932, to April 25, 1932
I last saw h[illegible] alive on April 25, 1932, death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hepatitis	Apr. 18 1932
Uremia	Apr. 23

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William F. Howard, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78919

Registration District No. 26
Primary Registration District No. 2161
Local Registrar's No. 296

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 V

2. FULL NAME Louisa Affleck Jones

(a) Residence. No. 344 South Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widow of A. W. Jones

6. DATE OF BIRTH (month, day, and year) Aug. 14, 1860.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Peter Affleck

14. BIRTHPLACE (city or town) (State or country) Preston, England.

MOTHER

15. MAIDEN NAME Caroline Willis

16. BIRTHPLACE (city or town) (State or country) London, England.

17. INFORMENT (Address) Mrs. Carl Gower Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Apr. 13, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Ida.

20. FILED Apr. 12, 1932. D C Rey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932, to April 11, 1932
I last saw her alive on April 11, 1932: death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia from ruptured appendix and partial intestinal obstruction	Apr 8-32

Other contributory causes of importance:
Large post Operative hernia with adhesions Chronic myocarditis

Name of operation Appendectomy & drainage Date of Apr 9
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) A. M. Newton, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

* MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78920

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 313

(No. M Lynn Brothers Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

116

2. FULL NAME Dean Willingham Hankins

(a) Residence. No. 128 Randolph Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29, 1925.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho.

FATHER

13. NAME Arnold W. Hankins

14. BIRTHPLACE (city or town)
(State or country) Alabama

MOTHER

15. MAIDEN NAME Nathell Jones

16. BIRTHPLACE (city or town)
(State or country) Montpelier, Ida.

17. INFORMENT (Address) Mrs. Nathell Hankins Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Apr. 30, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Apr. 30, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 28, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1932, to April 28, 1932

I last saw h— alive on April 26, 1932. death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hookworm disease	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 193..

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Lynn, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78921

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 292

(No. 729 South Arthur Ave. Poca.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME Daniel Carter Ames

(a) Residence. No. 729 South Arthur St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Marie Christensen

6. DATE OF BIRTH (month, day, and year) June 16, 1867.

7. AGE: Years 64 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellsville, Utah.

FATHER

13. NAME Ira Ames

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Lish

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) J. C. Ames Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland, Ida. Date Apr. 6, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Apr. 4, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 4, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 3/1 - 1932 to 4/4 1932

I last saw him alive on 4/3, 1932; death is said to have occurred on the date stated above, at 6 34 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Chronic Myocarditis

Other contributory causes of importance:

Angina Pectoris

Date of onset

Name of operation NO Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78922

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 309

(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Fena Hall

(a) Residence. No. 166 park Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Crete Hall

6. DATE OF BIRTH (month, day, and year) 1/30/1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austin Texas

FATHER

13. NAME Herman Lehman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Straus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Crete Hall 166 Park Ave pocatello

18. BURIAL, CREMATION, OR REMOVAL Place American Falls Date 4/28, 1932

19. UNDERTAKER McHan Undertaking Co
(Address) Pocatello

20. FILED 4/27/32, 193 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1932, to Apr 26, 1932
I last saw her alive on Apr 26, 1932; death is said to have occurred on the date stated above, at 12.35 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 16, 32

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. P. Howard M. D.
(Address) Carlson Bldg. Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78923

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 311

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Arlene Owens

(a) Residence. No. 1155 No. Garfield Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 30. 1925.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho.

FATHER

13. NAME William E. Owens

14. BIRTHPLACE (city or town) (State or country) Smithfield Utah.

MOTHER

15. MAIDEN NAME Elsie A. Sjostrom

16. BIRTHPLACE (city or town) (State or country) Logan Utah.

17. INFORMENT (Address) William E. Owens (father) 1155 No. Garfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date May 1., 1932

19. UNDERTAKER A. W. Hall
(Address) Pocatello, Idaho.

20. FILED 4-29, 1932. D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to April 28, 1932

I last saw h~~e~~r alive on apr 28, 1932: death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure due to ether anesthesia	

Other contributory causes of importance:

Name of operation Tonsillectomy Date of 4/28-32

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Orland, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78924

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 294
(No. Gen. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

886

2. FULL NAME Lewis Verley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 80 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S. A.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Apr. 7, 1932

19. UNDERTAKER (Address) Schumacher & Beagley Pocatello, Idaho

20. FILED 4-7, 193 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to April 7, 1932
I last saw him alive on April 7, 1932; death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1922

Other contributory causes of importance:

Chronic interstitial nephritis	1922

Name of operation — Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Brothers, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78925

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 301
(No. 440 So. Lincoln St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William James Fish 88 b
(a) Residence. No. 703 So. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) May 24, 1884
7. AGE Years 48 Months 10 Days 24 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER
13. NAME C. H. Fish
14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER
15. MAIDEN NAME Nina Hazelton
16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMENT (Address) Mr. G. R. Fish 703 So. Garfield
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Apr 19 1932
19. UNDERTAKER (Address) H. L. McGhan Pocatello Idaho
20. FILED Apr 18 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193
22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1932, to 4-17, 1932
I last saw he alive on Dead when I was called, 193 : death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows: Date of onset
Chronic myocarditis ?
Other contributory causes of importance:
Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brothers, M.D.
(Address) Pocatello, Idaho

RECEIVED MAY 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78926

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 303

(No. 1222 No. Grant)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Antonia Devengenzo

(a) Residence. No. 1222 N. Grant St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Gennaro

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1855 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
approximately 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Domenico Salvucci 1616 N. Hayes

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Apr. 23, 1932

19. UNDERTAKER Schumacher & Beasley (Address) Pocatello Idaho

20. FILED 4-20, 1932 D. C. Fay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April 19, 1932
I last saw her alive on April 13, 1932 death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Jan. 1932
Arteriosclerosis	Jan. 1932

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Brothers M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78927

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 291

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Ann Peck

(a) Residence. No. 148 South Johnson Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

84

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of Dwight Peck

6. DATE OF BIRTH (month, day, and year) Sept, 17, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grantsville, Utah.

FATHER
13. NAME Joseph Biddlcome
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Ann Allen
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) W. H. Peck Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Malad, Idaho. Date Apr. 5, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED April 4, 1932. D C Roby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1932, to April 2, 1932
I last saw her alive on April 1, 1932; death is said to have occurred on the date stated above, at 1:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Spinal Cord	Several years ago indefinite

Other contributory causes of importance: Uremia Mch 30 1932
Clinical diagnosis. Cannot decide malignancy. Tumor of Spinal Cord.

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) William F. Howard, M.D.
(Address) Pocatello, Idaho.

RECEIVED MAY 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78928

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 29
Primary Registration District No. 2161
Local Registrar's No. 298

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Mary Trimming

(a) Residence. No. Rear 218 So. Johnson Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Widow of John E. Trimming

6. DATE OF BIRTH (month, day, and year) Feb. 1848.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	Unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Samuel Kirby

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Martha McCoy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Clarence Rainey Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Apr. 14, 1932

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED April 12, 1932. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to 4/11/32, 1932
I last saw h alive on 4/11/32, 1932: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia from Cerebral Thrombosis	Jan 1932
Senility (age 84) Coma	4-7-32

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Physical Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1932
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. F. Call, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78929

Registration District No. 21
Primary Registration District No. 2161
Local Registrar's No. 312

(No. Residence East of McCammon)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles A. Romriell

(a) Residence. No. Residence St.
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

14 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White m	Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Mary Marley

6. DATE OF BIRTH (month, day, and year) May 18. 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey

FATHER

13. NAME Francis Romriell

14. BIRTHPLACE (city or town) (State or country) Jersey Isle. of France

MOTHER

15. MAIDEN NAME Mary Billott

16. BIRTHPLACE (city or town) (State or country) Jersey Isle, of France

17. INFORMENT (Address) Mrs Sarah J. Lewis McCammon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Robin, Idaho. Date May 1, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho.

20. FILED Apr. 30, 1932. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932, to April 27, 1932

I last saw h[illegible] alive on 27 April, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke of Paralysis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Hamer, M. D.

(Address) McCammon, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78930

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 304

(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Sarah Imson

(a) Residence. No. Soda Springs Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Albert Imson

6. DATE OF BIRTH (month, day, and year) 12/31 1858

7. AGE Years 73 Months 4 Days 18 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown Provo
(State or country) Utah

FATHER
13. NAME Robert Caldwell
14. BIRTHPLACE (city or town) Unknown
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Elizabeth Richardson
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Albert Imson
(Address) Soda Springs, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Pocatello Date April 24 2

19. UNDERTAKER McHan Undertaking co
(Address) Pocatello, Idaho

20. FILED 4/21, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1932, to April 21, 1932
I last saw her alive on April 20, 1932; death is said to have occurred on the date stated above, at 6 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum and right ovary	about 1930

Other contributory causes of importance:

Name of operation Excision of mass (Intestinal adhesion) Date of April 19/32
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) [signature], M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2 0 4

Primary Registration District No. 2 0 4 1

DO NOT WRITE IN THIS SPACE
State File No. 78931

Local Registrar's No. 3 1 5

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Ewin Rasin Hall

(a) Residence. No. 142 Taft Ave. Poca., St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Husband of Maria Pease

6. DATE OF BIRTH (month, day, and year) Oct. 26, 1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.S.L.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portage, Utah.

FATHER

13. NAME Rasin Hall

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Annie Green

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Mrs. E. R. Hall Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date May 2, 193 2.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Apr. 30, 193 2. D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 29, 193 2.

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 193 1, to 4-28, 193 2

I last saw h alive on 4-28, 193 2: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	1931

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) O. E. Roberts, M. D.

(Address) Pocatello, Idaho.

RECEIVED MAY 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78933

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 5

84

PLACE OF DEATH

County of Bannock,
City of Downey.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leo John Burrup.

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	11		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Downey, Ida.

PARENTS

10. NAME OF FATHER John L. Burrup.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Downey, Ida.
12. MAIDEN NAME OF MOTHER Eva West.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) California

14. Informant John L. Burrup
(Address) Downey Idaho.

15. Filed May 6, 1932. Mary C. Coffin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April — 5 — 1932.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Apr 5, 1932.
that I last saw h[illegible] alive on Jan, 1932
and that death occurred, on the date stated above, at 10.40 p. m.
The CAUSE OF DEATH* was as follows:
Brain Tumor.

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY, —
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H. H. Harrington, M. D.
4-9-1932 (Address) Downey, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Grand (Downey) Ida	4-9-1932

20. Undertaker	Address
—	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78938

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 299

(No. —)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stella Linn Lane

(a) Residence. No. 427 Bonneville St. 169
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Frank G. Lane

6. DATE OF BIRTH (month, day, and year) 5/6/1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	[illegible]	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockland Idaho

FATHER

13. NAME John Hawkes

14. BIRTHPLACE (city or town) (State or country) New York New York

MOTHER

15. MAIDEN NAME Lynn Payne

16. BIRTHPLACE (city or town) (State or country) Fillmore Utah

17. INFORMENT (Address) Mrs Jack M. Hall 427 W. Bonneville

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date 4/16/32 193

19. UNDERTAKER McHan Undertaking Co. (Address) Pocatello

20. FILED 4/14, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to March 23, 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 7.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(Drowning)	
(Suicide)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury .....
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Arthur J. Hall Coroner ~~M. D.~~
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78939

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 295

(No. General Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Oles. 162

(a) Residence. No. 540.No.Main. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Still born~~

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April.8. 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME William Oles.

14. BIRTHPLACE (city or town) (State or country) Kansas.

MOTHER

15. MAIDEN NAME Marie Taylor.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT William Oles. (Address) 540.No.Main.

18. BURIAL, CREMATION, OR REMOVAL Place Mountain View. Date Apr. 9, 1932

19. UNDERTAKER A.W.Hall. (Address) Pocatello, Idaho

20. FILED 4-8, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April.8 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932, to April 8, 1932

I last saw her alive on April, 1932: death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
asphyxia pallida	April 8 1932

Other contributory causes of importance:

Forceps delivery

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) W. W. Brothers, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78940

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 293

(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. FULL NAME Deloros Neider

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): 4/7/32

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 1 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Clarence Neider
14. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

MOTHER
15. MAIDEN NAME: Wanda Howell
16. BIRTHPLACE (city or town) (State or country): Albion Idaho

17. INFORMENT (Address): Clarence Neider Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Pocatello Date: April 8, 1932

19. UNDERTAKER (Address): McHan Undert'king Co Pocatello

20. FILED 4-8, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/7, 1932, to 4/7/32, 193
I last saw her alive on 4/7/32, 193: death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Babe premature only 6 mos gestation lived only 1½ hrs.	

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O F Call, M. D.
(Address) Pocatello Ida

RECEIVED MAY 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 78941

Local Registrar's No. 290

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. FULL NAME Junior Herman Armstrong

(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 2, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Herman Armstrong

14. BIRTHPLACE (city or town) (State or country) Robin, Idaho.

MOTHER

15. MAIDEN NAME Lottie Buckendorf

16. BIRTHPLACE (city or town) (State or country) Pebble, Idaho.

17. INFORMENT (Address) Herman Armstrong 747½ South Third Ave. Poca

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Apr. 4, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Apr. 4, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from on April 1, 1932, to Apr. 2, 1932

I last saw him alive on April 1, 1932; death is said to have occurred on the date stated above, at 6.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (6 mo)	
(Influenza - bronchitis of mother)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William F. Howard, M. D.

(Address) Pocatello, Idaho.

EIVED MAY 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78942

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 288
(No. Lynn Bros. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delbert Edgar Nelson
(a) Residence. No. Lynn Bros Hosp St. 1619
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Apr. 3, 1932
7. AGE Years 1 hour & 45 minutes Months Days If LESS than 1 day, hrs. min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME William Delbert Edgar Nelson
14. BIRTHPLACE (city or town) (State or country) Pocatello.

MOTHER
15. MAIDEN NAME Noomi L Zimmerman
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) William Nelson
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Idaho Date 1932
19. UNDERTAKER (Address) H. L. McHan Pocatello Idaho.
20. FILED Apr. 4, 1932 D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/3/ 1932
22. I HEREBY CERTIFY, That I attended deceased from 4/3/, 1932, to 4/3/, 1932
I last saw him alive on 4/3/, 1932 death is said to have occurred on the date stated above, at 8:20 m. P
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	4/3/32

Other contributory causes of importance: —

Name of operation — Date of
What test confirmed diagnosis? Exam Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. H. Lynn, M.D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78943

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 2 1 1
Local Registrar's No. 314

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Infant Gerard

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 28, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME C. H. Gerard

14. BIRTHPLACE (city or town) (State or country) Colorado.

MOTHER

15. MAIDEN NAME Hannah Denton

16. BIRTHPLACE (city or town) (State or country) Bancroft, Idaho.

17. INFORMENT (Address) C. H. Gerard Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Apr. 30, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Apr. 30, 1932. D. O'Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 28, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1932, to 4-28, 1932
I last saw ~~him~~ alive on 4-28, 1932, ~~death~~ is said to have occurred on the date stated above, at 9a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Immature - 5 mo -	
Abruptio Placenta -	
Other contributory causes of importance:	
Abruptio Placenta -	

Name of operation none - Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify —
(Signed) J. Stoney, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Inkom

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78944

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 310

(No. Inkom, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

151
151

2. FULL NAME David Hyrum Shaffer

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 5, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME John Shaffer

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nancy Hill

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Jennie Jones Inkom, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Inkom, Idaho. Date Apr. 28, 1932.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Ida.

20. FILED Apr. 27, 1932. D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 27, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to April 27, 1932.

I last saw him alive on April 22, 1932; death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Right Leg	

Other contributory causes of importance:

aged - weak Heart	

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) J. W. Lyman, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Hatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 78945

Local Registrar's No. 253

88 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rachel Diana Christensen

(a) Residence. No. Hatch Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alec McGee Christensen

6. DATE OF BIRTH (month, day, and year): Dec 21 1895

7. AGE: Years 36 | Months 3 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Hatch Idaho

FATHER
13. NAME: Alma Hogan
14. BIRTHPLACE (city or town) (State or country): Bountiful, Utah

MOTHER
15. MAIDEN NAME: Rachel Johnson
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Alex M Christensen Hatch Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Chesterfield Idaho, 193

19. UNDERTAKER: M. W. Hendricks
(Address): Preston Idaho

20. FILED Apr. 20, 1932 Mrs. G. J. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year): Apr-16-1932

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw her alive on , 193: death is said to have occurred on the date stated above, at P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Trouble	
Valvular-Long Standing	

Other contributory causes of importance:

Loss of Consciousness.	

Name of operation: Date of:
What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) G. L. Fitz, M. D.
(Address) Bancroft Idaho

RECEIVED MAY 6 1932

PLACE OF DEATH

County of Bannock

City of Thatcher

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78946

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 252

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME William Bethewel Thatcher

(a) Residence. No. Thatcher Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Neoma Thatcher

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1905

7. AGE Years 27 Months two Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Repair and dispense gas for automobiles

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service station

10. Date deceased last worked at this occupation (month and year) Mar 27, 1932

11. Total time (years) spent in this occupation One

12. BIRTHPLACE (city or town) (State or country) Thatcher, Bannock Co. Idaho.

FATHER

13. NAME Howard E Thatcher

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Amy Larkin

16. BIRTHPLACE (city or town) (State or country) Ogden Utah.

17. INFORMENT (Address) Wm. H. Mendenhall Thatcher Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Thatcher Date Mar. 30, 1932

19. UNDERTAKER (Address) M.W. Hendricks Preston Idaho.

20. FILED Apr-30, 1932 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-27-32 193

22. I HEREBY CERTIFY, That I attended deceased from 3-27-32, 193..., to 3-27-32, 193...

I last saw him alive on 3-27-32, 193...: death is said to have occurred on the date stated above, at 8:55 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental gunshot wound thru head- self inflicted	3-27-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy exv Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accid. Date of injury 3-27-32

Where did injury occur? Thatcher Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury gunshot wound self inflicte

Nature of injury Bullet thru head

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) B. K. Zaring M. D.

(Address) B. K. Zaring, M.D. Grace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78947

PLACE OF DEATH

County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 16

2. FULL NAME Stanton P. Wallentine
(a) Residence. No. Montpelier Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Knight

6. DATE OF BIRTH (month, day and year) Jan 4 - 1904

7. AGE 28 Years | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Dingle Idaho

PARENTS
10. NAME OF FATHER Thos C. Wallentine
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Paris Idaho
12. MAIDEN NAME OF MOTHER Mary E. Payne
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Bloomington Idaho

14. Informant Thos C. Wallentine
(Address) Dingle Idaho

15. Filed 4/1, 1932 N. H. King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1932, to Feb 22, 1932
that I last saw him alive on Feb 22, 1932
and that death occurred, on the date stated above, at 9 A m.
The CAUSE OF DEATH* was as follows:
Appendicitis
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Pus Case
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Dingle
Did an operation precede death? Yes Date of 2-20-32
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) [signature], M. D.
2-23, 1930 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Dingle Idaho | Date of Burial Feb 28 1932

20. Undertaker F. M. William | Address Montpelier Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78948

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161 9

2. FULL NAME John Shepherd

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year): Apr 30/1932

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.
few minutes

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: R A Shepherd
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Vada Jacobson
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMENT (Address): R. A. Shepherd Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Paris Idaho Date: May 1, 1932

19. UNDERTAKER (Address): Ed Shepherd Paris Idaho

20. FILED May 2, 1932 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1932 to Apr 30, 1932
I last saw him alive on Apr 30, 1932; death is said to have occurred on the date stated above, at 1030 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Caused by mother's heart condition.	

Other contributory causes of importance:

Name of operation: Clinical findings Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C O Moore, M. D.
(Address) Paris Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78949

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

164

2. FULL NAME John G. Wutherich
(a) Residence. No. Montpelier, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 5, 1855

7. AGE

Years	Months	Days	If LESS than 1 day,
77	9	2	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS
10. NAME OF FATHER John Wutherich
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Magdelin Eggai
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Switzerland

14. Informant Bob Wutherich
(Address) Montpelier Idaho

15. Filed ....., 1932 N. Nelson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-3-, 1932 to March 10, 1932
that I last saw her alive on March 1, 1932
and that death occurred, on the date stated above, at 2:45 A m.
The CAUSE OF DEATH* was as follows:
Old age
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Diaphragm
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) [signature], M. D.
3-23, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho
Date of Burial Mar 12 1932

20. Undertaker [signature]
Address Montpelier

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78951

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 126
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Van G. Cook
(a) Residence. No. Montpelier 2 da St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) July 10 - 1924
7. AGE Years 7 Months 8 Days 13. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Dingle Idaho

PARENTS
10. NAME OF FATHER J Golden Cook.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dingle Idaho
12. MAIDEN NAME OF MOTHER Lillian Toomey
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Tanah Idaho

14. Informant J Golden Cook
(Address) Dingle Idaho
15. Filed 4/1, 1932 H. Fleming Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 23 1932
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 23 1932, to March 23 1932
that I last saw her alive on March 23 1932
and that death occurred, ~~on the date stated~~ above, at 8 P m.
The CAUSE OF DEATH* was as follows:
Operation
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Gus-Appendicitis
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 3-23-32
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Lis Ashley, M. D.
3-23, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal
Date of Burial Mar 15 1932
20. Undertaker [illegible] Williams
Address

RECEIVED APR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78952

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 95
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar F. Parker
(a) Residence. No. Lanark Ovid Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 6 - 1864

7. AGE Years 68 Months — Days 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER John Parker
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Anna Hubbard
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant O. F. Parker
(Address) Montpelier Idaho

15. Filed 4, 1932 N Nsing Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to Jan 28, 1932
that I last saw her alive on Jan 28, 1932
and that death occurred, on the date stated above, at 7 40 m.
The CAUSE OF DEATH* was as follows:
Hemmorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Ulcer J Stomach
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Leo F Tubbey, M. D.
Jan 29, 1932 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lanark Idaho
Date of Burial Feb 1 1932

20. Undertaker [illegible]
Address Montpelier Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 25 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78953

PLACE OF DEATH
County of Bear Lake
City of Soda Springs

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Sophia S. Fernauer
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Christian Fernauer

6. DATE OF BIRTH (month, day and year): Mar 23 - 1877

7. AGE: Years 54 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10. NAME OF FATHER: Daniel Shif
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Fredericka Kurdy
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14. Informant: Christian Fernauer
(Address): Montpelier Idaho

15. Filed 4/1, 1932 D. H. Krieg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Jan 19, 1932
that I last saw her alive on Jan 19, 1932
and that death occurred, on the date stated above, at 11:30 A m.
The CAUSE OF DEATH* was as follows: Thrombosis of Sub Clavical Artery
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary): Toxic Goitre
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Jan 15-1932
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Ellis Kackley, M. D.
Jan 20, 1932 (Address) B Thurs Soda Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Montpelier Idaho | Date of Burial: Jan 22 1932
20. Undertaker: T. M. Williams | Address: Montpelier Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 25 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78954

PLACE OF DEATH
County of Bear Lake
City of Montpelier Idaho

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flora May Sunderland
(a) Residence. No. Montpelier Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Sunderland Sr.

6. DATE OF BIRTH (month, day and year) July 25 - 1870

7. AGE Years 61 Months 7 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10. NAME OF FATHER Nathan Randall.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Connecticut.
12. MAIDEN NAME OF MOTHER ? King
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) U.S.

14. Informant Frank M. Sunderland.
(Address) Montpelier Idaho

15. Filed 3/10/, 1932 N. H. King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21st, 1932, to March 10, 1932
that I last saw her alive on March 10th, 1932
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows: Abdominal Ascites Myocarditis
(Abdominal Ascites)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (duration) 1 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical Findings
(Signed) N. H. King, M. D.
March 10, 1932 (Address) Montpelier Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho Date of Burial Mar 15 1932

20. Undertaker J. M. Williams Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78955

PLACE OF DEATH

County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

749

2. FULL NAME John Blechert
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 8 1847

7. AGE: 84 Years, 16 Months, 17 Days. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rancher
(b) General nature of industry, business, or establishment in which employed (or employer): retired
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10. NAME OF FATHER: John Blechert
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Annie Markshoss
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14. Informant: John H. Blechert
(Address) Montpelier Idaho

15. Filed ....., 1932 N. B. King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 7.45 A m.
The CAUSE OF DEATH* was as follows:
Ex. Hemmorhage
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary): Old age
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) [signature], M. D.
Feb 21, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Montpelier Idaho
Date of Burial: Feb. 24 1932

20. Undertaker: [signature]
Address: Montpelier Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78956

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 32
Primary Registration District No. 2136

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore Dayton

(a) Residence. No. Montpelier St. Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
[redacted]	66	11	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cedar Fort, Utah

PARENTS

10. NAME OF FATHER Marion Dayton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois
12. MAIDEN NAME OF MOTHER Sarah Nichols
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Mrs Theodore Dayton
(Address) Montpelier, Idaho

15. Filed 4/1, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) - 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-3, 1932, to 3-3, 1932
that I last saw h[redacted] alive on March 3, 1932
and that death occurred, on the date stated above, at 12 30 P m.
The CAUSE OF DEATH* was as follows:
Hemorrhage of Brain
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Angina
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [signature], M. D.
3-4-, 1932 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Dingle, Idaho	3/6 1932
20. Undertaker [signature]	Address Montpelier, Idaho

RECEIVED APR 25 1932

STATE O[illegible]
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78957

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

57

2. FULL NAME Mary M. Horton
(a) Residence. No. Montpelier 2 dow St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerry Horton
6. DATE OF BIRTH (month, day and year) Mar 17 1856
7. AGE Years 75 Months 10 Days 1 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Indiana
PARENTS
10. NAME OF FATHER James H McCart
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER Sarah Gukin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ft Kiowa
14. Informant Mrs Lucy Meyers
(Address) Montpelier Idaho
15. Filed 4/1, 1932 N H King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 18 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from , 1925, to Jan 18, 1932
that I last saw her alive on Jan 18, 1932
and that death occurred, on the date stated above, at 11.30 a m.
The CAUSE OF DEATH* was as follows:
Diabetes
Diabetic Gangrene
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Y. P. Gaerlitz M. D.
(Signed)
Jan 19, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho
Date of Burial Jan 21 1932
20. Undertaker F. M. Williams
Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78958

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No. ..... Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lorenzo Tracey Shepherd. 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Elizabeth Clifton

6. DATE OF BIRTH (month, day, and year) July 15, 1858

7. AGE Years 73 Months 9 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paris Idaho
10. Date deceased last worked at this occupation (month and year) Jan. 1931
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) South Ampton England

FATHER
13. NAME Wm Shepherd
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Tracey
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Carrie E. Shepherd Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date May 2, 1932

19. UNDERTAKER (Address) Dan Prist Paris Idaho.

20. FILED May 6, 1932 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1932, to April 27, 1932
I last saw him alive on April 27, 1932; death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
1. Irregular Irregularity.	
2. Dyspnea	
3. Edema	
4. Cardiac Enlargement	

Other contributory causes of importance:
Arterial Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Dyspnea Irregular enlarged heart. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Spencer H. Rich, M. D.
(Address) Paris Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1932

PLACE OF DEATH
County of Benewah
City of DeSmet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 31
Primary Registration District No. ____ Local Registrar's No. 4

DO NOT WRITE IN THIS SPACE
State File No. 78959

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James W. Nelson 74 9

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Calihan

6. DATE OF BIRTH (month, day, and year) Mar 8 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88		24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1-6 mo
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Nelson
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) J. B. Nelson DeSmet
18. BURIAL, CREMATION, OR REMOVAL Place Hartline Wash Date 4-7, 1932
19. UNDERTAKER C. L. Schulerud (Address) Tekoa Wash
20. FILED Apr. 6, 1932 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-4 1932
22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1932, to 4-4, 1932
I last saw h- alive on 4-1, 1932; death is said to have occurred on the date stated above, at 1300 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:
Hypertension

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____
(Signed) A B Colyer, M. D.
(Address) Tekoa Wash

RECEIVED MAY 10 1932

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Benewah State Idaho Registered No. 5
Township ..... or Village DeSmet 78960 or
City DeSmet, Idaho No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Everett Francis Falcon 114

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Sept. 5, 1929

7 AGE

Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
2	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) DeSmet
(State or country) Idaho

PARENTS
10 NAME OF FATHER John Falcon
11 BIRTHPLACE OF FATHER (city or town) Montana
(State or country)
12 MAIDEN NAME OF MOTHER Ellen Alexie
13 BIRTHPLACE OF MOTHER (city or town) DeSmet
(State or country) Idaho

14 Informant Joseph Falcon
(Address) DeSmet Idaho

15 Filed April 10, 1932 John Post
REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6th 1929

17 I HEREBY CERTIFY, That I attended deceased from Apr 3, 1932, to Apr 9, 1932, that I last saw him alive on Apr 8, 1932, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
Gastro-Enteritis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. A. Nelson, M. D.
11/10 1932 (Address) Res Eve Wy

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ DeSmet, Idaho
DATE OF BURIAL April 10 1932

20 UNDERTAKER Joseph Falcon
ADDRESS DeSmet, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 d
V. S. No. 98

RECEIVED MAY 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78961

PLACE OF DEATH
County of Benewah
City of Dr Aunt,

Registration District No. 31
Primary Registration District No.
Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Louise Reggis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101 8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Indian
5. Single, Married, Widowed, or Divorced (write the word) Widows

5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of Regis

6. DATE OF BIRTH (month, day, and year)

7. AGE 75 Years " Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene Reserve
(State or country) Cadillac Idaho

FATHER
13. NAME Bernard Gustastain
14. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Reserve, Idaho

MOTHER
15. MAIDEN NAME Mary Felicity
16. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Res. Idaho

17. INFORMENT (Address) Julia Nicodemus Tekoa, Wash

18. BURIAL, CREMATION, OR REMOVAL
Place DeSmet, Ida Date May 2, 1932

19. UNDERTAKER (Address) C. L. Schulerud Tekoa Wash

20. FILED May 8, 1932 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1932, to Apr 30, 1932
I last saw his alive on Apr 29, 1932; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? At home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Nelson, M. D.
(Address) DeSmet Wash

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 9 1937

DO NOT WRITE IN THIS SPACE

State File No. 78962

PLACE OF DEATH

County of Benewah

City of St. Maries

Registration District No. 22

Primary Registration District No. 2049

Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Knowing Inscomb Stokes

(a) Residence. No. St Maries Ida St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER

13. NAME Benjamin Stokes

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Howard Stokes
(Address) St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date April 24 1937

19. UNDERTAKER Lyon & Mitchell
(Address) St Maries

20. FILED 5-7, 1937 Walter Bobery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 17 1937, to Apr 19, 1937

I last saw him alive on Apr 19, 1937; death is said to have occurred on the date stated above, at 7:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

age	

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Owen D. Pratt, M. D.

(Address) St Maries, Ida.

RECEIVED MAY 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78963

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha L. Chamberlain.

(a) Residence. No. St. Harrison, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Chamberlain

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Royal Harrington

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) James Chamberlain St. Maries, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date April 25, 1932

19. UNDERTAKER Geo. A. Mitchell (Address) St Maries

20. FILED 5-7, 1932 Walter Beleen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1932 to Apr 21, 1932
I last saw h[illegible] alive on Apr 21, 1932 death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Corrosive Sublimate Poisoning - Taken accidently	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Orrin D. Clapp, M.D.
(Address) St Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78964

PLACE OF DEATH
County of Benewah
City of Pedee

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence L Rhodes

(a) Residence. No. ..... St. 90
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 50			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. transient
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) O D Platt Coroner St Maries Ida

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date April 10, 1932

19. UNDERTAKER Fra & Mitchell (Address) St Maries

20. FILED 5-7, 1932 Walter Bokerg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 8 1932

22. I HEREBY CERTIFY, That I attended deceased from — , 193..., to — , 193...
I last saw h— alive on — , 193—: death is said to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure.	
died suddenly and	
was found dead-	
transient.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Anson D Platt, M. D.
(Address) St Maries, Ida.
Coroner Benewah Co

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 7

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ft. Hall

~~City of~~ Reservation

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194-P

DO NOT WRITE IN THIS SPACE

State File No. 78965

Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Tressa LaVatta

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thomas LaVatta, Jr.

6. DATE OF BIRTH (month, day, and year) July, 16, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bedford, Wyo.

FATHER

13. NAME Maroni Clark,

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Thomas LaVatta, Jr. Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Episcopal Mis. Date 3/10/32 193

19. UNDERTAKER Agency Carpenter (Address) Ft. Hall, Idaho.

20. FILED Apr. 15, 1932 Mrs Nalen E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1932, to Mar 7, 1932

I last saw her alive on Mar. 7, 1932: death is said to have occurred on the date stated above, at 10:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis,	
Hemorrhage of Lungs	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. B. Jensen R.N., M.D.

(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78966

PLACE OF DEATH
County of Ft. Hall Reservation.
City of

Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 49

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby Horsehead

31

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Ind. 4/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) 1913 ---

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	- -	- -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall, Res.

FATHER

13. NAME Arnet Horsehead

14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res

MOTHER

15. MAIDEN NAME Schuboka

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Agency Records Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Presby. Mission Date - - - , 193

19. UNDERTAKER unknown
(Address)

20. FILED April 15 1932 Mrs Nalus E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? - - Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. B. Jenson R.N., M.D.

(Address) Ft. Hall, Idaho

RECEIVED MAY 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78967

PLACE OF DEATH
County of Ft. Hall Reservation.
City of

Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 50

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Neb Brant.

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Shoshone Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) Nov. 23, 1926

7. AGE: Years 5 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Washakie, Wyo.

FATHER
13. NAME George Brant
14. BIRTHPLACE (city or town) (State or country) Ft. Washakie, Who

MOTHER
15. MAIDEN NAME Pauline Tillman
16. BIRTHPLACE (city or town) (State or country) Ft. Washakie, Wyo

17. INFORMENT (Address) Pauline Brant Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Presby Mission Date 3/14/32 193

19. UNDERTAKER (Address) Brown-Eldredge Blackfoot, Idaho

20. FILED Apr. 15, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193
I last saw h alive on, 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. B. Jensen, R.N., M.D.
(Address) Ft. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY [illegible] 1932

DO NOT WRITE IN THIS SPACE
State File No. 78968

PLACE OF DEATH
County of Ft. Hall
City of Reservation.

Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 53

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sheadam Kemat Hetongah

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

B1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Bannock Ind. 4/4	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Charley Hetongah

6. DATE OF BIRTH (month, day, and year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	- -	- -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Charley Hetongah Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Old Ft. Hall Cem Date — — —, 193..

19. UNDERTAKER Brown-Eldredge
(Address) Blackfoot, Idaho

20. FILED Apr. 15, 1932 Mrs Nalus E. Patrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193.., to, 193..

I last saw h... alive on — — —, 193..: death is said to have occurred on the date stated above, at 3:P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. B. Jensen, R.N., M.D.
(Address) Ft. Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY [illegible] 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78969

PLACE OF DEATH

County of Ft. Hall

City of Reservation

Registration District No. 121

Primary Registration District No. 2194 R

Local Registrar's No. 55

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Bell Tinno

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone Ind. 4/4	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Frank Tinno

6. DATE OF BIRTH (month, day, and year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	- -	- -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 16 Yr

12. BIRTHPLACE (city or town) (State or country) Lemhi Reservation

FATHER

13. NAME Wettembone

14. BIRTHPLACE (city or town) (State or country) Lemhi Reservation

MOTHER

15. MAIDEN NAME Janie Wettembone

16. BIRTHPLACE (city or town) (State or country) Lemhi Res.

17. INFORMENT (Address) Frank Tinno Ft. Hall, Res.

18. BURIAL, CREMATION, OR REMOVAL Place Butte Cem. Date Apr. 21 1932

19. UNDERTAKER Unknown (Address)

20. FILED May 2, 1932 Mrs Hallie E. Patterie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from - - -

RECEIVED MAY 7 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78970

PLACE OF DEATH
County of Ft. Hall
City of Reservation

Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 56

(No. - - - - - - - - - -)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Julia Comatuah

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone Ind. 4/4	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of --- Comatuah----

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	--	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Mar. 1, 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Goshute, Utah

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Jonnie Pip Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bannock Cr. Cem Date 4/28, 1932

19. UNDERTAKER Agency Carpenter (Address) Ft. Hall, Idaho

20. FILED May 2, 1932 Mrs Julia E Coteau Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ..., 193...
I last saw h...alive on ---, 193...: death is said to have occurred on the date stated above, at 9:P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis & Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. B. Lemon R.N., M. D.
(Address) Ft. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28 1

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 78971

Local Registrar's No. 305

24

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Yvonne Patterson

(a) Residence. No. Burly, Idaho. St. Burly, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 7, 1922.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pendelton, Oregon.

FATHER

13. NAME George C. Patterson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mona Irvin

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) George C. Patterson Burly, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Burly, Idaho. Date Apr. 27, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Apr. 25, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 24, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to April 24, 1932.

I last saw her alive on April 24, 1932: death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	April 21
Other contributory causes of importance:	
Acute otitis Media (left)	April 10
acute Mastoiditis (left)	April 15

Name of operation None Date of

What test confirmed diagnosis? Smear Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) D C McDougall, M. D.

(Address) Pocatello, Idaho.

RECEIVED MAY 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78972

PLACE OF DEATH

County of .....

City of .....

Registration District No. 121

Primary Registration District No. 2194-R

Local Registrar's No. 47

Ft. Hall Reservation
Idaho.

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11 b

2. FULL NAME Thelma Frances Wheeler

(a) Residence. No. Ft. Hall, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Shoshone Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, and year) July 5, 1932

7. AGE: Years | Months 7 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ft. Hall, Res.

FATHER

13. NAME Joe Wheeler
14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

MOTHER

15. MAIDEN NAME Oxena Mosho
16. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

17. INFORMENT (Address) Joe Wheeler Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ross Fork Cem Date - - - - 193

19. UNDERTAKER (Address) Brown & Eldredge Blackfoot, Idaho

20. FILED April 15 1932 Mrs Walter E Patrice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor Attending, 193..., to - - -, 193...

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu & Complcations	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M. B. Jensen R.N., M.D.

(Address) Ft. Hall, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

#9

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78973

PLACE OF DEATH
County of Ft. Hall
City of Reservation.

Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 51

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11 15

2. FULL NAME Poo-see-ah Kennedy

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred — yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian 4/4	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thomas Kennedy

6. DATE OF BIRTH (month, day, and year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	- - -	- -	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Thomas Kennedy, Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Butte Cem. Date 3/30, 1932

19. UNDERTAKER Agency Carpenter (Address) Ft. Hall, Idaho

20. FILED Apr. 15, 1932 Mrs Nalen E Catron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ..., 193...
I last saw h... alive on — — —, 193...: death is said to have occurred on the date stated above, at 10:P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu & General Debility	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. B. Lemon R.N., M.D.
(Address) Ft. Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78974

PLACE OF DEATH
County of Ft. Hall
City of Reservation

Registration District No. I2I
Primary Registration District No. 2I94-R
Local Registrar's No. 52

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie Smart

(a) Residence. No. Ft. Hall Reservation St. 11a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Shoshone & Bannock Ind.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jimmie Smart

6. DATE OF BIRTH (month, day, and year) - I88I--

7. AGE Years 5I Months - - Days - - If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

FATHER
13. NAME Wilson Ross
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Frank Smart Ft. Hall Res.

18. BURIAL, CREMATION, OR REMOVAL Place Presby Mission Date Apr. 3, 1932

19. UNDERTAKER (Address) Brown- Eldredge Blackfoot, Idaho

20. FILED Apr. I5, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 3I 1932

22. I HEREBY CERTIFY, That I attended deceased from - - - - , 193 to - - - - , 193
No Doctor attending
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 7:A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu	

Other contributory causes of importance:
Gall bladder & Heart complications

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. B. Jensen, R. N., M.D.
(Address) Ft. Hall, Idaho

Current Complete RECEIVED APR 9 1932 Jan . 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78976

PLACE OF DEATH
County of Ft Hall Res.
City of

Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 29

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11-9

2. FULL NAME Irene Jane Horn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Sho. & Ban. 4/4
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1929

7. AGE Years 2 Months 4 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res

FATHER
13. NAME Ralph Horn
14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

MOTHER
15. MAIDEN NAME Emi Evening
16. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

17. INFORMENT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL Place Lincoln Creek Date 2/13, 1932

19. UNDERTAKER (Address) None

20. FILED Mar. 25, 1932 Mrs Walter E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from B No Doctor attending, 193, to, 193

I last saw h alive on, 193: death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? - - Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - - Date of injury, 193
Where did injury occur? - -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. - - -
Manner of injury - -
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
- If so, specify
(Signed) N. B. Jensen, R. N., M.D.
(Address) Ft. Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 7 1932

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78977

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 59

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME PEARL SILKETT

(a) Residence. No. St. Fruitland-Payette Co
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ed. Silkett

6. DATE OF BIRTH (month, day, and year) Apr. 3rd, 1903

7. AGE 29 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Amherst
(State or country) Nebraska

FATHER
13. NAME Bert Forbes
14. BIRTHPLACE (city or town) ---
(State or country) Do-~~not~~ know

MOTHER
15. MAIDEN NAME Do not know
16. BIRTHPLACE (city or town) do not know
(State or country)

17. INFORMENT RECORDS OF STATE HOSP SOUTH
(Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Asylum Cem Date Apr. 4, 1932

19. UNDERTAKER A. L. Holland
(Address) Blackfoot

20. FILED Apr. 4, 1932 Mrs Nalus E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1931, to Apr. 3rd, 1932
I last saw her alive on Apr. 2nd, 1932: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL PARALYSIS OF INSANE	1927-

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Blood Wassermann Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury, 193
Where did injury occur? ~~None~~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify -
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 7 19..

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78978

Registration District No. 131
Primary Registration District No. 2194
Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Annie Poulson Jensen

(a) Residence. No. Blackfoot, R.F.D. #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Christian Jensen

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Dorothy Poulson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs Geo Bankhead Blackfoot R F D #2

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Hyrum, Utah Date ....., 193..

19. UNDERTAKER (Address) E. J. Peck Blackfoot, Id.

20. FILED Apr. 11, 1932 Mrs Helen E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1932, to Apr, 1932

I last saw her alive on Apr 6, 1932: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
My o carditis with broken compensation	6 mo

Other contributory causes of importance:

Asthma (Bronchial)	6 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W W Beck M. D.

(Address) Blackfoot, Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 78979

Local Registrar's No. 61

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Matilda Alene Clark

(a) Residence. No. West Center St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June, 21, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot, Ida.
(State or country)

FATHER

13. NAME Marion Clark

14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Zina Bennett

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Marion Clark
(Address) Blackfoot. Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Grove City Cem. Date 4-9-32, 193

19. UNDERTAKER Modern Mortuary
(Address) Blackfoot, Ida.

20. FILED 4-8-1932, 193 Mr Nelson E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 7, 32. 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Apr 7, 1932

I last saw her alive on March 14, 1932: death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Dec 1 1931
Dropsy	
Other contributory causes of importance:	
Mitral insufficiency following Rheumatism	1928

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) W W Beck, M. D.

(Address) Blackfoot, Idaho

RECEIVED MAY 7 1932

PLACE OF DEATH
County of Bingham
City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78980

Registration District No. 131
Primary Registration District No. 2194
Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Leo Joseph Schroeder

(a) Residence. No. ~~North~~ Moreland, Id St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mar 21, 1932

7. AGE Years — Months — Days 14 If LESS than 1 day, — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Ida

FATHER
13. NAME Leo Schroeder
14. BIRTHPLACE (city or town) (State or country) Cippnow Germany

MOTHER
15. MAIDEN NAME Agnes Nieder
16. BIRTHPLACE (city or town) (State or country) Siegd Linghausen Germany

17. INFORMENT (Address) Leo Schroeder Blackfoot R. I.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Grove City Cem. Date Apr. 5, 1932

19. UNDERTAKER (Address) E. J. Peck Blackfoot Id.

20. FILED April 4, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~Apr 1~~, 1932, to Apr 4, 1932
I last saw him alive on April, 1932: death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Apr 3 1932

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 7 1932

PLACE OF DEATH

County of BINGHAM

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78981

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 62

96

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME FRED WILLIAM CALDER

(a) Residence. No. ..... St. Idaho Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Calder

6. DATE OF BIRTH (month, day, and year): Dec. 4, 1882

7. AGE: 49 Years | Months: 4 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: traveling

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minden Nebraska

FATHER

13. NAME: John Calder

14. BIRTHPLACE (city or town) (State or country): Liverpool England

MOTHER

15. MAIDEN NAME: Mary A. Berry

16. BIRTHPLACE (city or town) (State or country): Iowa City Iowa

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Ida.

18. ~~BURIAL~~, ~~CREMATION~~, OR ~~REMOVAL~~
Place at Ogden Date 1-11, 1932

19. UNDERTAKER (Address): E. F. Rick Blackfoot Idaho

20. FILED April 9, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd, 1931, 193..., to Apr 9th, 1932, 193...

I last saw him alive on Apr 8th, 1932, 193...: death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	Wife states 1929

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood Wasserman Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ....., 193..

Where did injury occur? -- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?

If so, specify --

(Signed) Chas. R. Lowe, M. D.

(Address) Blackfoot, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78982

PLACE OF DEATH
County of Bingham
City of Ft. Hall Reservation.
Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 46
(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 15

2. FULL NAME Lucy Tone

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone Ind. 4/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - -

6. DATE OF BIRTH (month, day, and year) April 1, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

FATHER

13. NAME Charley Tone

14. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho

MOTHER

15. MAIDEN NAME Ruby Bigman

16. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho

17. INFORMENT (Address) Ruby Bigman Tone, Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Presby. Mission Date 2/27, 1932

19. UNDERTAKER Brown-Eldredge (Address) Blackfoot, Idaho

20. FILED Mar Apr. 15 1932 Mrs Halen E. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending - - - , 193.., to ....., 193.., I last saw h..... alive on - - - - - , 193..: death is said to have occurred on the date stated above, at 6: P m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation - - Date of
What test confirmed diagnosis? - - - Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. B. Jensen, R.N., M.D.
(Address) Ft. Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ft. Hall

City of Reservation

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78983

Registration District No. 121

Primary Registration District No. 2194-R

Local Registrar's No. 57

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101

2. FULL NAME Phillip Towcoda

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Shoshone Ind. 4/4

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) 1871

7. AGE: Years 61 | Months - - | Days - - | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) Apr. 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Lemhi Reservation

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Glen Tyler Ft. Hall. Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Presby. Cem. Date May 2, 1932

19. UNDERTAKER (Address) Agency Carpenter Ft. Hall, Idaho

20. FILED May 2, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from - - - -, 193..., to - - -, 193...

I last saw h.....alive on....., 193...: death is said to have occurred on the date stated above, at 8:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) M. B. Jensen R.N., ~~M.D.~~

(Address) Ft. Hall, Idaho

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78984

PLACE OF DEATH
County of Ft. Hall
City of Reservation.

Registration District No. 121
Primary Registration District No. 2194-R
Local Registrar's No. 54

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Earl Wildcat

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Shoshone Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Yangwatsy

6. DATE OF BIRTH (month, day, and year) 1864

7. AGE Years 68 Months - - Days - - If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) Oct. 1932
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

FATHER
13. NAME Tocuvits Wildcat
14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res

MOTHER
15. MAIDEN NAME Papatse
16. BIRTHPLACE (city or town) (State or country) Ft. Hall Res

17. INFORMENT (Address) Oscar Wildcat Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bannock Cr. Cem. Date Apr. 7, 1932

19. UNDERTAKER (Address) Unknown.

20. FILED MAY 2, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193, to, 193

I last saw h alive on - - -, 193: death is said to have occurred on the date stated above, at 4:P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Gall Bladder	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. B. Jenson, R.N., M.D.
(Address) Ft. Hall, Res

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78985

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Riley Spease

(a) Residence No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

16 ✓

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) April 9-1932

7. AGE Years | Months | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Ida

PARENTS
10. NAME OF FATHER William Spease
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canaysville Va
12. MAIDEN NAME OF MOTHER Violet Hammer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sugar City Ida

14. Informant (Address) Wm Spease Shelley

15. Filed April 11, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9th, 1932, to April 10, 1932
that I last saw him alive on Apr. 9th, 1932
and that death occurred, on the date stated above, at 10:30 am

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Delayed in birth. Cord around neck. choked badly died without blood becoming normal

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) [signature], M. D.
April 10, 1932 (Address) Shelley Ida

19. Place of Burial, Cremation, or Removal: Shelley Cem Dist Shelley, Idaho
Date of Burial: April 11th 1932

20. Undertaker
Address

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78986

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 58

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

203

2. FULL NAME ANNA BRASIER

(a) Residence. No. ..... St. Kimberly, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Brasier

6. DATE OF BIRTH (month, day, and year): Mar 27, 1888

7. AGE: 44 Years | Months | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Michael Weber. Do not know
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: do not know
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Records of State Hosp South

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Twin Falls, Ida. Date: April 3, 1932

19. UNDERTAKER (Address): White Mortuary Inc. Twin Falls, Idaho
per J. C. Reynolds

20. FILED: April 3, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26th, 1932, to Apr. 3rd, 1932
I last saw her alive on Apr. 3rd, 1932: death is said to have occurred on the date stated above, at 9.05AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
EXHAUSTION DELERIUM of Unknown origin	3-22-32

Other contributory causes of importance:

MENAPAUSE and INFECTED TEETH

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Symptoms. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78987

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its ~~name~~ instead of street and number.)

128

2. FULL NAME Evlyn S. ~~Thronton~~ Thornton

(a) Residence. No. Montrose Hotel St. Fort Hall, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Thornton

6. DATE OF BIRTH (month, day, and year): Apr. 3. 1910.

7. AGE: Years 22 | Months 0 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: F. M. Shafer
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Daisy Westwood
16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMENT (Address): John Thornton, Fort Hall, Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place: Moab, Utah Date: ....., 193..

19. UNDERTAKER (Address): Modern Mortuary - J. T. Fitzpatrick, Blackfoot, Ida.

20. FILED: April 24 1932 Mrs Walter E. Patrice, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr 22 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932, to April 22, 1932
I last saw her alive on Apr 22, 1932: death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Mar 1 1932

Other contributory causes of importance:

Pregnancy + Childbirth	Mar 25, 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 7 1932

DO NOT WRITE IN THIS SPACE
State File No. 78988

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 131
Primary Registration District No. 2194
Local Registrar's No. 65

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME AGNES MOODY

(a) Residence. No. ..... St. Nampa, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91 B

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) ----1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ---None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Do-not know

14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) do not know do not know

17. INFORMENT (Address) Records of State Hosp.So. Blackfoot, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Ida. Date Apr. 14, 1932

19. UNDERTAKER E. T. Pack (Address) Blackfoot, Ida

20. FILED April 14, 1932 Mrs Mabel E. Patrice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4th, 1932, 193..., to Apr. 13th, 1932, 193...

I last saw her alive on Apr 13th, 193 2: death is said to have occurred on the date stated above, at 2:45 mPM

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO SCHLEROSIS	1931
Other contributory causes of importance:	
Gangrene of left leg	4-12-32

Name of operation None Date of .....

What test confirmed diagnosis? Clinical symptoms

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ....., 193..

Where did injury occur? --
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. R. Lowe, M. D.

(Address) Blackfoot, Ida.

RECEIVED MAY 7 1932

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78989

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 66.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Lyman Rolen Curtis

(a) Residence. No. Blackfoot, R.F.D.#1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ines Western Curtis

6. DATE OF BIRTH (month, day, and year): Nov. 17, 1895

7. AGE: Years 36 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Salem, Utah

FATHER

13. NAME: William F. Curtis

14. BIRTHPLACE (city or town) (State or country): Platt River, Neb.

MOTHER

15. MAIDEN NAME: Sarah Alice Higgins

16. BIRTHPLACE (city or town) (State or country): Maroni, Utah

17. INFORMENT (Address): Mrs. L. R. Curtis, Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Salem, Utah Date: ....., 193...

19. UNDERTAKER (Address): E. S. Peck, Blackfoot, Idaho

20. FILED: Apr. 16, 1932 Mrs Walter E. Patrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/15 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1932, to 4/15, 1932

I last saw h... alive ... 193... death is said to have occurred on the date stated above, at 11 P m.

Was dead when I was called

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Heart Failure	4/15/32
Had pain in region of heart and died suddenly	

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W W Beck, M.D.

(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2192
Local Registrar's No. 68

DO NOT WRITE IN THIS SPACE
State File No. 78990

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John England

(a) Residence No. Moreland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — —

6. DATE OF BIRTH (month, day, and year) Sept. 4, 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridport, England

FATHER

13. NAME John England

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Parvet

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Ida Bingham Moreland, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Moreland Cem. Date May 1, 1932

19. UNDERTAKER E. T. Peck (Address) Blackfoot Idaho

20. FILED May 30, 1932 W. M. Nalen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/28 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1932, to 4/28, 1932

I last saw him alive on 4/27, 1932: death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	10 da duration
Other contributory causes of importance:	
Myocarditis	2 yrs duration

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Beck, M. D.

(Address) Blackfoot, Ida

RECEIVED MAY 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78991

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No.
Primary Registration District No.
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John McGinnis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 62; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER
13. NAME: James McGinnis
14. BIRTHPLACE (city or town) (State or country): X

MOTHER
15. MAIDEN NAME: X
16. BIRTHPLACE (city or town) (State or country): X

17. INFORMENT (Address): J S Gillespie
18. BURIAL, CREMATION, OR REMOVAL Place: Bellevue Date: April 11 1932
19. UNDERTAKER (Address): Lena J. Hums - Hailey Ida.
20. FILED 4-30, 1932 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 9 1932
22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1932, to 4-9, 1932
I last saw him alive on 4-9, 1932; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	April 1931

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 4 1932

DO NOT WRITE IN THIS SPACE
State File No. 78992

PLACE OF DEATH
County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olive Hungate

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Edward T. Hungate

6. DATE OF BIRTH (month, day, and year) Apr 26-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Marysville Mo.

FATHER

13. NAME Sylvester R. Shepherd

14. BIRTHPLACE (city or town) (State or country) Ky or Tenn.

MOTHER

15. MAIDEN NAME Martha Lee

16. BIRTHPLACE (city or town) (State or country) Frankford Kentucky

17. INFORMENT (Address) Sunset Memorial Park

18. BURIAL, CREMATION, OR REMOVAL - Removal
Place Lima Montana Date April 6, 1932

19. UNDERTAKER Linsey L. Harris
(Address) Hailey Idaho

20. FILED 4-30, 1932 W. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1932, to 4/2, 1932
I last saw her alive on 4/2, 1932 death is said to have occurred on the date stated above, at 1030 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. W. Tot, M. D.
(Address) Hailey, Ida

RECEIVED MAY 6 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78993

PLACE OF DEATH
County of Bonner
City of Hope

Registration District No. 80
Primary Registration District No. 2157
Local Registrar's No. 6

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John McDaniel

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 10, 1857

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Apr. 18, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) W. Virginia

17. INFORMENT (Address) Wm. Anderson. Hope, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Hope, Idaho Date Apr. 20, 1932

19. UNDERTAKER (Address) L. L. Moon Sandpoint Idaho.

20. FILED April 20, 1932 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable Myocarditis	
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. L. Moon Coroner

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78994

PLACE OF DEATH
County of Bonner
City of Hope

Registration District No. 80
Primary Registration District No. 1687
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME John P. Eyke

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred C. Eyke

6. DATE OF BIRTH (month, day, and year) May 12. 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Scaler

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Muskegon Michigan

FATHER

13. NAME Leonard P. Eyke

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) Mrs Jessie Baumann Portland, Ore.

18. BURIAL, CREMATION, OR REMOVAL Place Hope, Idaho. Date Mar 31, 1932

19. UNDERTAKER (Address) L. G. Moon Sandpoint Idaho.

20. FILED March 31, 1932 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 29 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1931, to March 29, 1932
I last saw him alive on March 27 1932; death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3-21-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Floyd G. Wendle, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 9 1932

STATE IO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 78995

PLACE OF DEATH

County of Bonner

City of Priest River

Registration District No. 85

Primary Registration District No. 2185

Local Registrar's No. 4

(No.) 9 V

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Thomas Hydorn

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Hydorn

6. DATE OF BIRTH (month, day and year) March 23, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	0	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 19 years
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ogdensburg N. Y.

PARENTS

10. NAME OF FATHER George Hydorn

11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. Y.

12. MAIDEN NAME OF MOTHER Elizabeth Cook

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Mrs. James Carr Priest River, Ida

15. Filed Apr. 19, 1932 L. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-19-32, 19..., to 4-17-32, 19...
that I last saw him alive on 4-17-32, 19...
and that death occurred, on the date stated above, at 12:45 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms & findin

(Signed) Harold C. Toney, M. D.
4-18-32, 19... (Address) Priest River,

19. Place of Burial, Cremation, or Removal	Date of Burial
I. O. O. F. Cemetery	Apr. 19 1932
20. Undertaker	Address
Moon Mortuary	Priest River

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 78996

Local Registrar's No. 170

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Homer E. S. Potter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bookeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cedar Pole Co

10. Date deceased last worked at this occupation (month and year) Oct. 1930

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Geo. A. Potter

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) L. G. Moon Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date Apr. 26, 1932

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho.

20. FILED April 25 1932 Viola Allen County Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Firearms	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4-22-1932

Where did injury occur? Sandpoint Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Gunshot Wound

Nature of injury Bullet Wound Right Temple

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. G. Moon Coroner

(Address) Sandpoint Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78997

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 76
Primary Registration District No. 2155
Local Registrar's No. 21
(No. 519 Alder Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Samuel Mac Intyre

(a) Residence. No. 519 Alder Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Elizabeth Mac Intyre

6. DATE OF BIRTH (month, day, and year) Apr. 28, 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Mac Intyre

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Anne Dinsmore

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs. G. W. Bates

18. BURIAL, CREMATION, OR REMOVAL
Place Pinecrest Date April 14 1932

19. UNDERTAKER L. G. Moon, Sandpoint, Ida.
(Address)

20. FILED April 12, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-10- 1932

22. I HEREBY CERTIFY, That I attended deceased from for many years, to April 10, 1932
I last saw him alive on Apr. 10, 1932.: death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	4-10-32
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. P. Starkhouse, M. D.
(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78998

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 23

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred O. Rogers

(a) Residence. No. County Poor Farm St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Rogers.

6. DATE OF BIRTH (month, day, and year) May 20, 1854

7. AGE Years 77 Months 11 Days 7 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodsman.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Ordie Armand Sandpoint Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Pinecrest Date April 29, 1932

19. UNDERTAKER (Address) R. E. Nessa. Priest River

20. FILED April 28, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Several, 193..., to years, 193...
I last saw him alive on April 27, 1932: death is said to have occurred on the date stated above, at 3:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 yrs ago
Chronic Myocarditis	" " "

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Floyd G. Wandle, M. D.
(Address) Sandpoint, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 6 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78999

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fremont Abraham Crabtree

(a) Residence. No. 704 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Crabtree

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 16, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Prairie Mich

FATHER

13. NAME James A. Crabtree

14. BIRTHPLACE (city or town) (State or country) Nova Scotia Canada

MOTHER

15. MAIDEN NAME Mary Jane Darrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Art Crabtree, Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date Mar 1, 1932 Pinecrest Cemetery

19. UNDERTAKER (Address) L. B. Moon Sandpoint, Idaho.

20. FILED April 30 1932 Ungla Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 28 1932

22. I HEREBY CERTIFY, That I attended deceased from only at death, 193 , to April 28, 1932

I last saw him alive on April 28, 1932 : death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	April 28-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. B. Evans M.D.

(Address) Sandpoint, Idaho

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79000

PLACE OF DEATH
County of Bonner
City of Clarksfork

Registration District No. 80
Primary Registration District No. 2157 Local Registrar's No. 5

(No. Clarksfork Ida)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Washington Archer

(a) Residence. No. Clarksfork St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Archer

6. DATE OF BIRTH (month, day, and year): Mar 28 1863

7. AGE: Years 69 | Months 0 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Washington Archer
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: Cox
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Mrs Seymour Purdy Clarksfork Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Harrison Idaho Date ....., 193..

19. UNDERTAKER (Address): Turnbull Co Sandpoint Idaho

20. FILED 4-18, 1932 J. M. Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to April 16, 1932
I last saw him alive on Jan 15, 1932: death is said to have occurred on the date stated above, at 2:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Denied Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) R. L. Ross, M. D.
(Address) Sandpoint Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 6 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79001

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph R. Fisher.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date Apr. 4, 1932

19. UNDERTAKER L. G. MOON (Address) Sandpoint Idaho.

20. FILED, 193 John Farron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Firearms.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3/26 1932
Where did injury occur? Hope, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury Gunshot wound in head
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. G. Moon Coroner M. D.
(Address) Sandpoint, Idaho.

980

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79002

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 54
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 b

2. FULL NAME Thomas Edmond Williams

(a) Residence. No. ..... St. Rigby Rt. #2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Maria Williams

6. DATE OF BIRTH (month, day, and year): Jan. 29, 1871

7. AGE: Years 61 | Months 2 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer + Sheepman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Mar. 26, 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Willard Utah

FATHER
13. NAME: Mesheck Spencer Williams
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Elizabeth Lewis
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): E. H. Williams, Rigby Rt. 2, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Shelton Date: April 3, 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls

20. FILED: Apr 2, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 26, 1932, to Mch 31, 1932
I last saw h..... alive on Mch 30, 1932; death is said to have occurred on the date stated above, at Midnight.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Intestinal Obstruction	5 days

Other contributory causes of importance:

Pneumonia	36 hours
Kidney Calculus	

Name of operation as above Date of Mch 28
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

RECEIVED MAY 6 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79003

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 2 1 V-0
Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lease Linda Stibbs

(a) Residence. No. 1st Street St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16 S

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: George Stibbs

6. DATE OF BIRTH (month, day, and year): Feb 2, 1905

7. AGE: Years 27 | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Wyoming

FATHER
13. NAME: Frank Connell
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): George Stibbs, Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Idaho Falls, Idaho Date: April 25 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED: Apr 26, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Drank 1 oz of Chloroform	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4/22, 1932
Where did injury occur? Idaho Falls, Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Tourist Cabin, (Stibbs owner)
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Dr. B. J. Allen Coroner
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79004

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2150 Local Registrar's No. 65
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

177

2. FULL NAME Martha Janet Abercrombie
(a) Residence. No. 244 Lomax St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Dec. 20 1916
7. AGE Years 15 Months 4 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewisville Utah

FATHER
13. NAME J. L. Abercrombie
14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER
15. MAIDEN NAME Eliza Vanluvin
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) J. L. Abercrombie 244 Lomax, Idaho Falls
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date May 1, 1932
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls.
20. FILED Ap. 29, 1932 W. Kinnaird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25 1932
22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to April 25, 1932
I last saw her alive on April 25, 1932: death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Poisoning	
Cyanide Chloride	
Mixture	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) A. R. Sodersmith, M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79005

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 50
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

889

2. FULL NAME Nathaniel E. Schoenhuth.
(a) Residence. No. 19 & Curtis St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elsa Schoenhuth.

6. DATE OF BIRTH (month, day, and year) Aug 19-1877

7. AGE: Years 54 | Months 7 | Days 13. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk & Salesman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria Illinois

FATHER
13. NAME Albert Schoenhuth.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Louise Burkhardt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Elsa Schoenhuth.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Ida Date 4/7, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls. Ida.

20. FILED Apr 5, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1932, to ~~, 193~~
I last saw him alive on April 2, 1932; death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) H. D. Spencer, M. D.
(Address) Idaho Falls Ida

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79006

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 2150
Local Registrar's No. V-9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gustaf Lindgren

(a) Residence. No. 295 - 6th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alice Lindgren.

6. DATE OF BIRTH (month, day, and year): March 21-1855

7. AGE: Years 77 | Months 0 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Retired Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer & mail carrier O.S.L.R.R. Co.
10. Date deceased last worked at this occupation (month and year): 1916
11. Total time (years) spent in this occupation: 35 yrs.

12. BIRTHPLACE (city or town) (State or country): Sweden Ouglaf.

FATHER
13. NAME: Peter Lindgren
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Alice Lindgren Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Idaho Falls, Date: 4/21, 1932

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida

20. FILED: Apr. 14, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to April 16, 1932
I last saw him alive on April 16, 1932: death is said to have occurred on the date stated above, at 3:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Myocarditis	4 yr month
Other contributory causes of importance: Carcinoma of Stomach	2 yr

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79008

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2120 Local Registrar's No. 57
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Roche
(a) Residence. No. 159 So Water St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 P

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Margarette Roche
6. DATE OF BIRTH (month, day, and year): Dec 25 1869
7. AGE: Years 62 Months 3 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: County Road
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Supervisor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cleveland Ohio

FATHER
13. NAME: Thomas Roche
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Bridget Cullnan
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Mrs May Fesler Moran Wyo.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 4/12 1932
19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida
20. FILED: Apr 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 9 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to April 9, 1932
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 10:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1928

Other contributory causes of importance:

Acute Bronchopneumonia	Apr 7-1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79009

PLACE OF DEATH
County of Bonneville
City of Ida Falls Ida
L. D. S. Hospital

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delmont Cottle

(a) Residence. No. Menan Ida St. 10
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) ✓

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) ✓

7. AGE Years 7 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Menan Ida

FATHER
13. NAME Wm S. Cottle
14. BIRTHPLACE (city or town) (State or country) Utah Plane City

MOTHER
15. MAIDEN NAME Elizabeth Rawson
16. BIRTHPLACE (city or town) (State or country) Weber County Utah

17. INFORMENT (Address) Wm S Cottle Menan Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Butte Date Mar 31st 1932

19. UNDERTAKER (Address) A B Eckwell Rigby Ida

20. FILED Mar 31, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 30, 1932, to Mch 31, 1932
I last saw him alive on Mch 30, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	Mch 27 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ✗

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

RECEIVED MAY 6 1932

DO NOT WRITE IN THIS SPACE

State File No. 79010

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

ELFARE
TICS
ATH

Registration District No. 3

Primary Registration District No. 21-0

Local Registrar's No. 61

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Maria Jane Beam

(a) Residence. No. 575 S. Capitol St. Lima, Montana,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edward Beam

6. DATE OF BIRTH (month, day, and year) June, 28, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Heber City, Utah.

FATHER

13. NAME William Clegg

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lousia Getins

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. A. L. Owens, Idaho Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date April, 21 1932

19. UNDERTAKER (Address) Jack A. Wood, Idaho Falls, Idaho.

20. FILED Apr. 21, 1932 C. E. Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April, 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to 4, 18, 1932, last saw h alive on, 193: death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4, 3, 32

Other contributory causes of importance:

Chronic Cholecystitis & stones

Name of operation Cholecystectomy Date of 2, 13, 32

What test confirmed diagnosis? Op. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Ray Hatch, M. D.

(Address) Idaho Falls.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79011

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2170 Local Registrar's No. 42

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael Brown

(a) Residence. No. 457 - D St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Emily Brown

6. DATE OF BIRTH (month, day, and year): Feb. 4, 1889

7. AGE: Years 43 | Months 2 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Cashier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Utah-Idaho Sugar Co office
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 22 yrs

12. BIRTHPLACE (city or town) (State or country): Lehi Utah

FATHER
13. NAME: John Brown
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Julia Austin
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs. Leon Taylor Idaho Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Lehi Utah Date: May 6, 193 2

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls Ida.

20. FILED May 6, 193 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 22 193 2

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 193 1, to Apr. 22, 193 2
I last saw h alive on Apr. 22, 193 2; death is said to have occurred on the date stated above, at 10:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma liver and bile-ducts	

Other contributory causes of importance:

Name of operation: Cholecystostomy Date of:
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. McClay, M.D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79012

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. U-6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Meyer. 749

(a) Residence. No. 360 K. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Deceased.

6. DATE OF BIRTH (month, day, and year) 1/16/1860

7. AGE: Years 72. Months 2. Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.
10. Date deceased last worked at this occupation (month and year) June 1929
11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (city or town) (State or country) Plymouth Wisconsin

FATHER
13. NAME Andrew Meyer.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Ben Meyer Idaho Falls Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date 4/6, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED Apr 9, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1932, to April 2, 1932
I last saw h..... alive on May 29, 1932 death is said to have occurred on the date stated above, at 225 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79013

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No.
Primary Registration District No. Local Registrar's No. 66
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rachel Mary Peterson

(a) Residence. No. St. Rigby Rt. #2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Otto Peterson

6. DATE OF BIRTH (month, day, and year): Jan 11, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cedar Fort Utah

FATHER

13. NAME: Ruben Coles
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Hannah Ferrill
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Otto Peterson Rigby Rt #2

18. BURIAL, CREMATION, OR REMOVAL Place: Shelton Date: May 1, 1932

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED: Apr 29, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932 to April 26, 1932
I last saw her alive on April 26, 1932: death is said to have occurred on the date stated above, at 5.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	
Other contributory causes of importance:	

Name of operation: None Date of: ✓
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

RECEIVED MAY 6

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79014

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2 1 4 0
Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Frank M. Fifield

(a) Residence. No. Rt # 7 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of Alice Fifield

6. DATE OF BIRTH (month, day, and year) May 16, 1873

7. AGE Years 58 Months 11 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Weston Ida.

FATHER
13. NAME Charles Byron Fifield
14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER
15. MAIDEN NAME Lucy Jane Hardy
16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) Mrs. Oscar Erickson Idaho Falls Rt # 7

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date April 26, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.

20. FILED Apr 23, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 12, 1932
I last saw him alive on Feb 13, 1932: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	

Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
✓ If so, specify .....
(Signed) H. D. Spencer, M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79015

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ledrow K. King

(a) Residence. No. Caldwell Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1012

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 15 1850

7. AGE Years 81 Months 4 Days 18 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J. K. Moore Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date May 2, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 5-10-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Apr 3, 1932
I last saw him alive on Apr 2, 1932; death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) T. D. Forrer M.D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 58

DO NOT WRITE IN THIS SPACE

State File No. 79016

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Houston

(a) Residence. No. Caldwell Rt 4 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Houston

6. DATE OF BIRTH (month, day, and year) June 17 1831

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
100	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Fulton Co
(State or country) Illinois

FATHER

13. NAME Frederick Waughtal

14. BIRTHPLACE (city or town) ....
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Katherin Baughman

16. BIRTHPLACE (city or town) ....
(State or country) Not known

17. INFORMENT (Address) Mrs. Houston Rt 4

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell, Idaho Date May 3, 1932 Canyon Hill cem

19. UNDERTAKER (Address) Caldwell Ida

20. FILED 5-10-, 1932 John S. Meyer - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932, to May 2, 1932

I last saw h.e alive on April 29, 1932 death is said to have occurred on the date stated above, at 4-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation None Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193..

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) F. W. Coe M.D.

(Address) Caldwell Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 7917

Local Registrar's No. 54

Registration District No. 3

Primary Registration District No. 2005

1. PLACE OF DEATH
County of Canyon
City of Caldwell
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Douglas Jensen

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: White Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

6. DATE OF BIRTH: Jan (Month) 19 (Day) 1862 (Year)

7. AGE: 70 Yrs. 3 Mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF Father: Nicholas Jensen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Karen Jensen

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence Jensen
(Address) Payette, Idaho

15. Filed 4-30- 1932 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 23 1932, to Apr 29 1932, that I last saw h/m alive on Apr 29 1932, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Carcinoma Stomach

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) Age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. D. Foran M. D.
4/30 1932 (Address) Caldwell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Donnelly Idaho
DATE OF BURIAL: 5-1- 1932

20. UNDERTAKER: C. W. Peckham
ADDRESS: Caldwell, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, I state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED MAY 11 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. **PLACE OF DEATH**

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 1005

(No. ..... St.)

State File No. 79018

Local Registrar's No. 53

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Julia Rosa Christina Gilbert

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word)

6. DATE OF BIRTH: Oct (Month) 23 (Day) 1847 (Year)

7. AGE: 84 Yrs. 6 Mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Livingston, London England

10. NAME OF Father: Chas. Ritcher

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Isabella Nicholson

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John R. Gilbert
(Address) 511 Grant

15. Filed 4-30- 1932. John S. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

74 a

16. DATE OF DEATH: April (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1932 to April 26 1932, that I last saw her alive on Apr 26 1932, and that death occurred on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:
Inter Cranial Hemorrhage
Total paralysis Left side

(Duration) ..... yrs. 7 mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O D Forrer M. D.

4/27 1932 (Address) Caldwell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence Caldwell Idaho

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill

DATE OF BURIAL: 4-29 1932

20. UNDERTAKER: C. V. Peckham

ADDRESS: Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 11 1932

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 10019

Local Registrar's No. 52

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Gladys Eskles

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6. DATE OF BIRTH Sept 22. 1902 (Month) (Day) (Year)

7. AGE 28 Yrs. 7 Mos. 2 ds.

IF LESS than 1 day how many ..... hrs. or ..... mtn.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer): Santa Barbara California

9. BIRTHPLACE (State or Country) Soyette Idaho

10. NAME OF Father James Wheeler

11. BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER May Ayers

13. BIRTHPLACE OF MOTHER (State or Country) Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) May Wheeler

(Address) Santa Barbara, Calif.

15. Filed 4-30- 1932 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 24 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17 1932, to April 24 1932, that I last saw her alive on April 24 1932, and that death occurred on the date stated above, at 4.15 M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) ..... yrs. about 1 mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. M. Carr M. D.

4/26 1932 (Address) Caldwell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Canyon Hill	4-29 1932
20. UNDERTAKER C. V. Pickham	**ADDRESS** Caldwell Ida

4/14

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 11 1932

DO NOT WRITE IN THIS SPACE

State File No. 79020

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 60

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrie Anna Blakley.

(a) Residence. No. Caldwell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nelson Nebr.

FATHER

13. NAME Simeon Woodcock

14. BIRTHPLACE (city or town) (State or country) Columbus Ohio.

MOTHER

15. MAIDEN NAME Margaret Mc Vey

16. BIRTHPLACE (city or town) (State or country) Belfast Ireland

17. INFORMENT (Address) John Blakley

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 5-10, 1932

19. UNDERTAKER C. W. Peckham
(Address) Caldwell Idaho

20. FILED 5-10-, 1932 John B. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from , 1932, to May 6, 1932

I last saw h alive on May 6, 1932; death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia	
Carcinoma breast	
and metastases	
abdomen.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Caldwell Ida

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Canyon

City of Wilder

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

State File No. 79021

Local Registrar's No. 51

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Robt Clement Trunnell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

6. DATE OF BIRTH: Nov (Month) 23 (Day) 1856 (Year)

7. AGE: 75 Yrs. 5 Mos. 1 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio.

10. NAME OF Father: John W Trunnell

11. BIRTHPLACE OF FATHER (State or Country): Maryland

12. MAIDEN NAME OF MOTHER: Anna Hopper

13. BIRTHPLACE OF MOTHER (State or Country): Wisc

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fiemit Trunnell
(Address) Wilder Idaho

15. Filed April-30- 1932 John L. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1930, to April 24 1932, that I last saw him alive on April 23 1932, and that death occurred on the date stated above, at 12:30 M.

The CAUSE OF DEATH* was as follows:

Cancer (Carcinoma) Stomach

(Duration) 2 yrs. ..... mos. 24 ds.

Contributory (Secondary) Interstitial Nephritis

(Duration) 1 yrs. 6 mos. 2 ds.

(Signed) Robert E Talbot M. D.

4-25 1932 (Address) Wilder Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wilder.

DATE OF BURIAL: April 26 1932

20. UNDERTAKER: C. V. Peckham

ADDRESS: Caldwell Ada

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79022

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 55
(No. Odd Fellows Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Bellville

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-18-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Island of Corsica
(State or country) Italy

FATHER

13. NAME ------ Bellville

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Italy

17. INFORMENT Mrs Viola Price
(Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 5-8-, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 5-7-, 1932 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-5-32 193

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932, to May 5, 1932
I last saw h. alive on May 5, 1932 death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Not Known

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Caldwell Idaho

FORM V. S. No. 5-25 M. 1-19.

RECEIVED MAY 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 79023

Local Registrar's No. 50

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Christine Biggerstaff

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6. DATE OF BIRTH: June 17 (Month) (Day) 1859 (Year)

7. AGE: 72 Yrs. 9 Mos. 29 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeping
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweeden

10. NAME OF Father: Lewis Saardeen

11. BIRTHPLACE OF FATHER (State or Country): Sweeden

12. MAIDEN NAME OF MOTHER: Christine Olsen

13. BIRTHPLACE OF MOTHER (State or Country): Sweeden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): L. L. Biggerstaff
(Address): Middleton Ida

15. Filed 4-25- 1932 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 16 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 30 1927 to Apr 16 1932 that I last saw her alive on Apr 15 - 1932 and that death occurred on the date stated above, at 5-45 P. M.

The CAUSE OF DEATH* was as follows:
Gall bladder (Jaundice)
Tuberculosis of bowels

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Age - Gall bladder

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. S. Tomas M. D.

4-16 1932 (Address) Caldwell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence Caldwell Ida

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill — DATE OF BURIAL: 4-17 1932

20. UNDERTAKER: C. V. Peckham — ADDRESS: Caldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MAY 11 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79024

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 43

(No. 408-17th ave. no)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie LaVerda Murphy

(a) Residence. No. 408-17th ave. no St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Feb. 14th 1932

7. AGE Years Months 1 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nampa Idaho

PARENTS

10. NAME OF FATHER George Murphy

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Della LaVerda Barr

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs. Murphy Nampa, Idaho

15. Filed 4-12, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 11th (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1932, to Apr 11, 1932

that I last saw him alive on Apr 11, 1932

and that death occurred, on the date stated above, at 11:15 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Pneumonia Flu.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cold. flu.

(duration) yrs. mos. 6 ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Horace [illegible], M. D.

4/12, 1932 (Address) Nampa

19. Place of Burial, Cremation, or Removal Melba

Date of Burial 4-13 1932

20. Undertaker Mrs. Nina M. Talley

Address Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79025

PLACE OF DEATH
County of Canyon
City of Rural

Registration District No. 7
Primary Registration District No. 2006
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 49

49

2. FULL NAME Lottie James

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Oct 13 - 1857

7. AGE: Years 74, Months 4, Days 14. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Ill

PARENTS
10. NAME OF FATHER: Bennison
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Calvert
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ohio

14. Informant: E. J. James
(Address) Nampa R. 4

15. Filed 4-28, 1932 Bertha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. (Month) 27 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1932 to Apr 27, 1932 that I last saw her alive on Apr 27, 1932 and that death occurred, on the date stated above, at 11.30 A.m.

The CAUSE OF DEATH* was as follows:
Cancer of lungs - secondary to Ca of Left Breast
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Sprtn
Did an operation precede death? no Date of (2 yrs ago)
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Geo. R. Proctor, M. D.
4-27, 1932 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Garfield Wash
Date of Burial: 19

20. Undertaker: F. R. Robinson
Address: Nampa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 7
Primary Registration District No. 1106
(No. ..... St.)

State File No. 79026
Local Registrar's No. 4

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harriett Esther Mikesell
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
F. M.	White	Single

6. DATE OF BIRTH: 2 (Month) 23 (Day) 1898 (Year)

7. AGE: 33 Yrs. 1 Mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF Father: Andrew J. Mikesell

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Harriett Stanley

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dorr Boyd
(Address) Nampa Idaho

15. Filed 4-8 1932 Esther Conway Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1926, to 4-7 1932, that I last saw h[e]r alive on 4-7 1932, and that death occurred on the date stated above, at 7:20 P.M.

The CAUSE OF DEATH* was as follows:
Status Epilepticus
.....
.....
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Extravasation due to Epileptic seizures
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dorr Boyd M. D.
4-7 1932 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 5 yrs. 4 mos. 18 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Ashton Idaho
Former or usual residence Ashton Idaho

19. PLACE OF BURIAL OR REMOVAL: Pocatello Idaho | DATE OF BURIAL ..... 19.....

20. UNDERTAKER: F. C. Robinson | ADDRESS: Nampa Idaho

FORM V. S. No. 5-A-25M. 1-19.

MAY 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 79027

Local Registrar's No. 38

1. PLACE OF DEATH

County of Nampa

City of Canyon

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5

Primary Registration District No. 1006

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Laura May Rice

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: 1 (Month) 26 (Day) 1922 (Year)

7. AGE: 10 Yrs. 1 Mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Hazleton Idaho

10. NAME OF Father: John H Rice

11. BIRTHPLACE OF FATHER (State or Country): Arkansas

12. MAIDEN NAME OF MOTHER: Laura M Baker ~~Arkansas~~

13. BIRTHPLACE OF MOTHER (State or Country): Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Don Poynter

(Address) Nampa Idaho

15. Filed 4-7 1932 Bertha Conway Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28 1928, to 4-5- 1932, that I last saw her alive on 4-5- 1932, and that death occurred on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Don Poynter M. D.

4-5- 1932 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 3 yrs. 8 mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Hazleton Idaho

Former or usual residence Hazleton Idaho

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida

DATE OF BURIAL: 4/7 1932

20. UNDERTAKER: F. R. Robinson

ADDRESS: Nampa Ida.

WRITE PLAINLY, WITH U... PERMANENT RECORD

N. B.—Every item of information should be carefully s... should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED MAY 11 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 79028

Local Registrar's No. 39

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 1006

(No. ..... St.)

2. FULL NAME Herbert Beachler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: 2 (Month) 25 (Day) 1924 (Year)

7. AGE: 8 Yrs. 1 Mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Boise Idaho

10. NAME OF Father: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Miss Alice Wilding

13. BIRTHPLACE OF MOTHER (State or Country): Driggs Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. O. Poynter

(Address) Nampa

15. Filed 4-8 1932 Bertha Conway Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-26-1926, to 4-6-1932, that I last saw him alive on 4-6-1932, and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. O. Poynter M. D.

19 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 5 yrs. 11 mos. 2 days. In the State since Birth yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Boise Idaho

Former or usual residence Boise Idaho

19. PLACE OF BURIAL OR REMOVAL: Kohlelawn - Nampa

DATE OF BURIAL: 4-9 1932

20. UNDERTAKER: F. K. Robinson

ADDRESS: Nampa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79029

PLACE OF DEATH
County of Canyon
City of —

Registration District No. 7
Primary Registration District No. 2006
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 43

2. FULL NAME Katherine Robinson 74 a

(a) Residence. No. Rural St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 2-6-66

7. AGE Years 74 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Samuel Huston
12. MAIDEN NAME OF MOTHER Elizabeth Waughter
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown

14. Informant Fred A. Robinson
(Address) Nampa Idaho

15. Filed 4-20, 1932 Bertha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr (Month) 18 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to Apr 17, 1932
that I last saw her alive on April 17, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos. 9 ds.
CONTRIBUTORY (Secondary) Artery Sclerosis
(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) V C Bellmann, M. D.
April 20, 1932 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Nampa Idaho — Date of Burial 4-20 1932

20. Undertaker F. K. Robinson — Address Nampa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79030

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 45

PLACE OF DEATH
County of Canyon
City of Nampa
(No. 749)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Maria Jacobs

(a) Residence. No. 924 - 8th S St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of O. V. Jacobs

6. DATE OF BIRTH (month, day and year) 2-6-66

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10. NAME OF FATHER Largent
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Mrs Verdon Jacobs
(Address) Nampa Ida

15. Filed 4-24, 1932 Bertha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 22 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to the Call, 19, that I last saw h[illegible] alive on April 21, 1932 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:
Basal Cerebral Hemorrhage
(duration) four hours yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) several yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) V. C. Bell M. D.
April 22 1932 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn	4-24 1932
20. Undertaker J. K. Robinson	Address Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79031

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 006

Local Registrar's No. 44

(No. 815 - 10th Ave. So.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Margaret Hughes Kimber.

(a) Residence. No. 815 - 10th Ave. So. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 5 yrs. mos. ds. How long in U. S. if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	married

5a. If married, widowed, or divorced

~~HUSBAND of~~ (or) WIFE of A. H. Kimber.

6. DATE OF BIRTH (month, day and year) Feb. 10th 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house-wife.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Llangyvien. Wales.

PARENTS

10. NAME OF FATHER William Hughes.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown

12. MAIDEN NAME OF MOTHER Sarah Jones.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown

14. Informant (Address) Mrs. A. H. Kimber. Nampa, Idaho.

15. Filed 4-21, 1932 Ida Romney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 20th (Month) (Day), 1932 (Year).

17. I HEREBY CERTIFY, That I attended deceased from March, 1932, to Apr. 20, 1932, that I last saw her alive on Apr 20, 1932 and that death occurred, on the date stated above, at 12:05A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. C. Swett, M. D.

Apr. 21, 1932 (Address) Nampa, Idaho.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Logan - Utah	
20. Undertaker	Address
Mrs. Nina M. Talley	Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79032

PLACE OF DEATH
County of Canyon
City of Nampa.

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 47
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel C. Hughart
(a) Residence. No. 319 - 14th Ave. So. St.
(Usual place of abode.)
Length of residence in city or town where death occured 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hughart

6. DATE OF BIRTH (month, day and year) Dec. 21st 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	4	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Policeman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City of Nampa

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Alex Hughart

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Co. Kentucky

12. MAIDEN NAME OF MOTHER Hannah M. Shannon

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Indiana

14. Informant Mrs. Mary Hughart (Address) Nampa, Idaho

15. Filed 4-27, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 25 (Month) (Day) 32 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1932, to Apr 25, 1932, that I last saw him alive on Apr 25, 1932, and that death occurred, on the date stated above, at 8:45 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gastric Hemorrhage

(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Ulcer of Stomach
(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Signs

(Signed) E. P. Kaser, M. D.
Apr 26, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa — Date of Burial: April 28 1932
20. Undertaker: Wm D. Talley — Address: Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79033

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 40

101 b

2. FULL NAME Lucinda Hazel

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Aug 11-1854

7. AGE: Years 77 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Halfway, Mo

PARENTS

10. NAME OF FATHER: Joel Ragsdale
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Va
12. MAIDEN NAME OF MOTHER: Wisdom
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Tenn.

14. Informant .....
(Address)

15. Filed 5-6, 1932 Leitha Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1932, to May 6, 1932
that I last saw her alive on May 6, 1932
and that death occurred, on the date stated above, at 5:20 P m.
The CAUSE OF DEATH* was as follows:
Pneumonia
..... (duration) ..... yrs. ..... mos. 24 ds.
CONTRIBUTORY (Secondary): Senility
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Horace P. Belknap, M. D.
May 6, 1932 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls Ida | Date of Burial 19

20. Undertaker: F. K. Robinson | Address: Nampa

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79034

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 46
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mae I. Short
(a) Residence. No. Homedale, Idaho St. Homedale, Ida.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 1/2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Guy H. Short

6. DATE OF BIRTH (month, day and year) Dec. 31st 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	3	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sapoose Oregon

PARENTS
10. NAME OF FATHER Leonard Stump
11. BIRTHPLACE OF FATHER (city or town) (State or Country) W. Virginia
12. MAIDEN NAME OF MOTHER Charlotte Klein
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Mr. Guy H. Short
(Address) Homedale Idaho

15. Filed 4-22, 1932 Bertha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 22. (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22 6 PM 1932, to April 22 1145 PM, 1932
that I last saw him alive on April 22, 1932
and that death occurred, on the date stated above, at 1145 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Intestinal obstruction
Operation for large cystic tumor of ovary producing pressure obstruction
(duration) ....yrs. ....mos. 4 ds.
CONTRIBUTORY (Secondary) Abdominal tumor
(duration) 10 yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? Homedale Ida
Did an operation precede death? No Date of -
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) C C Bellenger M. D.
4-23-, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal Greenleaf Cemetery — Date of Burial 4-24 1932
20. Undertaker Mrs. Nina M. Talley Address Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79035

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 48

1889

2. FULL NAME John Alfred Ojala
(a) Residence, No. 430 - N. Main St. Ld. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Finlander
5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Aug-10-1892
7. AGE: Years 39, Months 8, Days 16. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Calumet Michigan

PARENTS
10. NAME OF FATHER Isaac Ojala
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Findland
12. MAIDEN NAME OF MOTHER Mary
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Findland

14. Informant C. V. Peckham
(Address) Caldwell Ida
15. Filed 4-29, 1932 Bertha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr - 26 - 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at about 9-30 P. m.
The CAUSE OF DEATH* was as follows: Accidental - Skull crushed by impact of box car door. Fired shot while sweeping (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. V. Peckham Coroner M. D.
Apr 27, 1932 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kohlenbaum
Date of Burial: 4-30 1932
20. Undertaker: J. K. Robinson
Address: Nampa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1 1 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79036

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 37

(No. 319-13th Ave. So.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Cynthia Alice Dougal

(a) Residence. No. 319-13th Ave. So. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Dougal

6. DATE OF BIRTH (month, day and year) May 8th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	10	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Brookville Penna.

PARENTS

10. NAME OF FATHER John Ross

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Lucy Cooley

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penna.

14. Informant (Address) John R. Dougal

15. Filed 4-2, 1932 Ertha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 1 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1932, to March 27, 1932

that I last saw her alive on March 27, 1932

and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis - and high blood pressure 220 over 110

(duration) Many yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis of Tubal

valve & bronchitis (duration) Many yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Symptoms

(Signed) Leo. R. Proctor M. D.

Apr. 4, 1932 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal: Kohlerlawn - Nampa — Date of Burial: 4-3 1932

20. Undertaker: Mrs. Nina M. Talley — Address: Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN
MARGIN RESERVED FOR BINDING

MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79037

PLACE OF DEATH
County of Cassia
City of View

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 323
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Rogers Empey 44
(a) Residence. No. View Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Empey.

6. DATE OF BIRTH (month, day and year) Aug. 3 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St. George Utah

PARENTS
10. NAME OF FATHER David Rogers
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown Ohio
12. MAIDEN NAME OF MOTHER Mary Ann Mayer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown Ohio

14. Informant (Address) Arthur Empey. View Idaho.

15. Filed May 6, 1932 F. H. Cutter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1932 to Apr 14, 1932
that I last saw her alive on Apr 14, 1932
and that death occurred, on the date stated above, at 5:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma Stomach, Pyloric
(duration) about yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Valv. Ht dia, Mitral Insuffic about (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Leland Frazier, M. D.
, 19 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal View Idaho. Date of Burial 4/21 1932

20. Undertaker Payne & Kimball Address Burley

By Paul Bell 8225

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Idahome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 119
Primary Registration District No. 2198

DO NOT WRITE IN THIS SPACE
State File No. 79038

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Abraham Lincoln Reed

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idahome Ida

FATHER
13. NAME: Elijah Clinton Reed
14. BIRTHPLACE (city or town) (State or country): Texas Idaho

MOTHER
15. MAIDEN NAME: Mary Bell Theis
16. BIRTHPLACE (city or town) (State or country): Holbrook Nebraska

17. INFORMENT (Address): E. C. Reid Idahome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Idahome Date: Apr 24 1932

19. UNDERTAKER (Address): None

20. FILED May 2, 1932 C. E. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1932 to Apr 23, 1932
I last saw him alive on Apr 23, 1932: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Apr 8 1932

Other contributory causes of importance: None

Name of operation No Date of
What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) C. E. Slater, M. D.
(Address) Malta Idaho

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79039

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia
City of Albion
Registration District No. 119
Primary Registration District No. 2198
Local Registrar's No. 69
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lillian Mary Clark

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James L Clark

6. DATE OF BIRTH (month, day and year) Dec. 9-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Malta Idaho.

PARENTS

10. NAME OF FATHER Geo W. Shangles.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Payson Utah
12. MAIDEN NAME OF MOTHER Olive J. Lounsbury
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant (Address) J. L. Clark Albion Idaho

15. Filed May 1 1932 E. E. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21 1932, to April 25 1932
that I last saw her alive on Apr. 21 1932
and that death occurred, on the date stated above, at 11 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Valvular heart disease

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Nephritis (Interstitial) (duration) yrs. 3 mos. — ds.

18. Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? General
(Signed) E. E. Sater M. D.
May 1, 1932 (Address) Malta Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Albion Ida.	4-27 1932
20. Undertaker	Address
D. E. Johnson	Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79040

PLACE OF DEATH
County of Cassia
City of ~~Burley~~ Malta
Registration District No. 119
Primary Registration District No. 2198
Local Registrar's No. 11 B
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Darrell Hadfield Paskett
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) April 28 - 1925
7. AGE Years 6 ~~5~~ Months 9 Days 3 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Malta
(State or country) Idaho

PARENTS
10. NAME OF FATHER Frank Paskett
11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho.
12. MAIDEN NAME OF MOTHER Hadfield
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Idaho.

14. Informant (Address) Mrs Frank Paskett Malta Ida.
15. Filed May 1, 1932 C. L. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 31 (Month) (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1932, to Jan. 31, 1932
that I last saw him alive on Jan 31, 1932
and that death occurred, on the date stated above, at 7 A m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Influenza
(duration) — yrs. — mos. 5 ds.
CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? at place of death
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Usual
(Signed) C. L. Sater M. D.
May 1, 1932 (Address) Malta Ida.

19. Place of Burial, Cremation, or Removal Malta
Date of Burial 2-3 1932
20. Undertaker D. E. Johnson
Address Burley

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79041

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 177
Primary Registration District No. 2196
Local Registrar's No. 324
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HAVEN LEIGH

(a) Residence. No. Burley Idaho St. 192
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lillian Haslett

6. DATE OF BIRTH (month, day and year) December 7th 1871

7. AGE: Years 60 | Months 4 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Lay Prairy Center Ill.

PARENTS

10. NAME OF FATHER Amos F. Leigh
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown Ill.
12. MAIDEN NAME OF MOTHER Caroline Choate
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown Ill.

14. Informant (Address) Haslett Leigh Burley, Idaho

15. Filed May 6, 1932 F H Cutter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 24th (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1931, to April 24, 1932
that I last saw him alive on April 18, 1932
and that death occurred, on the date stated above, at 3:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Starvation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Complete hemiplegia
..... (duration) ..... yrs. 6 mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) G. G. Espe, M. D.
5-2, 1932 (Address) Burley

19. Place of Burial, Cremation, or Removal: Burley, Idaho
Date of Burial: April 26 1932

20. Undertaker: PAYNE & KIMBALL
Address: BURLEY

Vern B. McCulloch #260

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79042

PLACE OF DEATH
County of Shoshone
City of Orofino

Registration District No. 90
Primary Registration District No. 3187 Local Registrar's No. 28

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 V

2. FULL NAME Dominic Marlo

(a) Residence. No. St. Kellogg, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unascertained

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner & prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained.

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. H. North Date April 7, 193 V

19. UNDERTAKER F. A. Billberg, Hosp. attat. (Address) Orofino - Idaho.

20. FILED 4/8-, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5 193 V

22. I HEREBY CERTIFY, That I attended deceased from May 1, 193 6 to April 5, 193 V

I last saw him alive on April 5, 193 V: death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Paranoid Condition	

Name of operation Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine Mitchell, M. D.

(Address) Orofino - Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79043

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 15

2. FULL NAME Joseph R. Wells

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 6 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME .

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Vernie L. Wells Weippe

18. BURIAL, CREMATION, OR REMOVAL Place Frazer Date April 26 193

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED April 25, 193 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 24 193

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1932 to Apr. 24, 1932
I last saw ~~him~~ alive on Apr. 16, 1932; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial sclerosis	
Other contributory causes of importance: Chronic myocarditis	1930

Name of operation None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) R. J. Wells, M. D.
(Address) Orofino, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 6 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79044

PLACE OF DEATH
County of Clearwater
City of Weippe Idaho

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME George Edward Heywood

(a) Residence. No. Weippe Tao St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 3 1849

7. AGE Years 83 Months 6 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Agusta Main

FATHER
13. NAME George E. Heywood
14. BIRTHPLACE (city or town) (State or country) Aug Maim

MOTHER
15. MAIDEN NAME C.C. Hull
16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMENT (Address) Bert Heywood Weippe

18. BURIAL, CREMATION, OR REMOVAL Place Weippe Date April 23 193

19. UNDERTAKER (Address) W.A. Shaw Orofino

20. FILED April 23, 193 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ..... 193....: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Had no Dr	
Old age and bad Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W.A. Shaw Reg 490, M.D.
(Address) Orofino

RECEIVED MAY 6 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79045

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 34

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Silas L. Baskaw

(a) Residence. No. Grangemont Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ill.
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMENT Gus Baskaw.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Ida Date 4/28, 1932

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 4/25, 193 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/27 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1932, to Apr 27th, 1932
I last saw h alive on , 193: death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Senility	
Never saw Mr Baskaw - Preached through son - calling at times as above	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. H. Burton, M.D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 6 1932

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79046

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 30

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME John Speilvogel

(a) Residence. No. St. Lewiston, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? 42 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Speilvogel

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho -

18. BURIAL, CREMATION, OR REMOVAL Place Cem. St. Hosp. North Date April 11, 1932

19. UNDERTAKER (Address) F. A. Billberg, Hospital Attendant. Orofino - Idaho -

20. FILED 4/12, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to April 10, 1932

I last saw him alive on April 10, 1932: death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Dementia praecox, paranoid type

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John Irvine McKelway, M. D.

(Address) Orofino - Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 6 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79047

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 96
Primary Registration District No. 2187
Local Registrar's No. 31

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Mike Andrews

(a) Residence. No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 3 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodsman

10. Date deceased last worked at this occupation (month and year) Aug 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) R. C. Gillespie Orofino Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Orofino Ida Date 4/18, 1937

19. UNDERTAKER (Address) Orofino Ida Portuary

20. FILED 4/18, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/16 1937

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1931, to April 16, 1937

I last saw him alive on April 16, 1937: death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Either a Hemorrhage or tumor in brain	
Other contributory causes of importance: Diabetes, Nephritis and Exposure	

Name of operation none Date of ✓

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ✓

(Signed) J. K. Johnson, M. D.

(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED MAY 14 1932

DO NOT WRITE IN THIS SPACE

State File No. 79048

CERTIFICATE OF DEATH

PLACE OF DEATH

County of CUSTER

City of MACKAY

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... 179)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** MARIE CUMMINGS

(a) Residence. No. ..... St. CHALLIS IDAHO

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured ..... yrs. ..... mos. 5 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	WH	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of EDGAR A CUMMINGS

6. DATE OF BIRTH (month, day and year) SEPT 1, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10. NAME OF FATHER Louis Boutieller

11. BIRTHPLACE OF FATHER (city or town) (State or Country) France

12. MAIDEN NAME OF MOTHER Norma Garma

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant E. A. Cummings (Address) Challis Idaho

15. Filed ....., 19.... Registrar. Rose Nowack

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 (Month) 28 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/1/31, 19..., to 4/28/32, 19...

that I last saw her alive on 4/28/32, 19...

and that death occurred, on the date stated above, at 4 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

NEPHRITIS- CHRONIC INTERSTITIAL

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ENDOCARDITIS, Chronic

(duration) 1 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) E. R. Richards, M. D.

4/28/32, 19... (Address) Mackay Idaho

19. Place of Burial, Cremation, or Removal: Mackay Idaho | Date of Burial: April 30 1932

20. Undertaker: Farmer | Address: Mackay Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

ALL RIGHTS RESERVED FOR BINDING

RECEIVED MAY 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79049

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

Registration District No. 3
Primary Registration District No. 3021 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Benjamin Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Johnson

6. DATE OF BIRTH (month, day and year) July 17th 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	8	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 11 Years
(c) Name of employer ago.

9. BIRTHPLACE (city or town) Nashville
(State or country) Tenn.

PARENTS

10. NAME OF FATHER —

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) —

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (city or town) —
(State or County)

14. Informant Florence Haupt.
(Address) Bend Oregon

15. Filed 4-15, 1932 Mrs Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Found dead in Bed.
Heart attack

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?.....
Did an operation precede death? ..... Date of.....
Was there an autopsy?.....
What test confirmed diagnosis?.....
(Signed) G. S. Zacher Coroner, M. D.
4/15, 1932 (Address) Mt. Home Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Glenns Ferry Ida	4/16 1932
20. Undertaker G. S. Zacher	Address Mt. Home Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2169

DO NOT WRITE IN THIS SPACE
State File No. 79050

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Henry Biggs

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Minnie Biggs

6. DATE OF BIRTH (month, day, and year) June 3 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 5

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER

13. NAME John Biggs

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Ramsbotton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Minnie Biggs Franklin Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Date Apr. 12 1932

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED May 8 1932 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1931, to April 8, 1932

I last saw him alive on April 8, 1932; death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Lung	1930
Carcinoma by direct extension to Spinal Cord 7th cervical Region	

Other contributory causes of importance:

Paralytic Ileus

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Orson L. Davis, M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 7119

DO NOT WRITE IN THIS SPACE
State File No. 79051

Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Martin Hill

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J.J.Hill

6. DATE OF BIRTH (month, day, and year) Sept 23 186

7. AGE: Years 71 | Months 6 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Welsville Utah

FATHER
13. NAME: Joseph H. Hill
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Agnes Steel
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): J. J. Hill Franklin Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Franklin Date: Apr. 16, 1932

19. UNDERTAKER: M. W. Hendricks (Address): Preston

20. FILED , 193 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June, 193 1, to Apr 14, 193 2
I last saw h[illegible] alive on Apr 15, 193 2; death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	

Other contributory causes of importance: Pneumonia-R Pleurisy

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Stoker M. D.
(Address) Preston Idaho

RECEIVED MAY 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79052

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Viney

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Amelia Viney

6. DATE OF BIRTH (month, day, and year): May 6 1857

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	II	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None at present
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Wm. Viney
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Sarah Hawkins
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs. Amwlia Viney, Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Preston Date: Apr. 15, 1932

19. UNDERTAKER: M. W. Hendricks
(Address): Preston Idaho

20. FILED May 8, 1932 G. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 193

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1932, to April 13, 1932
I last saw him alive on April 13, 1932, death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1920.
Arterio-Sclerosis	1920.

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orson L. Damon, M. D.
(Address) .....

RECEIVED MAY 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 79053

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Earl Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Julius Johnson

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Marian Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Julius Johnson Winder Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Idaho Date Apr. 13 1932

19. UNDERTAKER M.W. Hendricks
(Address) Preston

20. FILED May 8, 1932 G. W. Stoker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1932, to Apr 10, 1932
I last saw him alive on Apr 10, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Apr. 7th

Other contributory causes of importance:
Perforated Appendix.
Appendicitis Operation

Name of operation Appendectomy Date of Apr 7
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1932
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Calvin Dooley, M. D.
(Address) Preston, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79054

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Margaroka Kiyohara

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Japanese
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 10 1878

7. AGE: Years 53 | Months 9 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMENT (Address) Harry T. Teshiogi Salt Lake City Utah

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake Utah Date April 11 1932

19. UNDERTAKER (Address) [illegible] Preston Idaho

20. FILED May 8, 1932 G. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932 to April 10, 1932
I last saw him alive on April 10, 1932 death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhage from Septic Ulcer	April 9, 1932

Other contributory causes of importance:

Septic Ulcer	1927

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Orvid R. Cutler, M.D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 79057

PLACE OF DEATH
County of Franklin
City of Fairview

Registration District No. 27
Primary Registration District No. 2717
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Cole

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Malinda Cole

6. DATE OF BIRTH (month, day, and year): June 26 1856

7. AGE: Years 82 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: John Cole
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Charlotte Jenkins
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): John Cole Fairview Id.

18. BURIAL, CREMATION, OR REMOVAL
Place: Fairview Date: Apr 27, 1932

19. UNDERTAKER: M.W.Hendricks
(Address): Preston Idaho

20. FILED May 8, 1932 G. W. Stater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1932, to 4-23, 1932
I last saw h.. alive on 4-21, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. R. Miller, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 1 1932

PLACE OF DEATH
County of Fremont
City of Egin, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79058

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161-a

2. FULL NAME Maxine Keele

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days | If LESS than ~~1 day~~, 6½ hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Egin, Idaho.

FATHER
13. NAME Roy Killian Keele
14. BIRTHPLACE (city or town) (State or country) Payson Utah

MOTHER
15. MAIDEN NAME Elnora Millie Winegar
16. BIRTHPLACE (city or town) (State or country) Egin Idaho.

17. INFORMENT (Address) Stephen Winegar Egin Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Parker, Ida. Date Apr. 16, 1932

19. UNDERTAKER (Address) W. M. Hansen St Anthony

20. FILED April 17 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1932, to Apr. 16, 1932
I last saw her alive on Apr. 15, 1932; death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) P. M. Kelly M.D.
(Address) St. Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 9 7

Primary Registration District No. 9177

DO NOT WRITE IN THIS SPACE
State File No. 79059

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1932 1923

2. FULL NAME Harold Helgeson

(a) Residence. No. Logan, Utah St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Gudrun Helgeson

6. DATE OF BIRTH (month, day, and year) Feb. 6th, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bergn Norway

FATHER

13. NAME John Helgeson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Oline Johansen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. Gudrun Helgeson Logan, Utah

18. BURIAL, CREMATION, OR REMOVAL
Place Logan, Utah Date Apr. 30, 1932

19. UNDERTAKER M. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED April 27 1932 Sara L. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 26 1932

22. I HEREBY CERTIFY, That I attended deceased from on Apr. 25, 1932, to Apr. 26, 1932

I last saw him alive on Apr. 26, 1932; death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound through brain.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Shot by peace officer
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? St. Anthony Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Street

Manner of injury Bullet wound through

Nature of injury brain.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. A. Ellerson, M. D.

(Address) St. Anthony Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79060

Registration District No. 91
Primary Registration District No. 2177
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1216

2. FULL NAME Fred August Selle

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~XXXXXX~~ Ruth Selle

6. DATE OF BIRTH (month, day, and year) Jan. 14th, 1888

7. AGE: Years 44 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bird Island Mo.

FATHER
13. NAME William Selle
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Fred Selle St. Anthony, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Riverview Date May 5, 1932

19. UNDERTAKER (Address) N. H. Dansen St. Anthony, Idaho.

20. FILED May 7th, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 - , 1932, to May 1st, 1932

I last saw him alive on May 1st, 1932: death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	

Other contributory causes of importance:
Acute Endocarditis
Carbon Monoxide poisoning

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury May 1, -1932, 193

Where did injury occur? St. Anthony, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Monoxide poisoning from Garage.

Nature of injury Garage Employee

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. M. Kelly, M. D.
(Address) St. Anthony, Idaho.

MAY 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79061

PLACE OF DEATH

County of Fremont

City of St. Anthony, Idaho. Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Wilmer C. Green

(a) Residence. No. Pocatello, Idaho. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of [redacted] Emma Green

6. DATE OF BIRTH (month, day, and year) May 31st, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Willard Green

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Rasamond Farnum

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Austin Green St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rivermiew Date Apr 13 1932

19. UNDERTAKER W. M. Hansen (Address) St. Anthony Idah.

20. FILED April 18 1932 Sarah Wisak Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from On Apr 9, 1932, to , 193

I last saw h[redacted] alive on , 193 : death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death caused not definitely determined: Probably Coronary embolism.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. E. Allison, M. D.

(Address) St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79062

PLACE OF DEATH
County of Fremont
City of East Walford

Registration District No. 99
Primary Registration District No. 9199
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ben Peterson

(a) Residence. No. R.F.D. 2 St. St. Anthony
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Petra Mured,

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	364	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Lewis Peterson

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Ida Date April 12, 1932

19. UNDERTAKER (Address) Idaho Falls Idaho

20. FILED April 12, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from On Apr. 11, 1932 to , 193
I last saw h alive on Apr. 11, 1932: death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis Peterson, M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremon

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 9197

DO NOT WRITE IN THIS SPACE

State File No. 79063

Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Powell

(a) Residence. No. St. Anthony, Idaho. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of John Powell

6. DATE OF BIRTH (month, day, and year) Sept. 27-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Swanwich Drbyshire England

FATHER

13. NAME John Rawson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Chantry

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) William Rawson St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date Apr. 22, 1932

19. UNDERTAKER (Address) F. M. Hansen St. Anthony Idaho

20. FILED April 18 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1930, to April 11, 1932

I last saw her alive on April 2, 1932; death is said to have occurred on the date stated above, at 7 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1931

Other contributory causes of importance

Pleurisy with effusion

Senility.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis A. Rich, M. D.

(Address) Rexburg Idaho

4/12/32

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

MAY 1 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 79064

Local Registrar's No. 17

Registration District No. 99

Primary Registration District No. 2177

1. PLACE OF DEATH

County of Fremont

City of St Anthony

If death occurs away from usual residence, give facts called for under special information.

(No. 4 West St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joseph Jacob Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Dec 30 (Month) (Day) 1860 (Year)

7. AGE: 71 Yrs. 3 Mos. 16 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Butcher
(b) General nature of industry, business or establishment in which employed (or employer): Him, Self.

9. BIRTHPLACE (State or Country): Salt Lake City Utah

10. NAME OF Father: William Samuel Jones

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Davis

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Chas Jones
(Address): St. Anthony

15. Filed April 18 1932 Sarah Funk Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 17 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15 — 1932 to Apr. 17, 1932
that I last saw him alive on Apr. 14th 1932
and that death occurred on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows:

Sarcoma of abdomen

(Duration) ..... yrs. 8 mos. ..... ds.

Contributory (Secondary) General Exaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. W. Kelly M. D.

(Address) St. Anthony, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wilford Cemetery — DATE OF BURIAL: April 19 1932

20. UNDERTAKER: Caldwell & Stamps — ADDRESS: Salt Lake City

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79065

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Willis Smith

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 5 - 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	11	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Canton
(State or country) Ohio

PARENTS

10. NAME OF FATHER Willis Smith
11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Ohio
12. MAIDEN NAME OF MOTHER Polly Downs
13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) New York

14. Informant Mrs A W Marchant
(Address)

15. Filed 5/1, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 30, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
Several years, 19.....
that I last saw h.. alive on Apr 24, 1932
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Nephritis, Chronic
.....
.....
.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) J L Reynolds, M. D.
5/1, 1932 (Address) Emmett

19. Place of Burial, Cremation, or Removal: Emmett Ida — Date of Burial: 5/1 1932

20. Undertaker C W Buckman — Address Emmett Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED APR 30 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79066

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME George J. Burkhard
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Bonnie Burkhard

6. DATE OF BIRTH (month, day and year) June 6 - 1879

7. AGE Years: 52 Months: 10 Days: 20 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Butcher & Stock Man
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10. NAME OF FATHER Wm. J. Burkhard
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Rosie Miller
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Wm J Burkhard

15. Filed 4/28, 1932 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 26 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr - 21, 1932, to to April 26, 1932
that I last saw him alive on Apr 29 —, 1932
and that death occurred, on the date stated above, at 2-30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Septic or Streptococcus Peritonitis

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Appendicitis
..... (duration) ..... yrs. ..... mos. 1 ds.

18. Where was disease contracted if not at place of death? Emmett Ida
Did an operation precede death? yes Date of 4-22-32
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) J L Reynolds, M. D.
4/28, 1932 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal: Emmett Idaho
Date of Burial: 4/29 1932

20. Undertaker: C D Buckneem
Address: Emmett Idaho

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79067

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Flowers 1/6
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Caroline Flowers

6. DATE OF BIRTH (month, day and year) Nov. 30 - 1866

7. AGE Years 65 Months 4 Days 8 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ft. Wayne Indiana

PARENTS
10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) W B Walker Ola Idaho

15. Filed 4/11, 1932 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1932, to April 8, 1932
that I last saw him alive on April 8, 1932
and that death occurred, on the date stated above, at 6 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Peritonitis caused by injury to abdomen.
Injured by being drawn with the reins over the plow handles by team when whiffle trees broke.
(duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) T. A. Benjamin, M. D.
4/11, 1932 (Address) .....

19. Place of Burial, Cremation, or Removal Emmett Idaho
Date of Burial 4/12 1932

20. Undertaker C D Bucknum
Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 6 1932

DO NOT WRITE IN THIS SPACE
State File No. 79068

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ada
City of Emmett Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 15
(No. ..... If death occurred in hospital or institution, give its name instead of street and number.) 118

2. **FULL NAME** Ruth Peterson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
fem	wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 19-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	—	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10. NAME OF FATHER Thomas Peterson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway
12. MAIDEN NAME OF MOTHER Pheline Hanson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Norway

14. Informant A. P. Peterson
(Address) Emmett Idaho

15. Filed 4/19, 1932 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 18 (Month) (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1929, to Apr 18, 1932
that I last saw her alive on Apr 18, 1932
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Obstruction of the bowels due to
volvulus or thrombosis of mesenteric
arteries-a terminal condition
(duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (Secondary) Chronic arthritis
(duration) 3 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) L. M. Cummings, M. D.
4/19, 1932 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: 4/20 1932

20. Undertaker: C. Buckenum — Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79069

PLACE OF DEATH
County of Gooding
City of Windell

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 71 117

(No. Windell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Billy Reed Randell

(a) Residence. No. Eden, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 29-1929

7. AGE	2 Years	6 Months	9 Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eden, Ida.

FATHER

13. NAME Carl H. Randell

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Loena Mae Decker

16. BIRTHPLACE (city or town) (State or country) Ida.

17. INFORMENT (Address) Carl H. Randell

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Ida. Date April 5 1932

19. UNDERTAKER S.C. Phillips,
(Address) Twin Falls, Idaho.

20. FILED 4/9, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 4Th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31st, 1932 to Apr 4th, 1932
I last saw h alive on Apr 3d, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Pyelonephritis	
Gangrenous appendicitis with peritonitis	

Other contributory causes of importance:
none

Name of operation Appendectomy Date of operation Apr. 1st 1932
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Lamb, M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79070

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 181

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rena Caroline La Salle 101b

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John P. La Salle

6. DATE OF BIRTH (month, day, and year): July 22-1878

7. AGE: Years 53, Months 8, Days 20, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 28

12. BIRTHPLACE (city or town) (State or country): Point Pleasant West Va.

FATHER
13. NAME: Markin
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Isabel
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Mrs Aimee Bryan Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Gooding Ida Date 4-12, 193

19. UNDERTAKER (Address): A. E. Thompson Gooding Ida

20. FILED 4-30, 1932 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-10- 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1932, to 4-10-, 1932
I last saw her alive on 4-10-, 1932: death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic coma	
Pneumonia (bronchial)	

Other contributory causes of importance:

Chronic nephritis

Name of operation none Date of -
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J H Cromwell, M. D.
(Address) Gooding Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of .....

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79071

Registration District No. 24

Primary Registration District No. .....

Local Registrar's No. 179

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pleasant B. Butler

(a) Residence. No. Gooding Idaho St. 749
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If ~~married, widowed~~, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah Butler

6. DATE OF BIRTH (month, day, and year) Oct 31-1850

7. AGE: 81 Years; Months: 5; Days: ; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Butler

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Ayers

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) A. H. Butler

18. BURIAL, CREMATION, OR REMOVAL
Place Clover Creek Date Apr 1, 1932

19. UNDERTAKER (Address) A. E. Thompson

20. FILED 4-31-, 1932 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-31 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1932, to 3-31, 1932

I last saw him alive on 3-31, 1932: death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-30-31

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Houston E. Snyder, M. D.

(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 79072

Local Registrar's No. 180

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Trowbridge

(a) Residence. No. 44 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ira A Trowbridge

6. DATE OF BIRTH (month, day, and year) 3/28 - 1868

7. AGE: Years 64 | Months | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 39

12. BIRTHPLACE (city or town) (State or country): Polk Co. Iowa

FATHER
13. NAME: Chas Mc Cloud
14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER
15. MAIDEN NAME: Ellen Day
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMENT (Address): I. A. Trowbridge Gooding Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Gooding Date: 4/5, 1932
19. UNDERTAKER (Address): A E Thompson Gooding Ida.
20. FILED 4/30, 1932 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-2- 1932

22. ~~I HEREBY CERTIFY, That I attended deceased from~~ ....., 193..., to ....., 193...
~~I last saw h... alive on ..., 193..., death is said~~
to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast and stomach	1931

Other contributory causes of importance:

Name of operation: none Date of: -
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) J H Cromwell, M. D.
(Address) Gooding Ida.

RECEIVED MAY 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79073

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 178

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Kephart 164

(a) Residence. No. Gooding - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Margaret Kephart.

6. DATE OF DATH (month, day, and year) 6-22-1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	0	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Commercial traveler
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. grocories
10. Date deceased last worked at this occupation (month and year) 1912
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Venango Co Penn.
(State or country)

FATHER
13. NAME Jacob Kephart.
14. BIRTHPLACE (city or town) Plymouth Ind.
(State or country)

MOTHER
15. MAIDEN NAME Jane O'Neil.
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT E L Stilson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gooding Date 4-29, 1932

19. UNDERTAKER A E Thompson
(Address) Gooding Idaho

20. FILED 4-30, 1932 J W Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-27- 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-15-, 1931, to 4-27-, 1932
I last saw him alive on 4-24-, 1932; death is said to have occurred on the date stated above, at 9:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arterio-sclerosis	
Other contributory causes of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J H Cromwell M. D.
(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79075

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 330

2. FULL NAME Dora Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John N. Jensen

6. DATE OF BIRTH (month, day and year): June 23 - 1860

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Hamburg, Germany

PARENTS

10. NAME OF FATHER: — Miller
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Not - obtainable
12. MAIDEN NAME OF MOTHER: Not - obtainable
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Not - obtainable

14. Informant: John N. Jensen
(Address) Kooskia - Idaho.

15. Filed April 19, 1932 J M Verberkmoes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to April 16, 1932
that I last saw her alive on Sept - 20, 1932
and that death occurred, on the date stated above, at 4:30 p.m.
The CAUSE OF DEATH* was as follows:
Chronic Valvular heart - disease following rheumatism
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J M Verberkmoes, M. D.
April 19, 1932 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kooskia Cemetery
Date of Burial: April 19 1932

20. Undertaker: Geo Tunary
Address: Kooskia - Idaho

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79076

PLACE OF DEATH
County of Jefferson
City of Rokerts

Registration District No. 98
Primary Registration District No. 2174 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

99-a

2. FULL NAME Anna M. McDermott

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lawarence C. McDermott

6. DATE OF BIRTH (month, day, and year) April 1/1835

7. AGE Years 97 Months Days 24 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kildare Ireland

FATHER
13. NAME 1st Name Unknown Mahar
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME 1st Name Unknown Green
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Lawarence H McDermott

18. BURIAL, CREMATION, OR REMOVAL Place Rokerts Date 4/27, 1932

19. UNDERTAKER (Address) Russell R. Flamm Rexburg Idaho

20. FILED Apr. 26, 1932 A. B. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/24 1932

22. I HEREBY CERTIFY, That I attended deceased from For several years, 193.. to ....., 193..
I last saw her alive on 4/21, 1932; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Flu Bronchitis	
General debility	

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Earl Jones, M. D.
(Address) Rokerts Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79077

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Clemetson Sorensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Florence E. Ball

6. DATE OF BIRTH (month, day, and year) Oct 5, 1872

7. AGE: Years 59, Months 6, Days 20; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Carl Sorensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Mary Clemetson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs C C Sorensen

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address) Russel R. Flamm Rexburg, Idaho.

20. FILED Apr 27, 1932 A B Eckersdorf Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/25/32 193

22. I HEREBY CERTIFY, That I attended deceased from On Apr. 24, 1932, to ——, 193..
I last saw him alive on Dec 24, 1932, death is said to have occurred on the date stated above, at 4A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Asthma	

Other contributory causes of importance:

Name of operation None Date of ✓
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) H. A. Anderson, M. D.
(Address) Rigby Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79078

PLACE OF DEATH
County of Jefferson
City of Lewisville
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 20
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Lyle Barnes.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 22 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	8	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tray Girl
(b) General nature of industry, business, or establishment in which employed (or employer): Idaho Falls L.D.S. Hosp.
(c) Name of employer: J. H. Traynor.

9. BIRTHPLACE (city or town) (State or country): Utah.

PARENTS

10. NAME OF FATHER: Oscar Barnes.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Utah.
12. MAIDEN NAME OF MOTHER: Mary Ellen Bennett.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Utah

14. Informant: Wilford Barnes.
(Address): Lewisville, Idaho.

15. Filed Apr. 19, 1932 A B Eckersell. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 17 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931, to Apr. 17, 1932
that I last saw her alive on March 20, 1932
and that death occurred, on the date stated above, at 1:10 P m.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Endocarditis and Myocarditis (Rheumatic)
(duration) P yrs. 5 mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of
Was there an autopsy? —
What test confirmed diagnosis? Clinical
(Signed) W. Ray Hatch, M. D.
Apr. 18, 1932 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewisville, Idaho.	4/19/32 19

20. Undertaker A B Eckersell. Address Ririe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79079

PLACE OF DEATH
County of Fremont
City of Lorenzo R.D.#

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

187

2. FULL NAME Mary Lee Pierce

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 6th 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lorenzo Ida

FATHER

13. NAME Lee Pierce

14. BIRTHPLACE (city or town) (State or country) Lorenzo Ida

MOTHER

15. MAIDEN NAME Mary L. Mitchel

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Lee Pierce Lorenzo Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Butte Date May 7th 1932

19. UNDERTAKER (Address) Lyon & Kelly Undertakers Idaho

20. FILED May 7, 1932 A. B. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1932, to 4-30 1932
I last saw h[illegible] alive on 4-30 1932; death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning accidental	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Same
Where did injury occur? Canal at Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Drowning
Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. H. Lavin, M. D.
(Address) Rigby Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79080

PLACE OF DEATH
County of Jefferson.
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 25

179

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vesta Hope Hardcastle.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 27 1929

7. AGE	Years	Months	Days	If LESS than 1 day,
	2	9	6	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Babe
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lewisville, Idaho.

PARENTS

10. NAME OF FATHER Oren Hardcastle
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Mary Ida Morrisey
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Oren Hardcastle
(Address) Rigby, Idaho. R. #1

15. Filed May 5, 1932 A. B. Eckersell. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 3 1932 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1932, to May 4. 1932
that I last saw her alive on May 4, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

"Accidental Burning Shock"

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Burning building not involved

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) V. R. Hart M. D.
5/5, 1932 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Grant, Idaho.	5/6/32 19

20. Undertaker A. B. Eckersell. Address Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932 66

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79081

PLACE OF DEATH
County of Jefferson
City of Lorenzo RD #1

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 23

(No.).
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Lucy Elizabeth Card Casper.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Duncan A. Casper

6. DATE OF BIRTH (month, day, and year) Feb. 9th 1866

7. AGE Years 66 Months 2 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah ~~Prom Liberty~~

FATHER
13. NAME Charles Card
14. BIRTHPLACE (city or town) (State or country) N. H.

MOTHER
15. MAIDEN NAME Nancy Campbell
16. BIRTHPLACE (city or town) (State or country) N. H.

17. INFORMENT (Address) D. A. Casper Lorenzo RD #1

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Butte Date April 30 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg, Idaho

20. FILED Apr 29 1932 A. B. Echersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/26 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/15/ 1932, to 4/26 1932
I last saw her alive on 4/24 1932 death is said to have occurred on the date stated above, at 6:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis—Brights	
Cardio Renal	

Other contributory causes of importance:

DR

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Earl D. Jones, M. D.
(Address) Roberts Ida

STATE OF IDAHO 93

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79082

PLACE OF DEATH

County of Jerome

City of Eden

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** James Hardy Jenkins

(a) Residence No. Oakley Idaho St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PHYSICIAN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Jenkins

6. DATE OF BIRTH (month, day and year) Sept.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) .....
(State or country) Utah

PARENTS

10. NAME OF FATHER Chas L Jenkins.
11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Scotland
12. MAIDEN NAME OF MOTHER Mary Connover
13. BIRTHPLACE OF MOTHER (city or town) Provo
(State or County) Ut.

14. Informant W. H. Jenkins
(Address) Oakley Idaho

15. Filed May 10 1933. Chas F Zeller. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 16 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 5:10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

.....
.....
.....
.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) ....., M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Oakley Ida.	
20. Undertaker D. E. Johnson	Address Burley.

CORONER REPORT OF DEATH CERTIFICATE.

In the matter of the death of)
James Hardy Jenkins.)

I W.E. Sinclair the duly qualified and acting Coroner of Jerome County , Idaho, do hereby certify thaton the 16th. day of April, 1932, at approximately the hour of 7. o'clock P.M. of said day I was called to a place near Eden, Idaho, being informed that a death had occured at that place .

I immediately and said date and at said time answered said call and on my arrival at the place a sheep camp about 6 miles south and west of Eden, Idaho, I found that James Hardy Jenkins , formerly of Oakley Idaho, died suddenly and that the cause of his death so far I could learn and ascertain was from heart failure, and that said death ~~occurred~~ occured on the 16th. day of April, 1932, at approximately the hour of 5 O'clock P.M. and that he was working at his occupation that of a sheep shearer, The evidence showed that he did not come to his death under any ~~suspicious circumstances~~ suspicious circumstances.

The body was removed by and delivered to D.E. Johnson of Burley, Idaho who is a licensed Undetaker for burial at Oakley Idaho. His former home, and residence.

Witness my hand this 18th. day of April, 1932.

W.E. Sinclair

Subscribed and sworn to before me this 18th. day of April, 1932.

Notary Public for Idaho, residing at Jerome, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of n

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79083

Registration District No. 18

Primary Registration District No. 1 & Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elijah C Moore

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unnified Moore

6. DATE OF BIRTH (month, day, and year) Feb. 14. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Joseph Moore

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Jos Moore Jerome

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Ida Date , 193

19. UNDERTAKER (Address) H. A. L. Berryman Jerome Idaho

20. FILED April 20, 1932 Chas F Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 1930, 193 to April 7, 1932

I last saw him alive on April 6, 1932: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Orthostatical Nephritis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79084

PLACE OF DEATH

County of Jerome Registration District No. 18

City of Jerome Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lowell Dexter Carlton

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Carlton

6. DATE OF BIRTH (month, day and year) July 8 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	6	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer - Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) ..... (State or country) Vermont

PARENTS

10. NAME OF FATHER Dexter Carlton

11. BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Vermont

12. MAIDEN NAME OF MOTHER Caroline Ford

13. BIRTHPLACE OF MOTHER (city or town) ..... (State or County) Vermont

14. Informant Mrs Mabel Holmquist (Address) Jerome Ida

15. Filed Feb 1, 1932 Chas F Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 29, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov., 1931 to Jan. 29, 1932
that I last saw him alive on Jan. 28, 1932
and that death occurred, on the date stated above, at 2:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis
with Uraemia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) Chas. F. Zeller, M. D.
1/30, 1932 (Address) Jerome, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Jerome Cem	Feb 1 1932
20. Undertaker	**Address**
J R Wiley	Jerome Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79085

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

17

2. FULL NAME A L Webster

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 19 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tenn

PARENTS

10. NAME OF FATHER R K Webster
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn
12. MAIDEN NAME OF MOTHER Mary Webster
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Virginia

14. Informant Charlie Webster
(Address) Jerome - Idaho

15. Filed 4/22, 1932 Chas F Zeller, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 21 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932 to April 21, 1932
that I last saw h alive on April 21, 1932
and that death occurred, on the date stated above, at 7:00 P m.
The CAUSE OF DEATH* was as follows:
Malignant Hypertension
Uremia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Chas. F. Zeller, M. D.
4/23, 1932 (Address) Jerome Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Jerome Cem	Apr 24 1932
20. Undertaker	Address
J R Wiley	Jerome - Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79086

Registration District No.

Primary Registration District No. 18

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Oman Moyes

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 31-32

7. AGE Years | Months | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME O E. Moyes

14. BIRTHPLACE (city or town) (State or country) Wyo

MOTHER

15. MAIDEN NAME Sarah Hazel Griffith

16. BIRTHPLACE (city or town) (State or country) Ida

17. INFORMENT (Address) O E. Moyes Jerome

18. BURIAL, CREMATION, OR REMOVAL Place Oakley Date Apr 25, 1932

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED 4/26, 1932 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 24 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932, to April 24, 1932

I last saw him alive on April 24, 1932; death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelous infection	April 17

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome Ida

RECEIVED MAY 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 79087

Local Registrar's No.

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Bishop

(a) Residence. No. Route # 2 St. Jerome Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 20-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER

13. NAME Ray Bishop

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Gladys Holt

16. BIRTHPLACE (city or town) (State or country) South Dakota

17. INFORMENT (Address) Ray Bishop Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem Date 4-22, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED April 21 1932 Chas F Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1932, to Apr 20, 1932

I last saw him alive on Apr 20, 1932; death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Premature birth	
Inanition	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Simonton M.D.

(Address) Wendell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 1 1932

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79088

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Evelyn Evahlyn Morrison Morrison

(a) Residence. No. Gardener St. Jerome, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Earl Morrison

6. DATE OF BIRTH (month, day, and year) June 13-1893

7. AGE Years 39 Months June Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton, Idaho

FATHER
13. NAME Willard Boden
14. BIRTHPLACE (city or town) (State or country) Aberdare South Wales

MOTHER
15. MAIDEN NAME Dizzy Wakeley
16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMENT (Address) John Earl Morrison

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date ....., 193..

19. UNDERTAKER (Address)

20. FILED April 18, 1932 Chas F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 9 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932, to April 9, 1932
I last saw her alive on April 9, 1932; death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows: Flu.

Date of onset April 2nd

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature] M. D.
(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79089

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 14
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____ (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Jackson Walters

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ella Walters

6. DATE OF BIRTH (month, day, and year) July 24

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
66	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Road
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor.
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Ely Walters.
14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMENT Mrs. L. R. Goodrich (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Calpet Cem Date 4-20, 1937

19. UNDERTAKER A. A. Peterson (Address) Jerome Idaho

20. FILED 4/19, 1937 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to 4-17, 1937

I last saw him alive on 4-17, 1937; death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193...

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida.

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79090

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 16
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyman Richard Roberts

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margery Fisher Roberts

6. DATE OF BIRTH (month, day, and year) 6/18/1879

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
52	10.	28.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Welder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME Alfred Roberts
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Lydia Chapman
16. BIRTHPLACE (city or town) (State or country) Ia

17. INFORMENT (Address) Margery Fisher Walters

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date 4/19, 1932

19. UNDERTAKER D. A. L. Berryman (Address) Jerome Idaho

20. FILED 4/19, 1932 C. P. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/16, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932, to April 16, 1932
I last saw him alive on April 16, 1932; death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Nephritis	
Left Kidney	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. P. Zeller, M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79091

PLACE OF DEATH
County of Kootenai
City of Rose Lake

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 31

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John C. Sanders

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 2, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Mr. Sanders

14. BIRTHPLACE (city or town) (State or country) Kentuckey

MOTHER

15. MAIDEN NAME Mrs.

16. BIRTHPLACE (city or town) (State or country) Mrs.

17. INFORMENT (Address) Mrs Sam Jarvis Rose Lake, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER W. B. Thornhill
(Address)

20. FILED May 1, 193 2 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH anderson

21. DATE OF DEATH (month, day, and year) Apr 9 193 2

22. I HEREBY CERTIFY, That I attended deceased from april 5, 193 2, to , 193
I last saw him alive on April 5, 193 2; death is said to have occurred on the date stated above, at 5:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-5-32
Other contributory causes of importance: Essential Hypertension	?

Name of operation / Date of /
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho

RECEIVED MAY 13 1932

PLACE OF DEATH

County of Kootenai

City of C.D.A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79092

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nils Hagensen

(a) Residence. No. Coeur d'Alene Homes St. 88 B Doctor Husted
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 14 - 1847

7. AGE Years 84 Months 5 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) C.D.A. Homes (Records) CdA.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 5-10, 1932

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene

20. FILED 5-10, 1932 N. J. Burgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16, 193.., to May 1, 1932

I last saw him alive on May 1, 1930: death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and myocardial degeneration	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Tests Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) O M Husted, M. D.

(Address) Coeur d'Alene, Id.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 25 1939

DO NOT WRITE IN THIS SPACE

State File No. 79093

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai

City of Athol

Registration District No. 45

Primary Registration District No. .....

Local Registrar's No. 3

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1716

2. **FULL NAME** Samuel H. Watkins

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 34 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna J. Watkins

6. DATE OF BIRTH (month, day and year) March 9-1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	11	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired merchant
(b) General nature of industry, business, or establishment in which employed (or employer) General merchandise
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10. NAME OF FATHER Washington Watkins

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Michigan

12. MAIDEN NAME OF MOTHER Hendricks

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penn

14. Informant Mark O. Watkins
(Address) Cashmere, Wash.

15. Filed Mch 4, 1932 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2-nd 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 14, 1932 to March 2, 1932
that I last saw h... alive on March 2, 1932
and that death occurred, on the date stated above, at 9.02 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute idiopathic Peritonitis

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Epidemic Influenza

(duration) ... yrs. 1½ mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) Frank Manning, M. D.
3/4, 1932 (Address) Rathdrum, Ida.

19. Place of Burial, Cremation, or Removal: Fairmont Cemetery - Spokane — Date of Burial: Mar. 3-5 1932

20. Undertaker: Cassedy Funeral Home — Address: Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79094

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. .....
Local Registrar's No. 21
(No. 165)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Ada Rose Griffen

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Griffin

6. DATE OF BIRTH (month, day and year) April 18 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	9	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Steward
(State or country) Nebraska

PARENTS

10. NAME OF FATHER Theodore Leger
11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) France
12. MAIDEN NAME OF MOTHER Hannah Whitehouse
13. BIRTHPLACE OF MOTHER (city or town) Halifax
(State or County) England

14. Informant Walter Griffin
(Address) Spirit Lake Ida

15. Filed Feb. 15, 1932 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from May 15, 1931, to Feb. 10, 1932
that I last saw h.. alive on Feb. 10, 1932
and that death occurred, on the date stated above, at 2:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
1) Carbolic Acid Poisoning (10%) - self-administered in despondent phase.
2) Manic-Depressive Psychosis - during last year (severe). (duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Manic Psychosis - 12 yrs. ago - was in Nebraska State Hospital). (duration) yrs. mos. ds.

18. Where was disease contracted — if not at place of death? .....
Did an operation precede death? No Date of 8-1-30
Was there an autopsy? No
What test confirmed diagnosis? Analysis
(Signed) John W. Schorr, M. D.
Feb. 13, 1932 (Address) Spirit Lake, Ida.

19. Place of Burial, Cremation, or Removal: Greenwood Cemetery - Spirit Lake — Date of Burial: 2-14 1932
20. Undertaker: Cassidy Funeral Home — Address: Pat Andrews

RECEIVED APR 25 1932

DO NOT WRITE IN THIS SPACE

State File No. 79096

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

Registration District No. 45

Primary Registration District No. .....

(No. .....)

Local Registrar's No. 1

66

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christ Brockman ~~Bockman~~

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Brockman

6. DATE OF BIRTH (month, day and year) April 14 1860

7. AGE Years 71 Months 8 Days 19 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Christ Brockman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Annie Brockman Portland Ore

15. Filed Jan 4, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1932 to Jan. 3, 1932

that I last saw him alive on Jan. 3, 1932

and that death occurred, on the date stated above, at 4:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

1) Acute Alcoholism, possibly poisonous

2) General Senility, probably O.H.D. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

..... (duration) 50 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John W. Schorn M. D.

Jan. 5, 1932 (Address) Spirit Lake, Ida.

19. Place of Burial, Cremation, or Removal Greenwood Cemetery - Spirit Lake

Date of Burial 1-6 1932

20. Undertaker Cassedy Funeral Home

Address Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79097

PLACE OF DEATH
County of Kool
City of Cdl.

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 58
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Nettie Lovitt
(a) Residence. No. 1114 N. 7th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William
6. DATE OF BIRTH (month, day, and year) March 2 - 1869
7. AGE Years 63 Months 2 Days 5 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc at Home.
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME William Warrior
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Ruth Braithwait
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) William Lovitt Coeur d'Alene, Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 5-11, 1932
19. UNDERTAKER (Address) Mooney Mortuary C.D.A.
20. FILED 5/10, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-7 1932
22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to May 7, 1932
I last saw her alive on May 7, 1932: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation Gastro-enterostomy Date of May 1, 1932
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Harold J. Sturges, M. D.
(Address) C.D.A. Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79098

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva A. Cook

(a) Residence. No. 716 - N. 3rd St. 43
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Judson W. Cook.

6. DATE OF BIRTH (month, day, and year) 1861 - 7 - 2

7. AGE Years 70 Months 9 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) George Town Ont. Can.

FATHER
13. NAME Chas. Thayer
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Susan Leavens
16. BIRTHPLACE (city or town) (State or country) ~~N. Y.~~

17. INFORMENT (Address) Jos. Cook

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date 4-16, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida Greenwood Cem.

20. FILED 4-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1931, to April 14, 1932
I last saw her alive on April 5, 1932: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Rectum.

Date of onset

Other contributory causes of importance:

Name of operation Colostomy Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Alexander Barclay, M. D.
(Address) C. d'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79099

PLACE OF DEATH
County of Koot.
City of C.D.A.

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

4

2. FULL NAME George. Rottinghous.

(a) Residence. No. Hayden Lake. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Helen.

6. DATE OF BIRTH (month, day, and year) 2/7/1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1931.

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME Henry.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Jacob Rottinghous. Hayden Lake.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date 4/30/32 193

19. UNDERTAKER Mooney Mortuary.
(Address) C.D.A.

20. FILED 4/29, 1932 H. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/27/32. 193

22. I HEREBY CERTIFY, That I attended deceased from Nov., 193 1, to April 26, 193 2
I last saw h... alive on April 26, 193 2; death is said to have occurred on the date stated above, at 5P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tendulent Fever	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood test Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify Contact with cattle
(Signed) Harold J. Sturgess, M. D.
(Address) C.D.A. Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79100

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 40

(No. Atlas Tie Co.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry C. Deroshia

(a) Residence. No. Parn Drive St. ——— 188-9
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, and year) April 5 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	49	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atlas Tie Co

10. Date deceased last worked at this occupation (month and year) April 25/32

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Cheboygan Michigan

FATHER

13. NAME Chas Deroshia

14. BIRTHPLACE (city or town) (State or country) US

MOTHER

15. MAIDEN NAME ~~Chas~~ - Lena Fisher

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMENT (Address) Frank C. Deroshia Coeur d'Alene

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 4/27, 1932

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene

20. FILED 4/27, 193 R. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/25 1932

22. I HEREBY CERTIFY, That I attended deceased from ———, 193..., to ———, 193...

I last saw h.....alive on ———, 193...; death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Accidentally killed unloading logs (Chest Crushed) Near Atlas Tie Plant

Date of onset

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ....., 193..

Where did injury occur? Hutter (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury unloading logs

Nature of injury Chest Crushed

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) R. B. Mooney ~~M.D.~~ coroner

(Address) Coeur d'Alene Idaho

RECEIVED MAY 13 1932

PLACE OF DEATH

County of Koot

City of C.D.A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79101

Registration District No. 30

Primary Registration District No. 1650

Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maxwell Chadbourne

(a) Residence. No. Carlin Bay St. 182
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 29 – 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carlin Bay

FATHER

13. NAME Fred Chadbourne

14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER

15. MAIDEN NAME Ira Hollingsworth

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Florence Chadbourne

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 5-10, 1932

19. UNDERTAKER (Address) Moore's Mortuary C.D.A.

20. FILED 5/10, 1932 H J Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5 – 8 1932

22. I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193...

I last saw h.....alive on —, 193...: death is said to have occurred on the date stated above, at 2:30 P.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Fell off Dock at Carlin Bay	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] ~~M.D.~~ Coroner

(Address) Coeur d'alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79102

RECEIVED MAY 12 1932

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 6

(No.) 170
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ALTHA O. WOOD

(a) Residence. No. 717 Lakeside Ave, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of L. R.

6. DATE OF BIRTH (month, day, and year) Sept 16 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.H. Ware Co.
10. Date deceased last worked at this occupation (month and year) May 5 1932
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Orlinville Minn.
(State or country) U.S.

FATHER
13. NAME Peter M. Orton
14. BIRTHPLACE (city or town)
(State or country) Minn.

MOTHER
15. MAIDEN NAME Ida E. Van Kleek
16. BIRTHPLACE (city or town)
(State or country) Minn

17. INFORMENT L. R. Wood
(Address) 717 Lakeside C.D.A.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Forest Cemetery Date 5/8/, 1932

19. UNDERTAKER Downey Mortuary
(Address) C.D.A.

20. FILED 5/10, 1932 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at 7 14 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound in Head	
(Suicide)	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury....., 193..
Where did injury occur? Coeur d'Alene
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. B. Downey Coroner, M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79103

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 62

(No.) 131
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyman Elmer Acre Sr.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Sara J. Acre

6. DATE OF BIRTH (month, day, and year) 1853-5-20

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 yr +

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port-Allegahy Penna

FATHER

13. NAME Aaron Acre

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Euphemia Sherwood

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs Chas. Boyer.

18. BURIAL, CREMATION, OR REMOVAL Place CdAlene Ida Date 4-4, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address) CdAlene Ida

20. FILED 4/29, 1932 A. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-31-, 1932, to 3-31-, 1932
I last saw him alive on 3-31-, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3-1-32
Other contributory causes of importance: Cardio-Vascular-Renal disease	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) E. H. Reed, M. D.
(Address) Coeur d'Alene Ida

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79104

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No.

Primary Registration District No. Local Registrar's No. 54

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John A. Schmidt

(a) Residence. No. 1018 "B" STREET St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

13 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sophia

6. DATE OF BIRTH (month, day, and year) 11/30/1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hamburg
(State or country) Germany

FATHER

13. NAME —

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMENT Mrs. Cox
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Forest Cemet, Date 4/16, 1932

19. UNDERTAKER Mooney Mortuary
(Address) C.D.A.

20. FILED 4/29, 1932 N. J. Sturgess
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/14 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932, to April 14, 1932

I last saw he alive on April 14, 1932: death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Anuria following Prostatectomy

Name of operation Prostatectomy Date of 4-12-32

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Harold J. Sturgess, M. D.

(Address) CDA Idaho

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MARGIN RESERVED FOR BINDING

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79105

PLACE OF DEATH
County of Kout
City of Coeur d'Alene

Registration District No.
Primary Registration District No.
Local Registrar's No. 53

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Burt A. Loveless

(a) Residence. No. 901 3rd Street St. 131
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, and year) 1875-2-13

7. AGE Years 57 Months 1 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dentist
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Robert Loveless
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Clara Miller
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Mrs. Hattie Loveless C.D.A.

18. [redacted]L, CREMATION, OR R[redacted] Place Spokane Date 4/14, 1932

19. UNDERTAKER (Address) R. B. Moore C.D.A.

20. FILED 4/29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) APRIL-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1936, to 2/28, 1932
I last saw h alive on 4/8, 1932 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's Disease	1930

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify
(Signed) [illegible], M. D.
(Address) 1027 7th St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO 4
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79106

PLACE OF DEATH

County of Kout
City of C.d.A.
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 60

(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward C. Krueger

(a) Residence. No. Carlin Bay St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Amelia Krueger.
6. DATE OF BIRTH (month, day, and year): Jan 11 - 1873
7. AGE: Years 59 | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 5
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: August —
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Henriette Pehls
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Conrad Krueger Carlin Bay
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Forest Cemetery Date 5/11, 1932
19. UNDERTAKER (Address): Money Mortuary C.d.A.
20. FILED, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-9 1932
22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932, to May 9, 1932
I last saw him alive on May 9, 1932, death is said to have occurred on the date stated above, at 9-45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis,	

Other contributory causes of importance:
Enlarged Prostate causing Urinary Retention

Name of operation: Date of:
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) O.M. Hunted, M. D.
(Address) Coeur d'Alene, Ida.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79107

PLACE OF DEATH
County of Kootenai
City of Post Falls

Registration District No. 20
Primary Registration District No. 103-0
Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Crissie Jane Ringsley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jacob Warner Ringsley

6. DATE OF BIRTH (month, day, and year) 1849-12-18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Geo. N. Newkirk
14. BIRTHPLACE (city or town) (State or country) Port Huron

MOTHER
15. MAIDEN NAME Leah Foster
16. BIRTHPLACE (city or town) (State or country) Port Huron

17. INFORMENT (Address) Mrs Essie M Barnes

18. BURIAL, CREMATION, OR REMOVAL Place Post Falls Ida. Date 4-24, 1932

19. UNDERTAKER Casey Funeral Home (Address) Coeur d'Alene Ida.

20. FILED 4-29, 1932 W. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1932, to Apr 21, 1932

I last saw her alive on Apr 21st, 1932. death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Arteri Sclerosis	

Name of operation Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. L. McCauley, M. D.
(Address) Post Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79108

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1650
Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118-B

2. FULL NAME Ella Wilson
(a) Residence. No. 1225 - Lakeside Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Samuel Wilson

6. DATE OF BIRTH (month, day, and year) 1863-3-27

7. AGE Years 69 Months 1 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan. 9. 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green Co. (State or country) Ind.

FATHER
13. NAME Lyman Rodgers
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Mary Ann Rogers
16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT Mrs Veneva Coigny (Address)

18. BURIAL, CREMATION, OR REMOVAL Place C D Alene Date 5-5, 1932

19. UNDERTAKER Cassedy Funeral Home (Address) C D Alene Ida

20. FILED 4/29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-3 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1931, to May 2, 1932
I last saw her alive on May 2, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	Apr. 28 1932
Other contributory causes of importance: Carcinoma intestine	1930

Name of operation Had operation one year ago. Date of
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John D Wood, M. D.
(Address) Coeur d'Alene Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79109

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101-a

2. FULL NAME Annie Sophie Hinckley

(a) Residence. No. 1112 - 7th. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Henry J. Hinckley

6. DATE OF BIRTH (month, day, and year) 1856-8-19

7. AGE Years 75 Months 7 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) six years
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER
13. NAME Nickolas Wahlberg
14. BIRTHPLACE (city or town) (State or country) Gottenberg Sweden

MOTHER
15. MAIDEN NAME Caroline Bergman
16. BIRTHPLACE (city or town) (State or country) Stockholm Sweden

17. INFORMENT (Address) Albert W. Hinckley 1112-7th St Coeur d'Alene, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane W. Date 4-14, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 4-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-12 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to April 12, 1932
I last saw her alive on April 11, 1932: death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 6 -

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical Examination Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? not. Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) C. M. Husted, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79110

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

94-A

2. FULL NAME Alma E Elder

(a) Residence. No. 7th & Foster St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	—	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of W. ???

6. DATE OF BIRTH (month, day, and year) July 29 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER
13. NAME David W. Ingersoll
14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER
15. MAIDEN NAME Elizabeth Lyon
16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMENT (Address) Paul Elder CdA.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cemetery Forest Date 5/2/, 1932

19. UNDERTAKER Mooney Mortuary CdA.
(Address)

20. FILED 4/29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/28 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to 4/28 , 1932
I last saw her alive on 4/28 , 193 : death is said to have occurred on the date stated above, at 10 00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	4/25/32
Other contributory causes of importance: Chronic Endocarditis with Sclerosis of Coronary Arteries.	

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O M Hustead M. D.
(Address) Coeur d'Alene, Idaho

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79111

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene Ida

Registration District No. 30
Primary Registration District No. 1050
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 47

91-b

2. FULL NAME John Pete Nordwall

(a) Residence. No. ..... St. Elk River Idaho
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 20 - 1872

7. AGE: Years 59, Months 8, Days 9. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Logger
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Potlatch Lumber Co

9. BIRTHPLACE (city or town) (State or country): Sweden

PARENTS

10. NAME OF FATHER: Carl Nordwall
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: not obtainable
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Sweden

14. Informant: Miss Winona Nordlind
(Address) Coeur d'Alene Idaho

15. Filed 4/29, 1932 H. J. Sturges Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December, 1928, to April 29, 1932
that I last saw him alive on April 29, 1932
and that death occurred, on the date stated above, at 1:45 P m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) 5 yrs. or longer. mos. ds.

CONTRIBUTORY (Secondary): Gangrene of left foot.

(duration) yrs. 2 mos. ds.

18. Where was disease contracted if not at place of death? Elk River, Idaho
Did an operation precede death? yes. Date of Nov. 1928
Was there an autopsy? no
What test confirmed diagnosis? Clinical findings -
(Signed) O M Husted, M. D.
April 29, 1932 (Address) Coeur d'Alene Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Spokane Wash
Date of Burial: May 2 1932

20. Undertaker: Turnbull - Meager
Address: Spokane Wa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79112

PLACE OF DEATH
County of Koot.
City of C.D.A.

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 48

(No. Post Falls, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME David Stewart Walker.

(a) Residence. No. Post Falls Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Louise.

6. DATE OF BIRTH (month, day, and year) 9/11/1859

7. AGE Years 72 Months 7 Days 16. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Same.
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Blair Co. Penn.

FATHER
13. NAME John.
14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER
15. MAIDEN NAME Portia Payne.
16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Sarah Louise Walker.

18. BURIAL, CREMATION, OR REMOVAL Place Post Falls Date 4/29/32, 193

19. UNDERTAKER (Address) Mooney Mortuary. C.D.A.

20. FILED 4/29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/27/32. 193

22. I HEREBY CERTIFY, That I attended deceased from Saw him after death 4/27, 1932
I last saw him alive on after death, 193 ; death is said to have occurred on the date stated above, at 2 45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valular Heart Disease	

Other contributory causes of importance:

Acute Indigestion

Name of operation — Date of
What test confirmed diagnosis? Syptoms Was there any topsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) F. L. McCauley, M. D.
(Address) Post Falls, Ida

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79113

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 57

(No. Kootenai County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. M. Lingenfelter

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February--1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	-- 1	--	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cherry Creek Colorado

PARENTS

10. NAME OF FATHER " " " Do not know

11. BIRTHPLACE OF FATHER (city or town) (State or Country) " " "

12. MAIDEN NAME OF MOTHER " " "

13. BIRTHPLACE OF MOTHER (city or town) (State or County) " " "

14. Informant (Address) Brown, Matron Kootenai County Hospital, Rathdrum

15. Filed 4/29, 1932 R. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1931, to March 30, 1932
that I last saw h.... alive on March 30, 1932
and that death occurred, on the date stated above, at 5:20 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank Young, M. D.

3/30, 1932 (Address) Rathdrum, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Pine Grove Cemeter Rathdrum	4-5 19
20. Undertaker	Address
Cassedy Funeral Home	Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79114

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1020
Local Registrar's No. 44

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)
Fronia

2. FULL NAME Esibel McCatee

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of J. J. McCatee

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Roda Bagzell
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Esibel Bagzell
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Minnie Longpre.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date 4-20, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address)

20. FILED 4-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1932 to 4-17, 1932
I last saw h~~is~~ alive on 4-17, 1932; death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. myocarditis & debility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Howard J. Lungren, M. D.
(Address) Coeur d'Alene

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO MAY 13 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79115

PLACE OF DEATH
County of Nez Perce
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 46
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46 15

2. **FULL NAME** Joseph Alexander Deremore

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 29 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Deremore

6. DATE OF BIRTH (month, day and year) March 5, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer-Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Green County Wisconsin

PARENTS

10. NAME OF FATHER Abraham Deremore

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Julia Ann Deal

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penn

14. Informant Walter Deremore
(Address) Rathdrum Idaho

15. Filed 4/29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 9, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 3.30 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
I did not see him until after death.
Two months previous I visited talking to a tenant he was suffering from Chronic Myocarditis and he died suddenly.
(duration) about 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Old age.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Frank Harris, M. D.
Apr. 11, 1932 (Address) Rathdrum, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Pine Grove Cemetery Rathdrum	4-14 1932
20. Undertaker	Address
Cassidy Funeral Home	Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JAN 13 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79116

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Kootenai

City of Rathdrum

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 12

(No. Kootenai County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

8815

2. FULL NAME T. L. DeGraw

(a) Residence. No. ..... St. Harrison, Idaho

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	W	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	--	--	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ---
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Do not know

PARENTS

10. NAME OF FATHER " " "

11. BIRTHPLACE OF FATHER (city or town) (State or Country) " " "

12. MAIDEN NAME OF MOTHER " " "

13. BIRTHPLACE OF MOTHER (city or town) (State or County) " " "

14. Informant Helen Brown, Matron Kootenai County Hospital, Rathdrum, Idaho
(Address)

15. Filed 1/29, 1932 W. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1931, to March 14, 1932
that I last saw him alive on March 13, 1932
and that death occurred, on the date stated above, at 4 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gen'l Arterio Sclerosis

(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Frank Wemyss, M. D.
3/30, 1932 (Address) Rathdrum, Ida

19. Place of Burial, Cremation, or Removal: Pine Grove Cemetery Rathdrum — Date of Burial: 4-5 1932

20. Undertaker: Cassedy Funeral Home — Address: Rathdrum

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79117

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1030 Local Registrar's No. 55

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earnest H. Smith

(a) Residence. No. Mica Flats (Star Route) St. —
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ~~yrs.~~ 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 9/14/1871

7. AGE: Years 60 Months 7 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lowden Iowa

FATHER
13. NAME Henry D. Smith
14. BIRTHPLACE (city or town) (State or country) illinois

MOTHER
15. MAIDEN NAME Amelia Lowmer
16. BIRTHPLACE (city or town) (State or country) illinois

17. INFORMENT (Address) C. H. Smith Spokane Wash

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Date 4/20/1932

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene

20. FILED 4/29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/17 1932

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1931, to April 17, 1932.
I last saw him alive on April 17, 1932: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Not known

Other contributory causes of importance:

Nephritis	Not known

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Coeur d'Alene Idaho

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79118

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH
Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 56
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Orrin Blakley Moon
(a) Residence. No. 1005 Sherman St. 74a
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 31 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day and year) 1858 - 2 - 14

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	20	—

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance & Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minnesota

PARENTS
10. NAME OF FATHER Henry Moon
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. Y.
12. MAIDEN NAME OF MOTHER Mary —
13. BIRTHPLACE OF MOTHER (city or town) (State or County) —

14. Informant (Address) Glen W. Moon Butte Montana

15. Filed 4/29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932, to April 4, 1932
that I last saw him alive on April 4, 1932
and that death occurred, on the date stated above, at 11.00 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus -
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Clinical and Laboratory tests
(Signed) O M Husted, M. D.
4/8, 1932 (Address) Coeur d'Alene Ida.

19. Place of Burial, ~~Cremation, or Removal~~ Forest Cemetery - Cda
Date of Burial April 6 1932

20. Undertaker Mooney Mortuary
Address Cda.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79119

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No.
Primary Registration District No.
(No.)
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Charles J. Waters.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Bertha Waters

6. DATE OF BIRTH (month, day and year) 1866 - 10 - 22

7. AGE	Years	Months	Days	If LESS than 1 day,
	65	5	26	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Red Wing Minn.

PARENTS

10. NAME OF FATHER Thos. Waters
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Ellen Nyland
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14. Informant Charles Waters Jr.
(Address) Harrison Idaho

15. Filed Apr 21, 1932 W. E. Bryant Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 13 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1932, to April 13, 1932
that I last saw him alive on April 13, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemmorhage
(Nervous area)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterio-sclerosis
(duration) 2 yrs. + mos. + ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Symptoms only
(Signed) W. W. Bryant, M. D.
May 7, 1932 (Address) Harrison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Harrison Ida.	4 - 20 1932

20. Undertaker	Address
Cassedy Funeral Home	Harrison

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MAY 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79120

PLACE OF DEATH
County of Latah Registration District No. 64
City of Deary Primary Registration District No. 2144 Local Registrar's No. 164
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Nels Burklund

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 5- 1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	10	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS
10. NAME OF FATHER Lars Bjorklund
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Mary -
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) H. J. Burklund Deary Idaho

15. Filed May 10, 1932 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 30 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 13th 1932, to April 30 1932
that I last saw him alive on April 29. 1932
and that death occurred, on the date stated above, at 10 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:—
Senility
Fractured Arm from falling from horse.
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Fractured arm
(duration) yrs. mos. 16 ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) Chas. A. Meyer M. D.
April 30, 1932 (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Dry creek cem	May 3 1932
20. Undertaker	**Address**
John J. Pickerd	Troy Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79121

PLACE OF DEATH
County of Latah
City of North of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John M. Nirk

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Bertha C. Nirk

6. DATE OF BIRTH (month, day, and year) Dec. 17. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Baxter Iowa

FATHER

13. NAME William Nirk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Couchman

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Bertha C. Nirk Garfield Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Freeze Date Apr. 24, 1932

19. UNDERTAKER D.D. Kimball (Address) Palouse Wash.

20. FILED April 21, 1932 J. M. Thompson. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to April 21, 1932

I last saw him alive on April 21, 1932: death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Injury.	April 21

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/21/1932

Where did injury occur? Latah Co. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home yard.

Manner of injury Wagon wheels ran over him.

Nature of injury Ruptures & Lesion.

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify Farming.

(Signed) F. C. Gibbon, M. D.

(Address) Potlatch

RECEIVED MAY 12 1932

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Latah

City of Potlatch

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 65

Primary Registration District No. 2145

(No. ....., ... St.)

File No. 79124

Registered No. .....

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Blanche Anderson

120

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married (Write the word.)

6. DATE OF BIRTH: April 10 (Month) (Day) 1898 (Year)

7. AGE: 34 yrs. 0 mos. 27 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Garfield, Washington

10. NAME OF FATHER: A.J.McDaniel

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Effie D.McMillian

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr.Ford McDaniel

(Address) Garfield, Washington

15.

Filed May 10th 1932 Dr J.W. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 8 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6th 191.., to May 8th 1932 that I last saw her alive on May 8th 191.., and that death occurred on the date stated above, at 2:15 AM

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of Liver

(Duration) — yrs. — mos. — 21 ds.

Contributory (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. C. Gibson M. D.

19.. (Address) Potlatch Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Garfield, Washington

DATE OF BURIAL: May 9 1932

20. UNDERTAKER: L.L.Bruning

ADDRESS: Colfax, Wash.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED MAY 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79125

PLACE OF DEATH
County of Latah
City of Potlatch (rural)
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME King Emanuel Weaver

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Weaver

6. DATE OF BIRTH (month, day, and year) May 1, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life Time

12. BIRTHPLACE (city or town) (State or country) Clarinda Iowa

FATHER

13. NAME Thomas Weaver

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) A. Mc Farling Princeton, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Date 5/1, 1932

19. UNDERTAKER (Address) H. R. Short Moscow Ida.

20. FILED May 1st, 1932 W. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/29/32 193

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932, to April 29, 1932

I last saw h alive on April 5, 1932: death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4/12/32
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Leitch, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MA

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79126

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.

(No. Potlatch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

101-a

2. FULL NAME John H. Tharp

(a) Residence. No. St. East of Garfield Wash
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ida Tharp

6. DATE OF BIRTH (month, day, and year): May 30. 1865

7. AGE: Years 66 | Months 11 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Owner

10. Date deceased last worked at this occupation (month and year): Oct. 1931

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER

13. NAME: George Tharp

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Elizabeth Harmon

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): L. E. Tharp, Garfield Wash.

18. BURIAL, CREMATION, OR REMOVAL Place: Freeze Date: May 1, 1932

19. UNDERTAKER (Address): D. D. Kimball, Potlouse Wash.

20. FILED: May 12, 1932 Dr J. W. Thompson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at 210A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar. Pneumonia.	April 24

Other contributory causes of importance:

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79127

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Maria Asplund

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 5 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ludwig Asplund

6. DATE OF BIRTH (month, day, and year) Feb. 22. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Olof Lundsten

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) B.W. Asplund Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Ida. Date May 7, 1932

19. UNDERTAKER D.D. Kimball (Address) Palouse Wash.

20. FILED May 4th, 1932. J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10th, 1932, to May 3rd, 1932

I last saw her alive on May 2nd, 1932: death is said to have occurred on the date stated above, at 4.a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas.	1931

Other contributory causes of importance:

Name of operation Biliary drainage Date of April 13th

What test confirmed diagnosis? ✓ Was there an autopsy? N/A

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79128

Registration District No. 63
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Silas Alexander McAllister 49

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ida A. McAllister

6. DATE OF BIRTH (month, day, and year): Feb 22, 1864

7. AGE: 68 Years, Months: 2, Days: 4, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Schoolhouse
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Perchase line Pa

FATHER
13. NAME: James A McAllister
14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER
15. MAIDEN NAME: Elizabeth Garley
16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMENT (Address): Mrs Ida McAllister Kendrick Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Southwick Date: April 11 1932

19. UNDERTAKER (Address): John J Pickerd Troy Ida

20. FILED: Apr 11, 1932 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to April 8, 1932
I last saw him alive on April 1, 1932: death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanocarcinoma	?
Pigmented more on skin of thorax diagnosis confirmed by biopsy of Metastatic module from liver.	

Other contributory causes of importance:

Name of operation: Exploratory lap Date of Apr 26 '32
What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) D A Christensen, M.D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH,
County of Lemhi
City of Patterson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 47
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 79129

Local Registrar's No.

(No. —)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Cora Florence Jones

(a) Residence. No. — St. —
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robt L. Jones

6. DATE OF BIRTH (month, day, and year): Oct 24-1859

7. AGE — Years: 72 — Months: 5 — Days: 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or, town) (State or country): Des Moines, Iowa

FATHER
13. NAME: William Willis
14. BIRTHPLACE (city or town) (State or country): —

MOTHER
15. MAIDEN NAME: Mary Ann Likes
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): Mrs Ethel Coburn Shoup, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Shoup Ida. Date: 4-25, 1932

19. UNDERTAKER: Ame Hacklay
(Address): Salmon, Ida

20. FILED: 5/4, 193 Eric C. Bell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1932, to Apr 20, 1932
I last saw her alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Tuberculosis of Lungs	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. G. Kirtley, M. D.
(Address) Challis Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79130

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ann Boyd McCaleb

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 27-1847

7. AGE: Years 84 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Linn Creek Missouri

FATHER
13. NAME Thomas Vernon
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Ann Boyd
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) H. J. McCaleb Dillon, Mont

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 4/8", 1932

19. UNDERTAKER (Address) Wm C Doebler Salmon Ida

20. FILED 5/7, 1932 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-6" 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1931, to April 6, 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 12:55 A.m.
The principal cause of death and related causes of importance were as follows: Infirmity of old age | Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. S. Wright, M. D.
(Address) Salmon Ida

RECEIVED MAY 10 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79131

PLACE OF DEATH
County of Lemhi
City of Sandy Creek
Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Osborne Olinger 17°

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 4 1899

7. AGE: 33 Years | Months | Days: 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Apr 19 1932
11. Total time (years) spent in this occupation about 15

12. BIRTHPLACE (city or town) (State or country) Urbana Missouri

FATHER
13. NAME Chas. Perry Olinger
14. BIRTHPLACE (city or town) (State or country) Dublin Missouri

MOTHER
15. MAIDEN NAME Minnie Agee
16. BIRTHPLACE (city or town) (State or country) Oronogo Missouri

17. INFORMENT (Address) Charles P. Olinger Salmon Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Salmon Date 4-23", 1932

19. UNDERTAKER (Address) Wm C Doebler Salmon Ida.

20. FILED 5/7, 193 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19" 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows: Gun Shot wound in left side of head Self Inflicted.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Wm C Doebler Coroner, ~~M.D.~~
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 79132

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Elizabeth Ann McDonald

(a) Residence. No. Residence St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of William V. McDonald

6. DATE OF BIRTH (month, day, and year) Sept 28. 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gibbonville (State or country) Idaho.

FATHER

13. NAME Hugh Roberts

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Jane Thomas

16. BIRTHPLACE (city or town) Llanelyan (State or country) Wales

17. INFORMENT (Address) William V. McDonald Salmon Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 4/8", 1932

19. UNDERTAKER Mary C. Bailey (Address) Salmon Ida.

20. FILED 5/7, 1932 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-3- 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932, to April 3, 1932

I last saw her alive on April 3, 1932: death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. S. Wright M. D.

(Address) Salmon, Ida

57

RECEIVED MAY 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79133

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 7/
Primary Registration District No. 2116
Local Registrar's No.

(No. 66 If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward W. Earl

(a) Residence. No. Salmon Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Earl

6. DATE OF BIRTH (month, day, and year): June 18"

7. AGE — Years: 55 | Months: 10 | Days: 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: [illegible]
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Sheep Herder
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kentuckey

FATHER

13. NAME: John Earl
14. BIRTHPLACE (city or town) (State or country): Kentuckey

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMENT (Address): Mrs May Earl Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL
Place 4/30/Salmon Date ....., 1937

19. UNDERTAKER: Wm C Doehler
(Address) Salmon Idaho

20. FILED 5/1, 193 Chas C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Weak heart due from	
Alcoholism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm C Doehler Coroner, M.D.

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED APR 25 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho

If death occurs away from usual residence, give facts called for under special information. 15 miles north

Registration District No. 47

Primary Registration District No.

(No. ..... St.)

File No. 79134

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Bryan Stewart

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Single (Write the word.)

6. DATE OF BIRTH.

..... (Month) ..... (Day) 1 (Year)

7. AGE About 53 Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) unknown

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Nezperce Idaho

15. Filed April 20 1932 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

170

16. DATE OF DEATH Mar 13 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: Suicide blowed his brains out with a 45-60 rifle Mar 13 - 3 A.M.

has (Duration) always Yrs. been mos. a ds.

Contributory (Secondary) little peculiar

..... (Duration ..... yrs. ..... mos. ..... ds.

(Signed) Albert Huff Coroner

..... 19..... (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Nezperce Cemetery

DATE OF BURIAL Mar 21 1932

20. UNDERTAKER Albert Huff

ADDRESS Nezperce Idaho

of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 24654

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED APR 25 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH.

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho

If death occurs away from usual residence, give facts called for under special information. Rout

Registration District No. 47

Primary Registration District No.

(No. ....., ... St.)

File No. 79135

Registered No. 164

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Wm Millage

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word) Married

6. DATE OF BIRTH. Sept (Month) 23 (Day) 1859 (Year)

7. AGE 72 Yrs. 5 Mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... Farming

(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) New York

10. NAME OF FATHER John R Millage

11. BIRTHPLACE OF FATHER (State or Country) N.Y.

12. MAIDEN NAME OF MOTHER Sarah Stephens

13. BIRTHPLACE OF MOTHER (State or Country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Alice Millage

(Address) Nezperce Idaho

15. Filed April 20 1932 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 ✓ 4:00 am

Mar (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1920, to Mar 9, 1932, that I last saw him alive on Jan 26 1932, and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Achylia gastrica

(Duration) 3 Yrs. ..... mos. ..... ds.

Contributory (Secondary) secondary anemia

(Duration 2 yrs. ..... mos. ..... ds.

(Signed) R E Dunlap M. D.

4/1 1932 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence Craigmont

19. PLACE OF BURIAL OR REMOVAL [illegible] DATE OF BURIAL Mar 11 1932

20. UNDERTAKER Albert Huff ADDRESS Nezperce Idaho

SYMS - YORK CO., PTRS. & BORS. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH.

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79136

Registration District No. 16

Primary Registration District No. ____ Local Registrar's No. 8

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Dick

(a) Residence. No. Kellogg Ida St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 17 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) — spent in this occupation ____

12. BIRTHPLACE (city or town) Kellogg (State or country) Shoshone Co.

FATHER

13. NAME Francis Dick

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Myrtle Hunt

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT Francis Dick
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date 4/30, 1932

19. UNDERTAKER —
(Address)

20. FILED 4/30, 1932 J. L. Fuller Registrar.
By A. M. Mahon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/25 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932, to April 25, 1932.

I last saw him alive on April 23 1932; death is said to have occurred on the date stated above, at 7 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Pneumonia	4/22/32

Other contributory causes of importance:

Jaundice	4/24/32
Convulsions	4/24/32

Name of operation none Date of ____

What test confirmed diagnosis? Dr. X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ____

(Signed) T. E. Barnett, M. D.

(Address) ____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79137

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 7

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Margarette F Cody.

(a) Residence. No. Gooding Idaho St. Gooding Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - Wm Cady

6. DATE OF BIRTH (month, day, and year) 6-28-1902

7. AGE Years 29 = 9 - Months 26 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Domingo Barlogi
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Agnes B Hames
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) John Curran Hagerman Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date Apr 24, 1932

19. UNDERTAKER (Address) C E Hickok Shoshone Idaho

20. FILED 4/24, 1932 J L Fuller Registrar.
By A J McMahon
Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/23 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/20 4/20, 1932, to 4/23, 1932
I last saw her alive on 4/23, 1932; death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows: Prisionitis. Date of onset 4/22/32

Other contributory causes of importance: Flu.

Name of operation None. Date of
What test confirmed diagnosis? Dist. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Shoshone Idaho

RECEIVED MAY 17 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79138

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101-9

2. FULL NAME Florence Sarah Bickett

(a) Residence. No. ..... Dietrich Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, ~~widowed, or divorced~~ HUSBAND ~~of~~ ~~(or) WIFE of~~ H B Bickett

6. DATE OF BIRTH (month, day, and year) Sept 3-1903

7. AGE: Years 28 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ferndale Wash.

FATHER
13. NAME Thos. H Edwards
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Carrie Baer
16. BIRTHPLACE (city or town) (State or country) Ills.

17. INFORMENT (Address) H B Bickett

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date April 1, 1932

19. UNDERTAKER (Address) C E Hickok Shoshone Ida

20. FILED 3/[illegible], 1932 J. L. Fuller Registrar.
By A M Mahon, Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/29 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1932, to Mar 29, 1932
I last saw her alive on March 29, 1932: death is said to have occurred on the date stated above, at 6 00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 18-32

Other contributory causes of importance:
Interstitial Nephritis
Hypertension
Fatty Degeneration of Heart

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy Exam Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....
(Signed) T. E. Parrett, M. D.
(Address) Shoshone Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Burmah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79139

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

744

2. FULL NAME Mary Ellen Sorensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: H Sorensen

6. DATE OF BIRTH (month, day, and year): May 5 1865

7. AGE: Years 66 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Brigham City Utah

FATHER
13. NAME: Joseph N Tipptts
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Mary Jeanette Tipptts
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): L T Sorensen

18. BURIAL, CREMATION, OR REMOVAL
Place: Shoshone Date: Apr 25, 1932

19. UNDERTAKER (Address): C E Hickok Shoshone, Ida

20. FILED 4/25, 1932 J. L. Fuller Registrar.
By A M Mahon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 22 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1929, to April 18, 1932.
I last saw her alive on April 18, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1st 1929

Other contributory causes of importance:
Chronic Myocarditis
Arterio-Sclerosis
Hypertension

Name of operation: none Date of .....
What test confirmed diagnosis? Ex Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify F. E. Barrett
(Signed) ....., M. D.
(Address) Shoshone Ida

RECEIVED MAY 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79140

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Maryetta Wilder

(a) Residence. No. Rexburg Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 22, 1837

7. AGE: Years 95 | Months | Days 10 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Lowe
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT Maryetta Wolfe
(Address) Rexburg Idaho

18. ~~BURIAL, CREMATION~~, OR REMOVAL Removal
Place Willis Kansas Date 5/4, 1932

19. UNDERTAKER Russell R. Flamm
(Address) Rexburg, Idaho

20. FILED 5/4, 1932 J. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-3-1932

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932, to May 3, 1932
I last saw her alive on May 2, 1932 death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
inanition	

Other contributory causes of importance: Contusions to back & left hip from a fall April 18-1932

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. injury to hip at home
Manner of injury fell to floor
Nature of injury Contusions to left hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Lorin L. Rich M. D.
(Address) Rexburg Idaho

5/3/32

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 100
Primary Registration District No. 2178
(No. ..... St.)

State File No. 79141
Local Registrar's No. 25

1. PLACE OF DEATH
County of Madison
City of Hubbard
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hanna Fujisawa

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Japanese
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Babe

6. DATE OF BIRTH: 4 (Month) 13 (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many 18 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Hubbard. Idaho

10. NAME OF Father: Tsugumasa Fujisawa

11. BIRTHPLACE OF FATHER (State or Country): Japan

12. MAIDEN NAME OF MOTHER: Umeka Biingo

13. BIRTHPLACE OF MOTHER (State or Country): Japan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Lorin A. Rich
(Address): Rexburg Idaho

15. Filed 4/15 1932 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-13-1932, to 4-13-1932, that I last saw her alive on 4-13 1932, and that death occurred on the date stated above, at 5 AM. M.

The CAUSE OF DEATH* was as follows:
Strangulation from mucous in throat.
Babe strangled while asleep.
(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

4/14 1932 (Signed) Lorin A. Rich M. D.
(Address) Rexburg Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1 days. In the State ..... yrs. ..... mos. 1 ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg Cemetary — DATE OF BURIAL: 4-14-1932

20. UNDERTAKER: None — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79143

PLACE OF DEATH
County of Madison
City of Rexburg,

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Oliver Andrew Anderson
(a) Residence. No. Rexburg, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Louisa Tempest Anderson

6. DATE OF BIRTH (month, day, and year) Sept, 15th 1861

7. AGE Years 70 Months 6 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Olie Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden,

MOTHER
15. MAIDEN NAME Betsy Shinstrom
16. BIRTHPLACE (city or town) (State or country) Sweden,

17. INFORMENT (Address) Mrs Oliver Anderson Rexburg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Idaho Date Apr, 9th, 1932

19. UNDERTAKER (Address) Vern J. Kelley Rexburg, Idaho

20. FILED 4/9, 1932 J Wyoming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932, to April 7, 1932.
I last saw him alive on April 5, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	

Other contributory causes of importance:
dropsy
myocarditis

Name of operation none Date of .....
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
4/8/32 (Signed) Lorin S. Rich, M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79144

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME James Moores Cook

(a) Residence No. Rexburg, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Emily Jane Cook.

6. DATE OF BIRTH (month, day, and year) June 5, 1850

7. AGE Years 81 Months 11 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Cook

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Burndrett

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs James Cook Rexburg Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rexburg Date 4/29, 1932

19. UNDERTAKER Russell R. Flamm (Address) Rexburg Idaho

20. FILED 4/29, 1932 J Ryonny Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 27 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to 4 - 27, 1932

I last saw him alive on 4 - 26, 1932: death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
in auction	11-1-31
from Pyloric obstruction	

Other contributory causes of importance:

Senility

Name of operation none Date of .....

What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Louis L. Rich, M. D.

(Address) Rexburg Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 6 1932

DO NOT WRITE IN THIS SPACE
State File No. 79145

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank E Forman 90

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	1	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) New York

PARENTS

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont Know

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) (State or County) " "

14. Informant Richard W Forman
(Address) Rupert Idaho

15. Filed 4-14, 1932 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to April 13, 1932
that I last saw him alive on April 13, 1932
and that death occurred, on the date stated above, at 10:50 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart.

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) E. H. Elmore, M. D.
4-14, 1932 (Address) Rupert Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Twin Falls	
20. Undertaker W. A. Goodman	Address Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAY 6 1932

DO NOT WRITE IN THIS SPACE
State File No. 79146

PLACE OF DEATH

County of Minidoka
City of Hayburn

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 17

(No. Hayburn, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lynn Edwin Crandall

(a) Residence. No. Hayburn, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 14, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hayburne, Idaho

PARENTS

10. NAME OF FATHER Clyde B. Crandall

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Payson, Utah.

12. MAIDEN NAME OF MOTHER Fern Ravenscraft

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Whitewater Kansas

14. Informant (Address) Clyde Crandall Hayburn, Ida

15. Filed 4-5-1932 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 4th (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

No Physician Called
child found dead in
bed (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) W. A. Goodman Coroner
....., 19..... (Address) Rupert Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Hayburn, Idaho	April 5 1932
20. Undertaker	Address
Payne & Kimball	Burley, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79147

PLACE OF DEATH
County of Minidoka
City of Heyburn

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 325
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. J. Vavra - Beaver 90
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah Vavra-Beaver

6. DATE OF BIRTH (month, day and year) May 14 - 1865

7. AGE Years 67 Months 10 Days 16 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS
10. NAME OF FATHER James Vavra
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bohemia
12. MAIDEN NAME OF MOTHER Anna Hylak
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Bohemia

14. Informant (Address) Sarah Vavra-Beaver Heyburn Idaho

15. Filed May 6, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. (Month) 30 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-28-, 1932 to 3-28-, 1932
that I last saw him alive on 3-28-, 1932
and that death occurred, on the date stated above, at 5:40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Aortic regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Usual
(Signed) Joseph Reinstad, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal Heyburn Ida
Date of Burial 4-1-32, 19

20. Undertaker D. E. Johnson
Address Bunley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79148

PLACE OF DEATH

County of Minidoka
City of Rupert

CERTIFICATE OF DEATH

Registration District No. 19
Primary Registration District No. 2110
(No.) Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

1 6

2. FULL NAME Robert Gashey Osgood

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day and year) March 16 - 1932

7 AGE: Years 0 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rupert Idaho

PARENTS
10 NAME OF FATHER Samuel W Osgood
11 BIRTHPLACE OF FATHER (city or town) (State or country) North Platte Nebr
12 MAIDEN NAME OF MOTHER Maggie Belle Gashey
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Deer Trail Colo

14 Informant Samuel W Osgood
(Address) Paul Idaho

15 Filed 4-29, 1932 E W Elmore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 29 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to April 29, 1932
that I last saw him alive on April 29, 1932
and that death occurred, on the date stated above, at 11 58 a m.
The CAUSE OF DEATH* was as follows:
Icterus neonatorum
(duration) yrs. 1 mos. 11 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E W Elmore M. D.
4-29, 1932 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Twin Falls Ida
Date of Burial: 4-30 1932

20 Undertaker: Kimball & Payne
Address: Burley Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79149

PLACE OF DEATH
County of Mundaho
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
(No.)
Local Registrar's No. 2

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

1619

2. FULL NAME Eldon K. Blacker

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) April 20-1932

7 AGE	Years	Months	Days	If LESS than 1 day, or
	0	0	0	2½ hrs. min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rupert Idaho

PARENTS
10 NAME OF FATHER Thomas LeRoy Blacker
11 BIRTHPLACE OF FATHER (city or town) (State or country) Afton, Wyoming
12 MAIDEN NAME OF MOTHER Myrtle Iva Hendricks
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Marysville, Idaho

14 Informant Thomas LeRoy Blacker
(Address) Rupert, Idaho

15 Filed 5-3 1932 A W Elmore
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 20 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1932, to April 20, 1932
that I last saw him alive on , 19
and that death occurred, on the date stated above, at 4:50 A m.

The CAUSE OF DEATH* was as follows:
Prenatal Intoxication
(mother unable to retain sufficient food for 2 months child lost weight and sufferred convulsions)
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Light weight
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) A W Elmore M. D.
5-3, 1932 (Address) Rupert Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Rupert Cemetery	April 21 1932
20. Undertaker	Address
A W Goodman	Rupert Ida.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED MAY 7 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 96
Primary Registration District No. 1009
File No. 79150
Registered No.

1. PLACE OF DEATH
County of Nez Perce
City of Lewiston Idaho. (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Dale R. Clarke

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: January (Month) 2 (Day) 1875 (Year)

7. AGE: 57 Yrs. Mos. 29 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: U.S. Postal Service
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: Walter S. Clarke

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Ohio.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. L. C. Mattoon
(Address) Uniontown Wn.

15. Filed April 16, 1932
Local Registrar

SYMS-YORK CO. PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

14 9

16. DATE OF DEATH: March (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/30 1932 to 3/30 1932
that I last saw him alive on 3/30 1932
and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage - brought on by excessive vomiting

(Duration) Yrs. mos. 1" ds.
Contributory (Secondary) Probably Intestinal intoxication
(Duration) yrs. mos. ds.

(Signed) Walter C. Berg M. D.
3/30 1932 (Address) Uniontown Wn

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gorbin Cemetary. DATE OF BURIAL: 4/3 1932

20. UNDERTAKER: Vasar. ADDRESS: Lewiston Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE
State File No. 79151

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ferdinand Gobel

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 25years

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Gobel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Frank Buregeman Lewiston Orchards

18. BURIAL, CREMATION, OR REMOVAL Place Normal Hill Date 4/22/32, 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho

20. FILED 4/23, 1932 J. M. Lyle Registrar. By AS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/21/32 193

22. I HEREBY CERTIFY, That I attended deceased from April 16, 193 2 to April 21, 193 2
I last saw him alive on April 20, 193 2 death is said to have occurred on the date stated above, at 7:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy -	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Not injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79152

PLACE OF DEATH

County of Nezperce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 . Local Registrar's No.
(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

24

2. FULL NAME Donald Richard Parsley

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 26, 1926.

7. AGE Years 5 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pullman Wash.

PARENTS

10. NAME OF FATHER Dick Parsley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Forest Ida.
12. MAIDEN NAME OF MOTHER Agnes Kenyon
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Forest Ida.

14. Informant (Address) Dick Parsley Anatone, Wash.

15. Filed April 13, 1932 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 1, 1932, to Apr. 11, 1932
that I last saw him alive on Apr. 11, 1932
and that death occurred, on the date stated above, at 7:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Epidemic Menengitis

(duration) yrs. mos. 41 ds.

CONTRIBUTORY (Secondary) Unknown
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Anatone Wash
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Spinal fluid
(Signed) L B Stockslager, M. D.
4/12/32, 19 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal Clarkston Wash. Date of Burial 4/14 1932

20. Undertaker H. R. Hitchcock Address Clarkston Wn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO RECEIVED MAY 7 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79153

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank E. Schooler

(a) Residence. No. 1426 -10th At St.
(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

101 A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Martha M. Schooler

6. DATE OF BIRTH (month, day, and year) Mar 15 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent

10. Date deceased last worked at this occupation (month and year) April 6 1932

11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) (State or country) Onedia Kansas

FATHER

13. NAME Benjiman H Schooler

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Martha J Turk

16. BIRTHPLACE (city or town) (State or country) Not Obtainable

17. INFORMENT (Address) Harry H. Schooler Genesee Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date 4/19/32 193

19. UNDERTAKER (Address) Vassar Mortuary Inc. Lewiston Idaho

20. FILED 4-18-, 1932 J. M. Lyle By NB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/16/32 193

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to April 16th, 1932

I last saw him alive on April 16 1932; death is said to have occurred on the date stated above, at 6:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 15-32
Pleurisy with Effusion	April 1-32
Coronary Thrombosis	April 15-32

Other contributory causes of importance:

Name of operation Carotid Sympathectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

RECEIVED MAY 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79154

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. 2721 main St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME infant mr Mrs Arvid Norbeck

162

(a) Residence. No. 2721 Main Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Arvid Norbeck

14. BIRTHPLACE (city or town) (State or country) Potlatch Idaho

MOTHER

15. MAIDEN NAME Nora Agnes Trotter

16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMENT (Address) Arvid Norbeck Lewiston Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date 4/27/32 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED 4/29, 1932 J. M. Lyle By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from apr 18, 1932, to apr 27, 1932

I last saw him alive on apr 25, 1932 death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Lack of Vitality
This baby was very weak when born & never

Date of onset

Other contributory causes of importance:

gained satisfactorily

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston Ida.

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79155

CERTIFICATE OF DEATH

Registration District No. 9
Primary Registration District No. 1009
Local Registrar's No.

PLACE OF DEATH
County of Nezperce
City of Lewiston
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Thene Frost

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Chris Frost

6. DATE OF BIRTH (month, day and year): 12/16/1871

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	3	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Espyville, Penn

PARENTS

10. NAME OF FATHER: Smith Mc Grahahan
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Penn
12. MAIDEN NAME OF MOTHER: Amanda Mc Climens
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Penn

14. Informant: Hazel Frost (Address): Clarkston, Wash.

15. Filed Apr. 11, 1932 J. M. Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 7, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6th, 1932, to April 7th, 1932
that I last saw her alive on April 7th, 1932
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute myocarditis

(duration) ....yrs. ....mos. 1 ds.
CONTRIBUTORY (Secondary): Flu
(duration) ....yrs. 1 mos. ....ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Cardinal Symptoms

(Signed) E. L. Whitehead M. D.
4-11, 1932 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Clarkston Wash	4/9/32 19
20. Undertaker: H.R. Merchant	Address: Clarkston W n

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79156

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St. Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME Joseph Archibald Leitch.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29th, 1870.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61.	9.	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Asotin, Washington.

FATHER

13. NAME Michael Leitch.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Mrs. F. Ratliff Nez Perce, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Melrose, Idaho. Date April 12th 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Apr. 12, 1932 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Arpis 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 9 2, 1932, to Apr 10 2, 1932

I last saw him alive on Apr 10 2, 1932: death is said to have occurred on the date stated above, at 5 30 a m.

The principal cause of death and related causes of importance were as follows:

Unable to say whether malignant or not as we were unable to do a post.

Shock

Date of onset

Other contributory causes of importance:

Intestinal obstruction from tumor in ~~Right~~ Left Lower abdomen

Name of operation none Date of

What test confirmed diagnosis? Physical Examination History Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Carssow, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Culdesac Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE

State File No. 79157

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sylvester Mortimore

(a) Residence. No. Curtis Wash. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Kellog

6. DATE OF BIRTH (month, day, and year) Jan. 23 68

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	64	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME William Mortimore

14. BIRTHPLACE (city or town) (State or country) Illenois

MOTHER

15. MAIDEN NAME Kathrine Rhodes

16. BIRTHPLACE (city or town) (State or country) Pensylvania

17. INFORMENT (Address) Mat Mortimore Culdesac Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wn Date 4-4-, 1932

19. UNDERTAKER (Address) Merchant Clarkston Wn.

20. FILED April, 1932 George Gaignard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-22-, 1931, to 4-2-, 1932

I last saw him alive on 3-30, 1932, death is said to have occurred on the date stated above, at 5:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Chronic Parenchamatous Nephritis	1930
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) George Gaignard, M. D.

(Address) Culdesac Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79158

PLACE OF DEATH

County of Nez Perce

City of Arrow Junction Idaho. Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dona Fay Nicademus (Stevens) 10 0 a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian 3/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

FATHER

13. NAME Simon Nicademus

14. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

MOTHER

15. MAIDEN NAME Aggie Spencer

16. BIRTHPLACE (city or town) (State or country) Kooskia Idaho.

17. INFORMENT (Address) Simon Nicademus Lapwai Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lapwai Idaho Date March 15 1932

19. UNDERTAKER Merchant Co. (Address) Clarkston Wash

20. FILED 4/26/32 1932 George Gaumond M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8 —, 1932, to March 11 —, 1932

I last saw her alive on March 11, 1932; death is said to have occurred on the date stated above, at 5:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3-8-32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaumond, M. D.

(Address) Culdesac Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
RECEIVED MAY
State File No. 79159

PLACE OF DEATH

County of Nez Perce
near City of Lapwai Idaho

Registration District No. 128
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Hart

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian 4/4	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Tsar-yah-jo-yi

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Nez Perce Reserve Idaho

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Charlotte Davis Lapwai Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lapwai Idaho Date March, 1932

19. UNDERTAKER (Address) ____

20. FILED 4/26/32 1932 George Gaymard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 —, 1932, to March 18 —, 1932
I last saw him alive on March 18 —, 1932: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2-1-32
Broncho-Pneumonia	2-10-32
Other contributory causes of importance:	
Gangrene of foot	2-25-32

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) George Gaymard, M. D.
(Address) Address Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79160

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No.
Primary Registration District No. Local Registrar's No. 74

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Thomas Tucker.

(a) Residence. No. Weisgerber Block. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 27th, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65.	10.	25.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. R. R. Conductor.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER
13. NAME Sylvester Tucker,
14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER
15. MAIDEN NAME Nancy Taylor,
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Mrs. N. B. Dunstater Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Apr. 27th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1932. to April 22nd, 1932.
I last saw him alive on April 22nd., 1932.; death is said to have occurred on the date stated above, at 11:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	4/2/32.
Other contributory causes of importance:	
Pulmonary oedema.	

Name of operation ---- Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William H. Hart, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79161

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. 1311 16th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank R. Johnson.

(a) Residence. No. 1311 16th, Avenue. ~~XX~~.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 16th, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
51.	6.	3.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. School teacher.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME ---------- Johnson.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Mrs. F. R. Johnson. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Apr. 21st 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 4/22, 1932 J. M. Lyle By NB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to Apr, 1932
I last saw him alive on Apr, 193 : death is said to have occurred on the date stated above, at 6 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fayette
City of Fayette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE
State File No. 79162

Local Registrar's No. 17

5-8a

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christ Henderson.

(a) Residence. No. 1405 - 7th Ave North St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Marie Henderson.

6. DATE OF BIRTH (month, day, and year) July 25 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilster Germany.

FATHER
13. NAME unknown.
14. BIRTHPLACE (city or town) (State or country) germany.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) germany

17. INFORMENT (Address) Marie Hesrrickson Fayette. Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Fayette Idaho Date Apr 17, 1932.
19. UNDERTAKER Glenn C Landon (Address) Fayette Idaho.
20. FILED Apr 17, 1932 J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 13 1932.
22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1931, to Apr. 13, 1932.
I last saw h alive on Apr 13, 1932; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	about Feb 1, 1931

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Blood Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Merrell T. [illegible], M. D.
(Address) Fayette Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79163

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Wm Brown

(a) Residence. No. 103 N. 6th St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Brown

6. DATE OF BIRTH (month, day, and year) Oct 25 1854

7. AGE Years 79 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Joe
(State or country) Missouri

FATHER

13. NAME Wm Brown

14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER

15. MAIDEN NAME Sarah Simpson

16. BIRTHPLACE (city or town)
(State or country) Ill

17. INFORMENT John W Brown
(Address) Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Id Date Apr 28 1932

19. UNDERTAKER Glenn Crandon
(Address) Payette Id

20. FILED May 3, 1932 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1932, to Apr 26, 1932

I last saw him alive on Apr 26, 1932: death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Merrill R. [illegible], M. D.

(Address) Payette Ida

RECEIVED MAY 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79164

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

61

2. FULL NAME Emma J. Lugsby

(a) Residence. No. 1020 1st Ave. South St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb-18-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Lute

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Payette Date May 5, 1932

19. UNDERTAKER C. O. Adkins
(Address) Payette Idaho

20. FILED May 5th, 1932 J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1932, to May 3, 1932

I last saw h alive on May 3, 1932: death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1929
Other contributory causes of importance: Paralytic Stroke	May 1 1932

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. R. Windward M. D.

(Address) Payette, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79165

PLACE OF DEATH
County of PAYETTE.
City of FALK.

Registration District No. 4.
Primary Registration District No. 1008. Local Registrar's No. 21.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wanda Marie Poston

(a) Residence. No. ..... Falk. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	baby

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, and year) May 2, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		32 hours	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ---------

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ---------

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) Falk
(State or country) Idaho.

FATHER

13. NAME Glen L. Poston

14. BIRTHPLACE (city or town) Piliger
(State or country) Minnesota.

MOTHER

15. MAIDEN NAME Katie Williams

16. BIRTHPLACE (city or town) Rexburg, Idaho.
(State or country)

17. INFORMENT Glen Poston
(Address) R.F.D. No. 2, New Plymouth.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett, Idaho Date 5/4/32, 193

19. UNDERTAKER Glen L. Poston (Father)
(Address) New Plymouth, R.F.D. No. 2.

20. FILED May 3, 1932, 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932, 193, to May 3, 1932, 193

I last saw her alive on May 2, 1932 193; death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions of unknown causation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No injury.

Manner of injury None.

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Woodward, M. D.

(Address) Payette, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2141

DO NOT WRITE IN THIS SPACE

State File No. 79166

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John K. Roney

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Roney

6. DATE OF BIRTH (month, day, and year) March 28. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Feb. 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Illinois

FATHER

13. NAME Wm. Roney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Nellie Roney Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Idaho Date May 9, 1932

19. UNDERTAKER D.D. Kimball (Address) Palouse Wash.

20. FILED May 7th, 1932 Dr. J.W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1932, to May 7th, 1932

I last saw him alive on May 7th, 1932: death is said to have occurred on the date stated above, at 1.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	May 6th

Other contributory causes of importance:

Arterio - Sclerosis	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J.W. Thompson, M. D.

(Address) Potlatch Idaho

RECEIVED MAY 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79167

PLACE OF DEATH
County of Ada
City of Grand View

Registration District No. 74
Primary Registration District No. 2151
Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

60a

2. FULL NAME Harriet Elizabeth Baxter

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of W. H. Baxter

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Amisburg
(State or country) Ontario, Canada

FATHER

13. NAME Henry Bryant

14. BIRTHPLACE (city or town) Houghum
(State or country) England

MOTHER

15. MAIDEN NAME Mary Rushton

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT W. H. Baxter
(Address) Grand View, Idaho

18. BURIAL, CREMATION, OR REMOVAL Removal
Place Buhl, Idaho Date May 11, 1932

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Idaho

20. FILED May 11, 1932 W J Eckenbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from May 6th, 1932, to May 9th, 1932
I last saw her alive on May 9th, 1932; death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Simple goiter 30 years ago	
Other contributory causes of importance:	
Age	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Wm. J Eckenbeck, M. D.
(Address) Grand View

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79168

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Pauline S. Muzzy

(a) Residence. No. 357 River St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Frank H. Muzzy

6. DATE OF BIRTH (month, day, and year) April 4 - 1859

7. AGE Years 75 Months Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hebron Minn.

FATHER

13. NAME Arad Gates

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Sarah Bennis

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT (Address) Pearl Stanton

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date April 24 1932

19. UNDERTAKER (Address) Glenn C. Parsons Payette Idaho

20. FILED May 3 1932 J. C. Woodward Registrar

RECEIVED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932, to Apr 22, 1932

I last saw her alive on Apr 22, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, left ovary	

Other contributory causes of importance:

Name of operation Laporotomy Date of Mar 4, 1932

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Merrill R. Fox, M. D.

(Address) Payette Ida

RECEIVED MAY 4 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79169

PLACE OF DEATH

County of Power

City of American Falls

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 11

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Rose

101a

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 24 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mary Rose

6. DATE OF BIRTH (month, day and year) Mar. 7 - 1869

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	1	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ken

PARENTS

10. NAME OF FATHER John Rose

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ken

12. MAIDEN NAME OF MOTHER Perline Fife

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Virginia

14. Informant (Address) .....

15. Filed April 20, 1932 Gunnison Notts Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 8 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-5, 1932, to 4-7, 1932

that I last saw ~~him~~ alive on 4-7, 1932

and that death occurred, on the date stated above, at 1215 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) V G Figan, M. D.

4-9, 1932 (Address) Am Falls

19. Place of Burial, Cremation, or Removal Neeley Ida

Date of Burial Apr 10 1932

20. Undertaker D. E. Johnson

Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79170

Registration District No.

Primary Registration District No. Local Registrar's No. 13

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160a

2. FULL NAME Henry Albert Lee

(a) Residence. No. Roy, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nina Lee

6. DATE OF BIRTH (month, day, and year) Mar. 18, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perry, Mich.

FATHER

13. NAME Henry Lee

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Nagel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Nina Lee

18. BURIAL, CREMATION, OR REMOVAL Place I.O.O.F. Am Falls Date Apr. 20 1932

19. UNDERTAKER (Address) [illegible] Falls, Ida

20. FILED Apr 20, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 15 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1932, to April 18, 1932

I last saw h alive on April 9, 1932: death is said to have occurred on the date stated above, at 1200 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Pneumonia	

Other contributory causes of importance:

Hemiplegia (Cerebral hemorrhage)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V G Logan, M. D.

(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79171

PLACE OF DEATH
County of Power
City of Rockland, Idaho
Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward Hunter

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town a
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Anne Hunter

6. DATE OF BIRTH (month, day, and year) Mar. 22, 1847

7. AGE Years 85 Months 1 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME James Edward Hunter
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Katherine Starky
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J. E. Hunter

18. BURIAL, CREMATION, OR REMOVAL Place Rockland, Idaho Date Apr. 27, 1932

19. UNDERTAKER (Address) H. Davis

20. FILED April 26, 1932 Gunnison Noth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2

22. I HEREBY CERTIFY, That I attended deceased 4-23, 1932, to 4-23
I last saw him alive on 4-23, 1932
to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of im were as follows:
Pulmonary Pneumonia

Other contributory causes of importance:
Laryngeal paralysis

Name of operation Date of
What test confirmed diagnosis? Was there an a

23. If death was due to exter'l causes (violence) fill in also the
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and
Specify whether injury occurred in industry, in home, o place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) V G Logan, M. D.
(Address)

RECEIVED MAY 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79172

PLACE OF DEATH
County of Power
City of American Falls

Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

885

2. FULL NAME Alice Eugenea Sparks
(a) Residence. No. 625 Bannock Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas Sparks

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1853

7. AGE Years 78 Months 6 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dainerfield, Texas

FATHER
13. NAME Cyrus, Coffey
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Mary Anna Gibson
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMENT (Address) Thomas C. Sparks American Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Idaho Date Apr. 14 1932

19. UNDERTAKER (Address) H. L. Davis Am. Falls, Ida.

20. FILED April 14, 1932 Ginevien Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12 4 - 4 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1931, [redacted] to Apr 12, 1932
I last saw her alive on Apr 12, 1932: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929
Carcinoma of the Gall Bladder	Nov 1931

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) M. C. McKinnon, M. D.
(Address) Aberdeen Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79173

PLACE OF DEATH
County of Power
City of American Falls
Registration District No. 29
Primary Registration District No. 2078
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

69

2. FULL NAME Clark Russell Gray

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Gray

6. DATE OF BIRTH (month, day, and year) Aug. 3, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Takamah, Neb.

FATHER
13. NAME James Monroe Gray
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME ~~Frances Cox~~
16. BIRTHPLACE (city or town) (State or country) Walnut, Iowa

17. INFORMENT (Address) Mrs Margaret Gray.
18. BURIAL, CREMATION, OR REMOVAL Place I.O.O.F. Cem. Falls Date April, 18 1932
19. UNDERTAKER (Address)
20. FILED 4-28, 1932 Genevieve Nolt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 16 1932
22. I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to Apr 16, 1932
I last saw him alive on Apr 15, 1932, death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Ailing 3 yrs
	Confined to bed 31 days
	Removed pleural fluid Mch 7 '32

Other contributory causes of importance: Fibrosis & right lung Endocarditis - Mitral

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Schick M.D.
(Address) American Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79174

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 30
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

6 7

2. **FULL NAME** Charles Bollinger
(a) Residence. No. Wallace, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day and year) June 25-1868

7. AGE Years 64 Months 2 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brewer
(b) General nature of industry, business, or establishment in which employed (or employer) Beer Brewing.
(c) Name of employer Wallace Brewing Co.

9. BIRTHPLACE (city or town) (State or country) Germany.

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany.

14. Informant (Address) Otto Dubach Gem Ida.

15. Filed Apr 11, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 4 1932, to Apl 7, 1932
that I last saw him alive on Apl 7, 1932
and that death occurred, on the date stated above, at 5 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetes mellitus
Gangrene of rt leg.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Apl 5-1932
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Max T. Smith M. D.
4-7-32, 19..... (Address) Wallace Ida

19. Place of Burial, Cremation, or Removal Wallace Ida. Date of Burial Apr 11 1932

20. Undertaker J. A. Beer Ward Mid Co. Address Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79175

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 34
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter J Hughes 74 a
(a) Residence. No. Wallace, Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Hughes

6. DATE OF BIRTH (month, day and year) Aug 24-1861

7. AGE Years 70 Months 6 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Lead Mining
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Not Known

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Not Known

14. Informant (Address) Mrs Mary Hughes Wallace Ida

15. Filed Apr 16, 1932 J. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 15 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1931, to April 15, 1932
that I last saw him alive on April 14, 1932
and that death occurred, on the date stated above, at 5 30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ..... yrs. ..... mos. 1 hr ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. years ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) James R Bean, M. D.
4/15/32, 19 (Address)

19. Place of Burial, Cremation, or Removal Wallace Idaho
Date of Burial April 16 1932

20. Undertaker J. A. Bever Ward and Co.
Address Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79177

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 25

(No. 116) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Violet Dobson

(a) Residence. No. 116 Flume Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Ben Dobson

6. DATE OF BIRTH (month, day, and year) Mch 26, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Thorp Montana

FATHER

13. NAME Tom Biddle

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mae Craig

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Joe Dobson Kellogg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date May 2 1932

19. UNDERTAKER (Address) H. B. Thornburg Kellogg, Ida

20. FILED May 1, 1932 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 24 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1932, to April 24, 1932

I last saw her alive on April 24, 1932: death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, pelvic origin	4-21-32
Pneumonitis, bilateral	Do not know

Other contributory causes of importance:

Cholecystitis with Cholelithiasis	4-16-32

Name of operation Laparotomy Date of 4-23-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T Enderson M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7917 S

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 22

(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME John Auld

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 3, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME John Auld

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Agnes Rodman

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) M A Herrick Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date Apr 12, 1932

19. UNDERTAKER W. B. Thornhill
(Address) Kellogg, Ida.

20. FILED May 1, 1932 Mrs. Helen M. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8th, 1932, to Apr 9th, 1932
I last saw him alive on Apr 9th, 1932 death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Old age	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) M. C. Lundeen M. D.
(Address) Kellogg Idaho

RECEIVED MAY 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79179

PLACE OF DEATH
County of Shoshone
City of Kellogg Ida.

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emely Carfa

(a) Residence. No. 101 Bridge Ave St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state) Kellogg Ida

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gust Carfa

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joe Burrell

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Allio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Joe Burrell Spokane Wn

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wn Date ....., 193..

19. UNDERTAKER A B Thornhill
(Address)

20. FILED May 1, 1937 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/19 1937.

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1937, to Apr 19, 1937
I last saw h[illegible] alive on Apr 19, 1937: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart trouble following stillborn born birth. 48 hrs.	dont know.
Mitral regurgitation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. R. Mosser, M. D.
(Address) Kellogg, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79180

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 26

(No. James Alfred)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred James Pengelly. 101a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, ~~Married, Widowed, or Divorced (write the word)~~

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1880 May 4

7. AGE: Years 51 | Months 11 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Strathroy Ontario Canada

FATHER
13. NAME James Pengelly
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Mary Cobbler
16. BIRTHPLACE (city or town) (State or country) Ontario Canada

17. INFORMENT (Address) [illegible] Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date Apr 27, 1932

19. UNDERTAKER (Address) [illegible]

20. FILED May 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1932, to April 25, 1932
I last saw him alive on April 24, 1932: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	4-22-32
Myocardial Insufficiency	4-22-32

Other contributory causes of importance:

Pulmonary Tuberculosis, bilateral secondary to Pneumokoniosis	1930

Name of operation None Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
yes If so, specify Underground miner
(Signed) Harold T. Anderson, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79181

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Shoshone
City of Mullan Road

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 29
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mary Francis Coslin Myklebust
(a) Residence. No. Mullan Road St. Mullan Road
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth? 20 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Martin Myklebust.

6. DATE OF BIRTH (month, day and year) Aug-12-1896.

7. AGE Years 35 Months 6 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER Edward Hutchinson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Mary Tarn
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Martin Myklebust Mullan Idaho

15. Filed Apr 7, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1932 to Apr 5, 1932
that I last saw her alive on Apr 5, 1932
and that death occurred, on the date stated above, at 12:10 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chr. Parenchymatous nephritis with uremia
Chronic myocarditis
..... (duration) ..... yrs. 3 mos. ..... ds.
CONTRIBUTORY (Secondary) Hypertension
unknown (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Laboratory
(Signed) Paul Ellis, M. D.
Apr 8, 1932 (Address) Wallace, Idaho

19. Place of Burial, ~~Cremation~~, or ~~Removal~~ Mullan Idaho
Date of Burial April 7 1932

20. Undertaker J. A. Bauer Ward and Co.
Address Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace
Infirmary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 79182

Local Registrar's No. 32

105

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bert Carver

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	no inf.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 5, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME no inf.

14. BIRTHPLACE (city or town) (State or country) no inf.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) no inf.

17. INFORMENT (Address) Joe Rodgers Wallace, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida. Date , 193

19. UNDERTAKER M. L. Thornhill (Address) Kellogg, Ida.

20. FILED Apr 14, 193 2 C. D. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7, 193 2, to Apr 10, 193 2

I last saw h alive on Apr 9, 193 2: death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James R Beaw, M. D.

(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79183

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 33
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Manfred Tribolet 105

(a) Residence. No. near Wallace, Idaho, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Tribolet

6. DATE OF BIRTH (month, day, and year) June 7 1851

7. AGE Years 80 Months 10 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME not known
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) R. D. Tribolet 807 E Mission Spokane Wn

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Shipped
Place Spokane, Wn. Date Apr 16 1932

19. UNDERTAKER (Address) Bruce G. Marstell Wallace Ida

20. FILED Apr 16, 1932 C. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to April 14, 1932
I last saw him alive on April 13, 1932: death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Asthma

Date of onset

Other contributory causes of importance:
Chronic Bronchitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) James R Brun M.D.
(Address) Wallace, Ida

RECEIVED MAY 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79184

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 28

(No.) Wallace Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis M. Knigsbury

(a) Residence. No. 219 Cypress Ave St. 100a
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of T. A Knigsbury

6. DATE OF BIRTH (month, day, and year) March 7 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware Pennsylvania

FATHER

13. NAME Samuel Bollister

14. BIRTHPLACE (city or town) (State or country) Ithaca New York

MOTHER

15. MAIDEN NAME Mat Kuscon

16. BIRTHPLACE (city or town) (State or country) Ithaca New York

17. INFORMENT (Address) Ray K. Knigsbury Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL Place Delaware Penn. Date April 6, 1932

19. UNDERTAKER (Address) Bruce L. Worstell Wallace Idaho

20. FILED 4-7-, 1932 Registrar. Bertha Stone
Bertha Mowbray

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1932, to Apr 4, 1932
I last saw h[illegible] alive on Apr 4, 1932: death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral broncho-pneumonia	Mar 29-
Other contributory causes of importance: Senility	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul M. Fellis, M. D.
(Address) Wallace, Idaho

RECEIVED MAY 9 1932

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79185

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dennis Chas. Lynch 100 a

(a) Residence. No. Kellogg Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. ~~Single~~, ~~Married~~, ~~Widowed~~, ~~or~~ Divorced (~~write~~ the word)

5a. If ~~married, widowed, or~~ divorced ~~HUSBAND of~~ (or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) May 1-1871

7. AGE Years 60 Months 10 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lockhaven Pa.

FATHER
13. NAME ✓ Jeremiah Lynch
14. BIRTHPLACE (city or town) (State or country) ✓ Ireland

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Mrs Ralph Baily & wife Kellogg Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buffalo N.Y. Date Apr 12, 1932

19. UNDERTAKER (Address) R. L. Hoyt Kellogg Ida

20. FILED Apr 12, 1932 C. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 5th, 1932, to Apr 10th, 1932
I last saw him alive on Apr 10th, 1932: death is said to have occurred on the date stated above, at 1200 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79186

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Ussher Hunter

(a) Residence. No. 8 Market St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4 V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. ~~If married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Hazel Evelyn Hunter

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	Mos		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Shift boss
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining & Concentrating Co. Mill.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME John Hunter
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Hazel Hunter Kellogg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date 4/23/ 193

19. UNDERTAKER (Address) M. C. THORNHILL KELLOGG IDA

20. FILED May 1, 193 Mrs. Helen M. Brady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 193, to April 20, 193
I last saw h~~im~~ alive on April 20, 193: death is said to have occurred on the date stated above, at 8:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection Lower Jaw	3-25-32
Primary cause was extraction of a tooth from the lower jay with subsequent infection and osteomyelitis of the maxilla	
Other contributory causes of importance: Cavernous Sinus Thrombosis	4-16-32

Name of operation Excision Lower Jaw Date of 3-31-32
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Harold T. Anderson, M. D.
(Address) Kellogg, Idaho

RECEIVED MAY 1 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79187

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16 F

2. FULL NAME Moyer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 24, 1932

7. AGE Years | Months | Days | If LESS than 1 day, 3 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

PARENTS

10. NAME OF FATHER William R. Moyer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Huntsville Utah
12. MAIDEN NAME OF MOTHER Minnie Laker
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) St. Charles Idaho

14. Informant
(Address)

15. Filed 5/6, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1932, to Apr. 25, 1932
that I last saw him alive on Apr. 25, 1932
and that death occurred, on the date stated above, at 7 A. m.
The CAUSE OF DEATH* was as follows:
premature (6½ mo)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Foreign Pregnancy with mother (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical.
(Signed) J. M. Davis M. D.
Apr. 25, 1932 (Address) Kimberly Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker | Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932 RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS-

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79188

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 847

(No. County General Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary A Wilson

(a) Residence. No. Route # 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of C S Wilson

6. DATE OF BIRTH (month, day, and year) May 27 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Ohio

FATHER
13. NAME Thomas Adams
14. BIRTHPLACE (city or town) (State or country) Cambridge Ohio.

MOTHER
15. MAIDEN NAME Mary A Beal
16. BIRTHPLACE (city or town) (State or country) Cambridge Ohio.

17. INFORMENT (Address) C S Wilson Route # 3

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Cem. Date 4-23, 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho

20. FILED 4/23, 1932 Elizabeth L. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16th, 1932, to April 21, 1932
I last saw her alive on April 21, 1932: death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis acute (uremia)	about 7 to 10 days

Other contributory causes of importance:

Pneumonia Hypostatic Bilateral.	2 days

Name of operation No Date of ✓
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193.
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Duncan C Alexander, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 13 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79189

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 87
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel C. Longenberger

(a) Residence. No. Hagelton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma Longenberger

6. DATE OF BIRTH (month, day, and year) Feb 5 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant General Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mainville Pa.

FATHER
13. NAME William Longenberger
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Esther Muss
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Mrs. Henry Belmont Hagelton Ida
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 4/25, 1932
19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Ida.
20. FILED 4/23, 1932 Elizabeth J. Smith Registrar. acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 22 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to ....., 1932
I last saw b~~e~~alive on 4-22, 1932 death is said to have occurred on the date stated above, at 7.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	4-18-32
followed by Fecal	4-20-32
Pneumonia with	
Cardiac failure	

Other contributory causes of importance:

Name of operation Appendectomy Date of 4-18-32
What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1932
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) L Hopper, M. D.
(Address) Hagelton Ida

RECEIVED MAY 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79190

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 89

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101-V

2. FULL NAME Sarah Brennan

(a) Residence. No. 277 Van Buren St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27-1920

7. AGE Years 11 Months 10 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Girl
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lapoint, Utah

FATHER
13. NAME Frank Brennan
14. BIRTHPLACE (city or town) (State or country) Backtville Texas

MOTHER
15. MAIDEN NAME Clella Burns
16. BIRTHPLACE (city or town) (State or country) Pima Arizona

17. INFORMENT (Address) Frank Brennan

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place E Salt Lake City Date 4/29 1932

19. UNDERTAKER (Address) Evans & Johnson By L. Johnson Twin Falls Ida.

20. FILED 4/29, 1932 Elizabeth J. Smith Registrar. acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1932, to Apr 27, 1932
I last saw her alive on Apr 27, 1932: death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Fulminating type)	

Other contributory causes of importance:

none

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. E. Langenwalter, M. D.
(Address) Twin Falls Ida.

RECEIVED MAY 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79191

PLACE OF DEATH
County of Twin Falls
City of Buhl Ida

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 749
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm F. Ramsey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) April 11-1869

7. AGE 63 Years — Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Thresherman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rosehill, Va

FATHER
13. NAME ~~Unkn~~ Ed Ramsey
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) L. B. Orrell Buhl Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 4/18, 1932

19. UNDERTAKER (Address) Evans & Johnson E. Schmidt

20. FILED Apr. 22, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 11 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 4/10, 1932, to 4/11, 1932

I last saw him alive on 4/11, 1932: death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/10/32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79192

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME John J Rugg.
(a) Residence. No. B St. Buhl Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 16 - 1872

7. AGE Years 59 Months 10 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hardware Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Austin Minn

PARENTS
10. NAME OF FATHER John D. Rugg.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) NY
12. MAIDEN NAME OF MOTHER Barbara Jo Jackson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) NY

14. Informant Newell D Rugg
(Address) Buhl Idaho

15. Filed Apr. 18, 1932 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 - 12 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1930, to 4-12, 1932
that I last saw him alive on 4-12, 1932
and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:
Acute dilatation of heart
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Cardio-Vas-Renal Disease (duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Geo Jennings, M. D.
4-15, 1932 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery
Date of Burial 4/13 1932
20. Undertaker J. E. Schmidt
Address Buhl Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79193

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

90

2. FULL NAME Mrs. Mary Worley
(a) Residence. No. Buhl Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leslie Worley

6. DATE OF BIRTH (month, day and year) Feb 15th 1888

7. AGE: Years 44, Months 2, Days 19. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant Leslie Worley
(Address) Buhl Idaho

15. Filed April 28 1932 J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1926, to 24-April, 1932
that I last saw her alive on 23-April, 1932
and that death occurred, ~~on the date stated above~~, at 12:30 a.m.
The CAUSE OF DEATH* was as follows:
Heart failure

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Goitre-pneumonia
..... (duration) 15 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? do not know
Did an operation precede death? No Date of 2
Was there an autopsy? No
What test confirmed diagnosis? Encarged thyroid & heart
(Signed) F. W. MacManus, M. D.
25-Apr-, 1932 (Address) Buhl, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Buhl Cemetery — Date of Burial: 4/26 1932

20. Undertaker: Newell D. Pugg — Address: Buhl Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79194

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

90

2. FULL NAME Cicel Irwin Grant
(a) Residence. No. Buhl Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Sgle

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Apr 15 1883

7. AGE: Years 39, Months —, Days 11; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Radio Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Colfax Wash

PARENTS
10. NAME OF FATHER: Chas Grant
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Kans
12. MAIDEN NAME OF MOTHER: Berdell Morgan
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ore

14. Informant: Mrs Berdell Jones
(Address) Buhl Ida

15. Filed April 28, 1932 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July —, 1932, to 26-April, 1932
that I last saw him alive on 26-April —, 1932
and that death occurred, on the date stated above, at 9 45 a m.
The CAUSE OF DEATH* was as follows:
Nephritis, Ureteritis - cystitis - heart failure
..... (duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) Cystic calculus
..... (duration) 15 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 29-July-'31
Was there an autopsy? No
What test confirmed diagnosis? Removal of stone 1 1/3 #
(Signed) J. W. MacManus, M. D.
27-April, 1932 (Address) Buhl, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Buhl Cemetery — Date of Burial: 4/28 1932

20. Undertaker: Merrill D. Rigg — Address: Buhl Ida

RECEIVED MAY 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79195

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

84

2. FULL NAME Thaddus Horn Watson

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb-17-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mariner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Ill.
(State or country)

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (city or town) ✓
(State or Country)

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (city or town) ✓
(State or Country)

14. Informant H. A. Dewsnap
(Address) Twin Falls Idaho

15. Filed Apr. 18, 1932 J. V. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 28 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased did not from
....., 19....., to ....., 19.....
that I last saw him alive on ....., 19.....
and that death occurred, on the date stated above, at 9:30 P. m.
The CAUSE OF DEATH* was as follows:

Circulatory failure.

(duration) 1 Hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris.

(duration) yrs. 7 mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? History

(Signed) H. A. Dewsnap, M. D.
4/8/32, 19 (Address) Coroner.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Fisher Cemetery	4/4 1932
20. Undertaker	Address
Ewell D. Rugg	Twin Falls Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79196

PLACE OF DEATH
County of Twin Falls
City of Buhl, Ida

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 88

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barney Shriver

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Shriver

6. DATE OF BIRTH (month, day, and year) Sept 11-1842

7. AGE Years 89 — Months 6 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Evan Shriver
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) A. B. Shriver Buhl, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 4/4, 1932

19. UNDERTAKER (Address) Evans & Johnson J. E. Schmidt

20. FILED April 8, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 1 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 - 2 -, 1931, to , 1932
I last saw him alive on 4 - 1 -, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic organic heart disease.	About
Chron. Parenchymatous nephritis.	1930

Other contributory causes of importance:
Arterio-sclerosis

Name of operation None Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo Jennings, M. D.
(Address) Buhl, Ida.

RECEIVED MAY 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79197

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087

Local Registrar's No.

168

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. C. Green

(a) Residence. No. Buhl Ida St. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mabel Green

6. DATE OF BIRTH (month, day and year) Feb 28. 1895

7. AGE Years 37 Months 1 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS
10. NAME OF FATHER P B Green
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Dina Maw
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Oscar Green
(Address) Buhl Idaho

15. Filed April 28, 1932 J. H. Murfley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ , 19 , to , 19 ~~that I~~ last saw him ~~alive~~ on April 26, 1932 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Strangulation with rope.

Suicide (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) F. A. Dwight, M. D.

April 26, 1932 (Address) Coroner of Twin Falls County Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewisville Idaho — Date of Burial 4/29 1932

20. Undertaker Newell D. Rugg — Address Buhl Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79198

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elisabeth Savelberg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph W. Savelberg

6. DATE OF BIRTH (month, day, and year) Mar-19-1859

7. AGE Years 73 Months ✓ Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Welden Holland

FATHER
13. NAME Harry Savelsbergh
14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER
15. MAIDEN NAME Miss Savelsbergh
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) Harry H. Savelberg Buhl Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 4/7, 1932

19. UNDERTAKER (Address) Evans & Johnson E. Schmidt

20. FILED April 6 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932, to April 5, 1932
I last saw her alive on Mar. 31, 1932: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows: Senility

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Murphy, M. D.
(Address) Buhl Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 1 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79199

PLACE OF DEATH
County of Twin Falls
City of Buhl
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 170

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar T. Joa
(a) Residence. No. 213-13 St E St. Buhl Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Divorced
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hilda Joa
6. DATE OF BIRTH (month, day, and year) July 2 - 1897
7. AGE Years 34 Months 9 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stavanger Norway

FATHER
13. NAME Jannes O. Joa
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Ellen Solas
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Theodor Rangen Buhl Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 4-5, 193Y
19. UNDERTAKER (Address) Evans & Johnson Buhl Ida J. F. Schmidt
20. FILED 4-5, 193Y J. T. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 4 193Y
22. I HEREBY CERTIFY, That I attended deceased from April 4, 193Y, to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows: Gun shot wound of left breast. Suicide. — Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4-4, 193Y
Where did injury occur? At home South Buhl (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gun shot wound.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. T. Murphy, M. D.
(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79200

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2067

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

169

2. FULL NAME Frank Wightman

(a) Residence. No. Buhl Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Sgle

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Not Known 1887

7. AGE Years 45 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mich

PARENTS

10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant A C Parker
(Address) Buhl Ida

15. Filed April 30, 1932 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 (Month) – 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓, 19, to ✓, 19
that I last saw him alive on 4 – 17, 1932
and that death occurred, on the date stated above, at 11.55 P.m.
The CAUSE OF DEATH* was as follows:
Drowning.
Suicide. No evidence of external violence
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? yes.
What test confirmed diagnosis?
(Signed) T. A. Dwight, M. D.
4-27, 1932 (Address) Filer, Ida Coroner, Twin Falls Co.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery — Date of Burial 4/28 1932

20. Undertaker Newell D. Rugg — Address Buhl Ida

RECEIVED MAY 1 3 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79201

PLACE OF DEATH

County of Twin Falls,
City of Twin Falls, Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 90
(No. 436--3Rd. Ave East, Twin Falls, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number.)

101-A

2. FULL NAME Mrs Missouri Frazier,

(a) Residence. No. 436--3Rd. Ave, East, Twin Falls, Ida.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec.23--1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
88		4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri.

PARENTS

10. NAME OF FATHER Thomas J. Swezea

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virg.

12. MAIDEN NAME OF MOTHER Mary Swezea.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Missouri

14. Informant (Address) Mrs. Wm. Wiseman 436-3Rd ave East Twin Falls, Ida.

15. Filed 5/4, 1932 Elizabeth L. Smith Registrar.
by act.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 30Th. (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24th 32, to Apr. 30th, 1932, that I last saw h[illegible] alive on Apr. 28, 1932, and that death occurred, on the date stated above, at 5.30p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senile decay

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John H. Carpenter M. D.

5. 2 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal: Walla Walla, Wash. Date of Burial: 19

20. Undertaker: S.C. Phillips, Twin Falls, Ida. Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79202

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 82

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs Amelia Batley

(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Batley

6. DATE OF BIRTH (month, day and year) May 17 /

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER Vennerstrom
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Ann Bragg
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wisconsin

14. Informant Geo. Batley
(Address) Twin Falls

15. Filed 4/19, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 17 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Feb. 1932, to 4/10 1932
that I last saw h. alive on 4/10 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows: Senile Dementia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. D. Moore M. D.
4/17, 1932 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Apr 19 1932

20. Undertaker F. E. Drake Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79204

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 83

2. FULL NAME Ruby Isabelle Boyd Hazel
(a) Residence. No. Twin Falls Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 16 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lewis V. Hazel

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 22 | Months 4 | Days 22 | If LESS than 1 day, 10 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Garland Utah

PARENTS
10. NAME OF FATHER: Harry Boyd
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Kansas City
12. MAIDEN NAME OF MOTHER: Minnie Eckley
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Jasper Co. Towa

14. Informant: Lewis V Hazel
(Address) Twin Falls

15. Filed 4/21, 1932 Elizabeth J. Smith Registrar ACT

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 9th, 1932, to Apr 17th, 1932
that I last saw her alive on Apr 17th, 1932
and that death occurred, on the date stated above, at 10 a m.
The CAUSE OF DEATH* was as follows:
acute myocarditis and acute nephritis
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary): Influenza
(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H E Lamb M. D.
Apr 20th, 1932. (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls | Date of Burial: Apr 21 1932

20. Undertaker: F. E. Proke | Address: Twin Falls

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79205

PLACE OF DEATH
County of Twin Falls
City of " "

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 84
(No. County General Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18

2. FULL NAME William Lutz
(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ✓?
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ?
6. DATE OF BIRTH (month, day, and year) ?
7. AGE Years: 60? Months: Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Hospital Records
18. BURIAL, CREMATION, OR REMOVAL Place Filer Cem Date 4-22, 1932
19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho
20. FILED 4/22, 1932 Elizabeth J. Smith Registrar. act

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-20 1932
22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1932, to 4/20, 1932
I last saw him alive on 4/19, 1932: death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Tick Fever.	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. D. Weaver, M. D.
(Address) Twin Falls Idaho

N. B. E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79206

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,
Registration District No. 37
Primary Registration District No. 2087
Local Registrar's No. 80

(No. County General Hospital,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul S. A. Bickel (Bickel)

(a) Residence. No. 315--2Nd. Ave North, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Bickel

6. DATE OF BIRTH (month, day, and year) Apr. 25Th1861

7. AGE 70 Years 11 Months 20 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Philip Bickel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cathorine Clark

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs Anna Bickel Long Beach Calif.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Apr. 20 1932

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 4/19, 1932 Elizabeth L. Smith Registrar. dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932 to April 15, 1932
I last saw him alive on April 8, 1932 death is said to have occurred on the date stated above, at 9.15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	1926

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. A. Campbell, M.D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79207

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 81

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Kaye

(a) Residence. No. Waverly Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 58 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER
13. NAME: Dave Knaus
14. BIRTHPLACE (city or town) (State or country): Dave Knaus

MOTHER
15. MAIDEN NAME: Dave Knaus
16. BIRTHPLACE (city or town) (State or country): Dave Knaus

17. INFORMENT (Address): Judson Mabbey Bancroft Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~. Place: Twin Falls Cem. Date: 4/19, 1932

19. UNDERTAKER: Evans & Johnson D. J. Johnson
(Address): Twin Falls Ida.

20. FILED 4/22, 1932 Elizabeth L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 15 1932

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ , 193 , to , 193

I last saw him/her on April 15, 1932: death ~~is said to have~~ occurred on ~~the date stated above~~, April 13-32

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory failure	4-13-32
Other contributory causes of importance:	
Endocarditis, Probably 3 years	

Name of operation: None Date of:
What test confirmed diagnosis: History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) Frank A. Dwelle Jr., M. D.
(Address) Coroner of Twin Falls County.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79208

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
(Sugar Beet factory)

Registration District No. 37
Primary Registration District No. 2085
(No.) Dr Morgan
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 86

88-11

2. FULL NAME — Maria Teressa Morales

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Aug. 9, 1912

7. AGE: Years 19, Months 8, Days 13. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Mexico

PARENTS

10. NAME OF FATHER: Merced Morales
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Mexico
12. MAIDEN NAME OF MOTHER: Juana Herrera
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Mexico

14. Informant: Mrs Beatrice Rozo
(Address) Twin Falls, Idaho

15. Filed 4/25, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. 22 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. , 1932, to April 22, 1932
that I last saw her alive on March, 1932
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:
Circulatory Failure
due to Endocarditis. Mitral Insufficiency
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Infec. Throat & Nose — Tonsilitis, Adenitis, Pharyngitis —
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical exam.
(Signed) Dr John R Morgan, M. D.
April 23, 1932 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls
Date of Burial: Apr 25 1932

20. Undertaker: F. E. Drake
Address: Twin Falls

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79209

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Filer Primary Registration District No. 2086 Local Registrar's No. 69

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Edward Henry Johnson

(a) Residence. No. St. Newton 6-3a
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 1 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10. NAME OF FATHER Gus Johnson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Clapp
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Mrs. J. Johnson
(Address) Filer

15. Filed 4/4 1932 Elizabeth L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 2 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 32 to Apl 1 32
that I last saw him alive on Apl 1 32
and that death occurred, on the date stated above, at 6:30 am

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Streptococcic Bacteremia

1 (duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Flu-? Pyorrhea ?
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? Blood Culture
What test confirmed diagnosis?
(Signed) C. J. Newberry M. D.
Apl 4, 1932 (Address) Filer Idaho

19. Place of Burial, Cremation, or Removal: Filer — Date of Burial: Apr 4 1932

20. Undertaker F. G. Drake — Address Twin Falls

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79210

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 68

(No. 1315 - 9th Ave E.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward A. Daurase

(a) Residence. No. 1315 - 9th Ave E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Daurase
6. DATE OF BIRTH (month, day, and year): Sept 22-1868
7. AGE: Years 63 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Ludwig Daurase
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Anna Natiki
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): C. F. Daurase Twin Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: 3/4 193 2
19. UNDERTAKER (Address): Evans & Johnson D. Johnson Twin Falls
20. FILED 4/4, 193 2 Elizabeth J. Smith Registrar. acc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr 1 193 2
22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 193 1, to Apr 1, 193 2
I last saw h alive on Apr 1, 193 2; death is said to have occurred on the date stated above, at 1:35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of greater curvature of Stomach	about 1-1-31

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. R. Davis, M. D.
(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 13 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79211

County of Twin Falls
City of Twin Falls, Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 70

(No. Twin Falls County Gen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Perry Shields

(a) Residence. No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep Shearer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) County General Hospitat, Twin Falls, Idahop

18. BURIAL, CREMATION, OR REMOVAL
Place Filer Idaho Date Apr. 14 1932

19. UNDERTAKER S.C. Phillips,
(Address) Twin Falls, Ida,

20. FILED 4/12, 1932 Elizabeth L. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 2Nd. 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1932, to Apr. 2, 1932

I last saw him alive on Apr. 1, 1932: death is said to have occurred on the date stated above, at 1 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. J. Weaver M. D.
(Address) Twin Falls, Ida

RECEIVED MAY 13 1932

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79212

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 75

(No. Twin Falls County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Selck

(a) Residence. No. (Usual place of abode) St. Burley Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

74 A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year) ?

7. AGE: Years 77; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address):

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Cemetery Date 4-16, 1932

19. UNDERTAKER White Mortuary Inc, (Address) Twin Falls Ida.

20. FILED 4/16, 1932 Elizabeth J. Smead Registrar.
By A.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-10 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1932, to April 9, 1932

I last saw him alive on April 8, 1932; death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage - cerebral	
Arteria Sclerosis Generalized	

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard D. Simonton M. D.

(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79213

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37 12
Primary Registration District No. 2685 21
Local Registrar's No. 79

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rudolph Walter

(a) Residence. No. Hospital St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 21 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10. NAME OF FATHER Walter
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant W R Walter
(Address) Twin Falls

15. Filed 4/19, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 12th — 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1931, to April 12, 1932
that I last saw him alive on April 12th, 1932
and that death occurred, on the date stated above, at 12 — m.
The CAUSE OF DEATH* was as follows:

(1) Angina Pectoris Recurrent (Coronary Sclerosis)
(duration) 1 yrs. mos. ds.
(2) CONTRIBUTORY (Secondary) Cholecystectomy for Cholecystitis Chronic gangrenous
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of April 7th 32
Was there an autopsy? No
What test confirmed diagnosis? Operation - Lab. and X Ray
(Signed) Duncan H Alexander, M. D.
4-14-32 19 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	April 17 1932
20. Undertaker J E Drake	Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79214

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 73
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100-A

2. FULL NAME Perry Coates

(a) Residence. No. 1 Filer St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 21 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kansas

PARENTS

10. NAME OF FATHER Coates

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kansas

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Mrs. Jensen
(Address) Filer

15. Filed 4/9, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 6 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1932, to April 6, 1932, that I last saw him alive on April 6, 1932, and that death occurred, on the date stated above, at 11:15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.
(duration) 30 Hours ds.

CONTRIBUTORY (Secondary) Ulcer of Stomach.
(duration) 7 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of March 31st
Was there an autopsy? No.
What test confirmed diagnosis? Clinical.

(Signed) H. A. Dwight M. D.
April 7, 1932 (Address) Filer, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Filer Cemetery	1932
20. Undertaker F. E. Dusk	Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 12 1973

SEP 2 1976

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: **(a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework**, or **At home**, and children, not gainfully employed, as **At school** or **At home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum**, etc., **Carcinoma, Carcoma**, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL **septicemia,**" "PUERPERAL **peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated **unknown.**

Registrars should be careful to see that the medical statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

9 #2

RECEIVED MAY 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7921

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 67
(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Anna McKay

(a) Residence. No. Twin Falls Rfd. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hubert McKay

6. DATE OF BIRTH (month, day and year) Oct 9 -

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Albion Idaho

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Mr. Hubert McKay
(Address) Box 1021 Twin Falls Ida

15. Filed 4/4, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1931 to April 1st 1932 that I last saw her alive on April 1st 1932 and that death occurred, on the date stated above, at 2 17 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Embolism - Brain, Base - involving heart center
Operation for Repair. Supra Cervical Hysterectomy. (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocardial dilation
Acute (duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? Yes Date of March 29/32
Was there an autopsy? Yes. Coroner.
What test confirmed diagnosis? Blood Chemistry - abd - autopsy ruling out infection
(Signed) Bureau of Vital Statistics M. D.
April, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cemetery	4-4 1932

20. Undertaker White Mortuary Inc Address Twin Falls Idaho

RECEIVED MAY 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79216

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
(No.) Local Registrar's No. 76

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Berta Shaaf Crist

(a) Residence. No. Hansen Route Twin Falls Co. Hospital
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Crist

6. DATE OF BIRTH (month, day and year) March 15 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	—	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Schaaf
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Mrs Crist
(Address) Hansen Route #1

15. Filed 4/14, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 12 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr-8, 1932, to Apr-12, 1932
that I last saw her alive on Apr-12, 1932
and that death occurred, on the date stated above, at 9:30 A m.
The CAUSE OF DEATH* was as follows:
Intestinal obstruction
from adhesions

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of 4/11-32
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Surgical
(Signed) Jos Rains, M. D.
4-14-, 1932 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Apr 14 1932

20. Undertaker J E Drake — Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAY 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79217

PLACE OF DEATH
County of Twin Falls,
City of Rogerson

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 78

(No. Rogerson, At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert A. Deal

(a) Residence. No. Rogerson, R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 13 July 26.1859

7. AGE 72 Years 8 Months 13 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) No. Carolina

FATHER
13. NAME Alexander Deal
14. BIRTHPLACE (city or town) (State or country) No. Carolina

MOTHER
15. MAIDEN NAME Feba Sezar
16. BIRTHPLACE (city or town) (State or country) No. Carolina

17. INFORMENT (Address) Mrs. Lillie Allen
Rogerson, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls, Ida Date Apr. 11 1932

19. UNDERTAKER (Address) S.C. Phillips,
Twin Falls, Ida.

20. FILED 4/11, 1932 Elizabeth Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 8Th. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1929, to March 18, 1932
I last saw him alive on March 18, 1932: death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1929

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. W. Wilson, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Oregon State Board of Health — Certificate of Death

79219

1. PLACE OF DEATH — State Registered No.
County Union State Oregon Local Registered No. 57
Township Hot Lake Precinct or village Union
City ..... No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its name instead of street number)
Length of residence in city or town where death occurred 1 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Deno

(a) Residence: No. ....., ... St., Caldwell, Idaho.
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Deno

6. DATE OF BIRTH (month, day, and year) 8/14/1865

7. AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	66	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour Packer
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Caldwell Flour Mills
10. Date deceased last worked at this occupation (month and year) 1 yr. 2 mo. 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Franklin City N. Y.

FATHER
13. NAME Paul Deno
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Flovia Prance
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Self.
(Address)

18. BURIAL, CREMATION OR REMOVAL Canyon Hill
Place Caldwell, Ida. Date May 3, 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. Filed 5-10-, 1932 John B. Reeves Registrar
Caldwell-Idaho.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 29 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/1/, 1931 to 4/29, 1932 that I last saw him alive on 4/29, 1932; death ~~is said to have~~ occurred on the date stated above, at 11.09 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Carcinoma prostate with metastases in left hip joint	3/1/31
Contributory causes of importance not related to principal cause: Chronic intestinal paralysis	6 mos

Name of operation Cystotomy, Date of 4/14/32
What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Dyde Lee M. D.
(Address) Hot Lake San
Hot Lake Ore

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED MAY 10 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Valley
City of McCall Idaho.
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. St.)

State File No. 79220
Local Registrar's No.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Anna Geraldine Mc;Murren

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: April 4 1932 (Month) (Day) (Year)

7. AGE: 3 Days Yrs. Mos. ds. 3
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: X
(b) General nature of industry, business or establishment in which employed (or employer): Infant

9. BIRTHPLACE (State or Country): Valley .County .Idaho.

10. NAME OF Father: John W. McMurren

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Bonnie Pearl Peck

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs William Harp
(Address) McCall Idaho.

15. Filed April 12 1932 M. Gardner Ready
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 7 1932 (Month) (Day) (Year) 90

17. I HEREBY CERTIFY, That I attended deceased from April 4 1932 19, to April 7 193 19, that I last saw her alive on April 7 193 19, and that death occurred on the date stated above, at 3a M.

The CAUSE OF DEATH* was as follows:
Cardiac Insuffiency

(Duration) yrs. mos. 3 ds.

Contributory (Secondary): Immature Infant

(Duration) yrs. mos. 3 ds.

(Signed) Dr U. S. Craft M. D.
19 (Address) McCall Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) X
At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: McCall Idaho.
DATE OF BURIAL 19

20. UNDERTAKER
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 10 1932

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79221

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

94a

2. FULL NAME Henry D Evans

(a) Residence. No. Annex Oregon St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice Evins

6. DATE OF BIRTH (month, day, and year) Nov. 2-1866

7. AGE 65 Years | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Daniel Evins
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Lizzie Meyer
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Alice Evins Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mamy Creek Ida Date May 1, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 5-4, 1932 W. R. Hamilton Registrar.

E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 28 - 1932

22. I HEREBY CERTIFY, That I attended deceased from ap 28, 1932, to ap 28, 1932
I last saw him alive on ap 28, 1932; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W D Marshall, M. D.
(Address) Weiser

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1932

Hancher

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79222

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Nixon Beeson 18

(a) Residence. No. Malheur Co. Ore. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Alice Beeson

6. DATE OF BIRTH (month, day, and year) April 26-1864

7. AGE Years 67. Months 11 Days 26 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Harvey Beeson
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Martha E. Parsons
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Ray Beeson Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date Aug 25, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser. Idaho

20. FILED 5-4, 1932 W. R. Hamilton Registrar.
E. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1932, to Apr. 22, 1932
I last saw him alive on Apr. 22, 1932: death is said to have occurred on the date stated above, at 3:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	Apr. 10, 1932

Other contributory causes of importance:
Senile

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
yes If so, specify Rancher & Sheep Man
(Signed) Hyden Hancher, M. D.
(Address) Weiser - Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 20 1932 79223

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79223

1. PLACE OF DEATH
County of Ada
City of
Registration District No. 9
Primary Registration District No. 2004 Local Registrar's No. 40
(No. 18 Miles South East of Boise.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harrison Davis Cosho.

(a) Residence. No. Bristol Hotel. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Maude Cosho.

6. DATE OF BIRTH (month, day, and year) Sept. 29. 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Hotel Proprietor.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrisonville.
(State or country) Ohio.

FATHER
13. NAME Ahija Cosho.
14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER
15. MAIDEN NAME Elizabeth Davis.
16. BIRTHPLACE (city or town)
(State or country) Ohio.

17. INFORMENT
(Address) Mrs. Maude Cosho. Bristol Hotel, Boise, Idaho.
18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Portland Oregon. Date May. 14. 1932.
19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.
20. FILED 5-12, 1932 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1932
22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~
May 11, 1932 to Same, 1932
I ~~last saw him alive on~~, 1932; death is said to have occurred on the date stated above, at 4.45 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental, Shot	
himself in left	
Breast With 12 Gauge	
Other contributory causes of importance:	
Shot Gun	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 11, 1932
Where did injury occur? 18 miles S.W. of Boise
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E. Summers Coroner, M. D.
(Address) Boise, Idaho, Ada County

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79224

PLACE OF DEATH

County of Ida
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

79224
Local Registrar's No. 133

2. FULL NAME George Arnold Adams

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 18 - 1868

7. AGE: 64 Years | Months: 2 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Whitewater Wisconsin

PARENTS

10. NAME OF FATHER Henry Adams
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) " "

14. Informant (Address) Marjorie Sheldrew Emmett Idaho

15. Filed 5-2, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 27th, 1932 to April 30th, 1932
that I last saw him alive on April 29th, 1932
and that death occurred, on the date stated above, at 1 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Peritonitis —
(Was struck by a truck on highway about three days before death.)
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Rupture of bowels from accident
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 4/28/32
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [signature] M. D.
..... 19..... (Address)

19. Place of Burial, Cremation, or Removal: Emmett Idaho
Date of Burial: 5/3 1932

20. Undertaker: C D Bucknum
Address: Emmett Idaho

79225

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
79225
State File No.

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 44

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18

2. FULL NAME MINGER, Earl F.

(a) Residence. No. St. Mayfield, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If maried, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Edith Slatter

6. DATE OF BIRTH (month, day, and year) Jan. 19, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mason City, Iowa

FATHER

13. NAME Adolph P. Minger

14. BIRTHPLACE (city or town) (State or country) Guttenberg, Iowa

MOTHER

15. MAIDEN NAME Eliza Brown

16. BIRTHPLACE (city or town) (State or country) Guttenberg, Iowa

17. INFORMENT (Address) Fern Birch Veterans Administration, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/23/32 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-23, 1932 W. N. Rhodes Registrar. M.W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 193 2

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, 193..., to May 21, 1932, 193...

I last saw him alive on May 20, 1932, 193...: death is said to have occurred on the date stated above, at 3.30am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain spotted fever	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Veterans Administration, M.D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Pittings 79226

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79226

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 143

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Giddis.

(a) Residence. No. 1025. E. Franklin Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Josephene Giddis.

6. DATE OF BIRTH (month, day, and year) Dec. 13.1857.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	4	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Brick Layer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New Jersey.
(State or country)

FATHER

13. NAME Samuel Giddis.

14. BIRTHPLACE (city or town) .....
(State or country) New Jersey.

MOTHER

15. MAIDEN NAME Sallie Stephens.

16. BIRTHPLACE (city or town) New Jersey.
(State or country)

17. INFORMENT Mrs. Josephene Giddis.
(Address) 1025. E. Franklin Street.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Date May. 14.1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-14, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to May 12, 1932

I last saw him alive on May 2, 1932; death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	✓

Other contributory causes of importance:

Exhaustion

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical finding Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Fred A. Pittings, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1932

79227

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79227

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christina Marie Spencer
(a) Residence. No. Tendoy, Idaho . St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James T. Spencer

6. DATE OF BIRTH (month, day, and year) Jan 12th 1874

7. AGE Years 58 Months 3 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Louis
(State or country) Missouri

FATHER
13. NAME John Halla
14. BIRTHPLACE (city or town) Budweiser
(State or country) Bohemia

MOTHER
15. MAIDEN NAME Petroilia Usie
16. BIRTHPLACE (city or town) Budweiser
(State or country) Bohemia

17. INFORMENT Joseph M. Sedvic
(Address) May, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon, Ida Date 5/13/, 1932

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho.

20. FILED 6/6, 1932 Chas C Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/10th 1932.

22. I HEREBY CERTIFY, That I attended deceased from July, 1927, to May 10, 1932
I last saw her alive on May 10, 1932 death is said to have occurred on the date stated above, at 2-P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation about 7 years	

Other contributory causes of importance:
Pulmonary tuberculosis several years

Name of operation Date of
What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Chas F Hausner, M. D.
(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79228 79228

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amy Woodworth Frantz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Chas. A. Frantz

6. DATE OF BIRTH (month, day, and year) nNov 3, 1874

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
57	6	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Big Rapids Mich.

FATHER
13. NAME Richard D. Woodworth
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Ester Reed
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) C.A. Frantz Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193...

19. UNDERTAKER (Address) H. R. Short Moscow Idaho

20. FILED 6/3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/7/32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

I do not know the cause of death- Found her dead when called to see her May 7th 1932 -2:15 P. M.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. L. Tretman, M. D.

(Address) Moscow, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 4 1932

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79229

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Petric

(a) Residence. No. ..... St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mildred Petric

6. DATE OF BIRTH (month, day, and year): Jan 27, 1869

7. AGE: Years 63 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Lead & Silver

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Serbia

FATHER

13. NAME: Adam Petric

14. BIRTHPLACE (city or town) (State or country): Serbia

MOTHER

15. MAIDEN NAME: Price

16. BIRTHPLACE (city or town) (State or country): Serbia

17. INFORMENT (Address): Lubin Petric

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Spokane Wn Date: May 30, 1932

19. UNDERTAKER (Address): H. B. Thornhill

20. FILED: June 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to May 28, 1932

I last saw him alive on May 28, 1932: death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	uncertain

Other contributory causes of importance:

Pneumonoconiosis	uncertain

Name of operation: None Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify: Yes - quartz miner

(Signed) Geo H Kinney, M. D.

(Address) .....

79231

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79231

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 163

(No. 1603 N. 19th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis J. English.

(a) Residence. No. 1603 N. 19th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Violet Reed English

6. DATE OF BIRTH (month, day, and year): May 15-1892

7. AGE: Years 40, Months 0, Days 14. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Restaurant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sundance, Wyo.

FATHER
13. NAME: Unknown.
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Mrs. L. J. English. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Morris Hill Cem. Date: 6/1/32, 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED: June 1, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5/29/32, 193

22. I HEREBY CERTIFY, That I attended deceased from 5-29-, 1932, to 5-29-, 1932
I last saw him ~~alive on~~ not alive 5-29-1932: death is said to have occurred on the date stated above, at 7:25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other contributory causes of importance:
Heart lesion

Name of operation ..... Date of .....
What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) John Bank, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 1932

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79232

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 137

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

8

2. FULL NAME Helen Irene Marker.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Feb. 13-1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. In School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Floyd Marker.

14. BIRTHPLACE (city or town) (State or country) Emmett, Idaho.

MOTHER

15. MAIDEN NAME Elizabeth Johnson.

16. BIRTHPLACE (city or town) (State or country) Eagle, Idaho.

17. INFORMENT (Address) Mrs. Elizabeth Marker. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Star Cemetery. Date 5/9/32, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 5-9, 193 2 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/8/32 193

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to May 8, 1932
I last saw her alive on May 7, 1932 death is said to have occurred on the date stated above, at 6:35 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlett Fever	Apr 9, 1932
Other contributory causes of importance: Nephritis & Coma	

Name of operation None Date of —
What test confirmed diagnosis? Clin only Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. A. Bratton, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79234

PLACE OF DEATH
County of Ada
City of
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 38
(No. 192)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Pickerell.

(a) Residence. No. One Half Mile East of Garfield School.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 7.1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78.	4	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Alfred Rickerell.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT Roy Pickerell.
(Address) 2403. N. 20th Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date May. 8. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-9, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10th, 1932, to May 5th, 1932
I last saw him alive on May 1st, 1932; death is said to have occurred on the date stated above, at 730 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Simply refused food	

Other contributory causes of importance:

Senility and	
Hypertension -	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Burke, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79235

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 147

(No. 2435 Ellis Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

185

2. FULL NAME Ansel Dickinson

(a) Residence. No. 2435 Ellis Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jane Dickinson

6. DATE OF BIRTH (month, day, and year) January 24-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamesville, WIS.

FATHER

13. NAME Enos Dickinson

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Sarah Jehu

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMENT (Address) Mrs. May Kaigler. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/19/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 5-18, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/17/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 17, 1932
I last saw him alive on May 17, 1932; death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Injuries to left side fracturing 10th rib and producing severe shock	May 10, 32

Other contributory causes of importance:

Advanced age	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 10, 1932
Where did injury occur? Boise Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. While painting a house
Manner of injury Fell from Ladder
Nature of injury Fracture 10th left rib & shock

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Painting

(Signed) J. M. Braxton, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUN 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 79236

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 144

(No. 1305 E. Jefferson.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs. Mary F. McSorley

(a) Residence. No. 1305 E. Jefferson. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: William McSorley.

6. DATE OF BIRTH (month, day, and year): Sept. 23-1867

7. AGE: Years 64 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Atchison, Kan.

FATHER
13. NAME: A. W. Saxton.
14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER
15. MAIDEN NAME: Frances Gearhart.
16. BIRTHPLACE (city or town) (State or country): Kansas.

17. INFORMENT (Address): Mrs. J. B. Garside. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Atchison, Kan. Date: Shipped 5/12/32, 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 5-16, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/10/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to May 10, 1932

I last saw her alive on May 10, 1932 death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Tetany

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sutorney, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79237

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 131
(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. FULL NAME Frank. E. Egbert, Jr.

(a) Residence. No. 840. Warm Springs Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 29. 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Frank. E. Egbert.

14. BIRTHPLACE (city or town) Meridian,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Dorothy Elizabeth Olson.

16. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

17. INFORMENT Frank. E. Egbert.
(Address) 840. Warm Springs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Date May. 2. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-2, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-1 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29 1932, to May 1 1932
I last saw him alive on April 30 1932: death is said to have occurred on the date stated above, at 730 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Non-closure of Foramen ovale	
Other contributory causes of importance:	
Premature one month	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John Boeck, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79238

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 150

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada Alice Curry. 156

(a) Residence. No. 14 Miles West of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry. E. Curry.

6. DATE OF BIRTH (month, day, and year) Dec. 6. 1893.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cassville Missouri.

FATHER

13. NAME Zadoc Plummer.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Sarah. M. Blackford.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT (Address) H.E. Curry. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Starda Date May 21, 1932

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 5-20 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/19 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1932, to 5/19, 1932

I last saw her alive on 5/19, 1932; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Lip	5/12/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Pricked pimple on lip

Nature of injury with infection

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold W. Love, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79239

RECEIVED JUN 11 1932

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 158

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary E. Chorn

(a) Residence. No. 29½ and Irene St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham Chorn

6. DATE OF BIRTH (month, day, and year): Dec 6th 1851

7. AGE — Years: 80 | Months: 5 | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER
13. NAME: James Elledge
14. BIRTHPLACE (city or town) (State or country): U. S. A.

MOTHER
15. MAIDEN NAME: Not obtainable
16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMENT (Address): E A Chorn Boise Ida
18. BURIAL, CREMATION, OR REMOVAL — Place: Boise Date: 5-25, 1932
19. UNDERTAKER (Address): Schreiber & McCann Boise Ida
20. FILED 5-26, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 21 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to May 21, 1932
I last saw her alive on May 21, 1932: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal condition & Hypertention	Years
Other contributory causes of importance Coronary Thrombosis	May 20

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. M. Braxton, M. D.
(Address) Boise Idaho

Braxton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 14 1932

166 Brewster ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79240

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 145

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Allie Hattabaugh.

(a) Residence. No. 1510. W. Bannock. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

12 F

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 9. 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME Isaac Miller.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Alice Bennett.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT (Address) M. Reese Hattabaugh. 1510. Bannock St Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville, Idaho. May. 16. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-16, 193... W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to May 15, 1932
I last saw h... alive on May 15, 1932: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & probable Gall Stones	Years ago.
Other contributory causes of importance: Pyaemia & Shock probably rupture of gall bladder.	May 13

Name of operation None (Refused)
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Brewster, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79241

PLACE OF DEATH
County of Ada
City of Boise. Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 153
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

23

2. FULL NAME Dorothy Saar.

(a) Residence. No. Atlanta Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 10. 1913.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19.	1	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte Montana.

FATHER

13. NAME Carl Saar.

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Emilie Sulg.

16. BIRTHPLACE (city or town) (State or country) Russie.

17. INFORMENT (Address) John Taice. 8918. 6 th Ave. N.W. Seattle. Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Seattle, Washington. May. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-24, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/13, 1932, to 5/19, 1932
I last saw her alive on 5/19, 1932; death is said to have occurred on the date stated above, at 1:10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lethargic Encephalitis	5/13/32

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Harold W Stone, M. D.
(Address) 317 Eastman Bldg. Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 11 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79242

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 159
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas James Heaton (Heaton) 18
(a) Residence. No. ~~[illegible]~~ R.F.D. Boise #1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) August 5th 1890
7. AGE Years 41 Months 9 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME George Heaton
14. BIRTHPLACE (city or town) (State or country) Yorkshire England

MOTHER
15. MAIDEN NAME Jane Robinson
16. BIRTHPLACE (city or town) (State or country) New Castle England

17. INFORMENT (Address) Matilda T. Stanley
18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 5-26 1932 St. Johns
19. UNDERTAKER (Address) Schreiber & McCann Boise Ida
20. FILED 5-31, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1932
22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May, 193
I last saw him alive on May 20, 1932; death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spotted Fever	May 8
Other contributory causes of importance:	
Peritonitis	May 20

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Open sage brush country
Manner of injury Tick bite
Nature of injury Injection from tick

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Sheepherding
(Signed) [illegible] M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79243

RECEIVED JUN 1 1932

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 148

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ordell Badgley.

(a) Residence. No. 255. Jefferson Street, Twin Falls Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Badgley.

6. DATE OF BIRTH (month, day, and year) May. 19. 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman for Oil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Company.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois.
(State or country)

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town)
(State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town)
(State or country) Unknown.

17. INFORMENT Mrs. Anna Badgley.
(Address) 255. Jefferson St.
Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls, Idaho. May. 18. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-18, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1932

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1932, to May 17, 1932.
I last saw him alive on May 17, 1932, death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary Chronic Active	

Other contributory causes of importance:

Endocarditis Acute	May 14-32

Name of operation? None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Melgie Hurd, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79244

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 154

(No. 1323 State Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

43

2. FULL NAME William M. Rieger

(a) Residence. No. 1323 State Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katherine Rieger.

6. DATE OF BIRTH (month, day, and year) March 5-1869

7. AGE Years 63 Months 2 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. Groceryman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston, Nebr.

FATHER
13. NAME Henry Rieger.
14. BIRTHPLACE (city or town) (State or country) Nebr.

MOTHER
15. MAIDEN NAME Sena--------
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Katherine Rieger. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/24/32, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 5-25, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/22/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932, to May 22, 1932
I last saw him alive on May 22, 1932: death is said to have occurred on the date stated above, at 6.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	Jan 1931

Other contributory causes of importance:
Metasticies in mediastinal Glands

Name of operation Had paste used by an Old Woman Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. N. Braxton, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79245

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 8
(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle A Irvine

(a) Residence. No. R 3 - St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W-
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William J. Irvine

6. DATE OF BIRTH (month, day, and year) May 23 1887

7. AGE Years 44-11-17-1887 Months May Days 23 - If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Summerville Oreg.

FATHER
13. NAME S. L. Aikins
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Vona - Truesdale
16. BIRTHPLACE (city or town) (State or country) Oreg

17. INFORMENT (Address) W. J. Irvine

18. BURIAL, CREMATION, OR REMOVAL Place La Grand Oreg Date 5-10, 1932

19. UNDERTAKER (Address) B. W. Robinson Meridian Ida

20. FILED 5-11, 1932 H F Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5 10 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-9-, 1931, to 5-10, 1932
I last saw her alive on 5-6-, 1932; death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Stomach	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H F Neal, M.D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Stewart

DO NOT WRITE IN THIS SPACE
State File No. 79246

PLACE OF DEATH
County of Ada
City of Boise. Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 160
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Mrs. Amelia. E. Code.

(a) Residence. No. 908. N. 10 th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January. 28 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada.

FATHER

13. NAME Martyn

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) F.W. Code. 1502. N. 18 th Street.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Date June. 1. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-31, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1932, to May 28, 1932
I last saw h alive on May 28, 1932: death is said to have occurred on the date stated above, at 6.45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Sigmoid & Rectal Intestines	
Obstruction	
Other contributory causes of importance:	
General Exhaustion	

Name of operation Exploratory Date of 5/26/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Stewart, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 11 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79247

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 132

(No. 410 Resseguie Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Claude W. Gibson

(a) Residence. No. 410 Resseguie Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Gibson

6. DATE OF BIRTH (month, day, and year) Sept. 26-1872

7. AGE Years 59 Months 7 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME James Gibson
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Sarah Jeans.
16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Clifton Gibson. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/1/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 5-2, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/29/32 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1931, to Apr 29, 1932
I last saw h alive on Apr 29, 1932 death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	

Other contributory causes of importance:
Secondary Colitis and General Exhaustion

Name of operation Resection of Sigmoid Date of 8/19/31
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) James L. Stewart, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 17 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79248

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 155

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME George W. Work.

(a) Residence. No. Kuna, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cloye Work.

6. DATE OF BIRTH (month, day, and year) May 21-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana Co. Pa.

FATHER

13. NAME Ephriam E. Work.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Isabella Simpson.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Glen Work. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Calloway, Nebr. Date 5/24/32 193 Shipped

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 5-25, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/23/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 20th, 1932, to May 23, 1932
I last saw h alive on May 22, 1932; death is said to have occurred on the date stated above, at 5:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
with bladder obstruction	

Other contributory causes of importance:

Post Operative Surgical Shock,	

Name of operation Prostatectomy Date of 5/21/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James L. Stewart, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79249

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 41

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME James O. Kellum.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Don't know.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/14/32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 5-13, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/13/32 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to May 13, 1932
I last saw him alive on May 12, 1932; death is said to have occurred on the date stated above, at 6:15 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Lung.	Dec'r 1931

Other contributory causes of importance:

Dyspnea & Exhaustion with pleuritic exudate	May 10 1932

Name of operation Paracentesis thoracis Date of May 12
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. N. Bratton, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 1932

Stone.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79250

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 142

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

60a

2. FULL NAME Clarice Frederick.

(a) Residence. No. 526. S. 16 th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 8.1919.

7. AGE Years 13 Months 0 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dubois, Idaho.

FATHER
13. NAME James. W. Frederick.
14. BIRTHPLACE (city or town) (State or country) Wisconsin.

MOTHER
15. MAIDEN NAME Louis Fehl Haver.
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) James. W. Frederick. 526. S. 16 th Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date May. 14. 1932.

19. UNDERTAKER (Address) Summers & Krebs.

20. FILED 5-14, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 1929, 193..., to May 12, 1932

I last saw her alive on May 12, 1932 death is said to have occurred on the date stated above, at 12 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exopthalmic goitre	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. St. Lukes

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Harold W Stone, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

RECEIVED JUN 1932

DO NOT WRITE IN THIS SPACE
State File No. 79251

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 140
(No. St. Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Sorensberger

(a) Residence. No. 824 State St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Sorensberger

6. DATE OF BIRTH (month, day, and year) Dec 21-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marshalltown Iowa

FATHER

13. NAME John Brakhane

14. BIRTHPLACE (city or town) (State or country) Bluffield Ill

MOTHER

15. MAIDEN NAME Martha Griffith

16. BIRTHPLACE (city or town) (State or country) Columbus Ohio

17. INFORMENT (Address) Jas Sorensberger Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Ida. Date 5-12, 1932 Pioneer Cemetery

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida

20. FILED 5-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932, to May 10, 1932
I last saw h alive on May 10, 1932 death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Goitre - Adenoma	
Other contributory causes of importance: Cardiac Fibrillation & Myocarditis	

Name of operation Exploratory Date of May 5-32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James L Stewart, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO 223
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 11 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79252

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 151
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

65 B

2. FULL NAME Robert C Brown
(a) Residence. No. 735 Warm Springs ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary C Brown
6. DATE OF BIRTH (month, day, and year) Mar 11-1874
7. AGE Years 58 Months 2 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Building
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Contractor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Not Obtainable
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME No Obtainable
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mary C Brown Boise Ida
18. BURIAL, CREMATION, OR REMOVAL Place Cooking Ida Date May 24 1932
19. UNDERTAKER (Address) Schreiber McLain Boise Ida
20. FILED 5-24 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932 to May 21, 1932
I last saw him alive on May 21, 1932: death is said to have occurred on the date stated above, at 5 45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	

Other contributory causes of importance:
Exhaustion

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Fred A. Pettingle, M. D.
(Address) Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79253

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 152
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
659

2. FULL NAME William Ketchen.

(a) Residence. No. 1709. W. Jefferson Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ketchen.

6. DATE OF BIRTH (month, day, and year) Dec. 21.1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retail Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME John Ketchen.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Marion Watson.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) Mrs. Margaret Ketchen. 1709. Jefferson St. Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. May 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 5-24, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 28, 1932, to May 22, 1932.
I last saw him alive on May 22, 1932: death is said to have occurred on the date stated above, at 5:10 P.M.
The principal cause of death and related causes of importance were as follows:

Myelogenous Leukemia
Acute.

Date of onset

Other contributory causes of importance:
Multiple abscess
of right lung

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Taylor, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79254

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 157
(No. St. Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Josephine Helfrich 749
(a) Residence. No. 107 Main St. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: H. V. Helfrich
6. DATE OF BIRTH (month, day, and year): 11-24-1857
7. AGE: Years 74, Months 5, Days 28; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Artist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): May 1932
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah U.S.A.

FATHER
13. NAME: Wm J. Lynch
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Agnes Hardie
16. BIRTHPLACE (city or town) (State or country): Edinborough Scotland

17. INFORMENT (Address): Katherine G. Helfrich 107 Main St. Boise, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Portland, Ore. Date: May 27, 1932
19. UNDERTAKER (Address): Schrieber & McCann Boise Idaho
20. FILED: 5-26, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-23, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932, to May 23, 1932
I last saw her alive on May 23, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5/22-32

Other contributory causes of importance:
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Ralph Faust M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79255

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 149

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

70

2. FULL NAME Richard Venus Call.

(a) Residence. No. Boise, Idaho. R.#1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, and year) Nov. 23-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Idaho.

FATHER

13. NAME Venus Call.

14. BIRTHPLACE (city or town) (State or country) Riverside, Idaho.

MOTHER

15. MAIDEN NAME Thedora Brady.

16. BIRTHPLACE (city or town) (State or country) Sturgis, Ky.

17. INFORMENT (Address) Venus Call. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/19/32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 5-19, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/17/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to May 17, 1932
I last saw him alive on May 16, 1932; death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Localized brain abscess.	May 12
Other contributory causes of importance: Pneumonia (bronchio)	May 4

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79256

County of Ada
City of Boise.
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 43

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME H. E. Stone

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Memphis, Mo.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pearl Allen, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place County Cemetery Date 5/18/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 5-18., 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/16/32 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1932, to May 16, 1932
I last saw him alive on May 14, 1932; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 15

Other contributory causes of importance:

Exhaustion & Respiratory paralysis	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. M. Bratney, M. D.
(Address) Boise, Idaho.

RECEIVED JUN 16 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79257

County of Ada
City of Meridian
Registration District No. \\
Primary Registration District No. 2003
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Vernon Wm Rapple

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Born Ida

FATHER

13. NAME Venzel V. Rapple

14. BIRTHPLACE (city or town) (State or country) Marysville Ohio

MOTHER

15. MAIDEN NAME Alma Marshall

16. BIRTHPLACE (city or town) (State or country) Sacramento Calif.

17. INFORMENT (Address) V. W. Rapple Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Ida Date 5/26, 1932

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED 5-24, 1932 H. F. Neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1932, to 5-23, 1932
I last saw him alive on 5, 193.: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	
following Encephalitis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. F. Neal, M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Nokes. ✓

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79258

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 138

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Richard P. Erwin.

(a) Residence. No. 2320. Woodlawn Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edith. G. Erwin.

6. DATE OF BIRTH (month, day, and year) March. 28.1875

7. AGE Years 57 Months 1 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Music Instructor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianola Iowa.

FATHER
13. NAME William Erwin.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Ann Cook.
16. BIRTHPLACE (city or town) (State or country) New Jersey.

17. INFORMENT (Address) Richard. P. Erwin, Jr. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Atlantic Iowa. Date May. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 5-9, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to May 4, 1932.
I last saw him alive on May 4, 1932: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	May 1.
c̄ Cardiac failure	

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Herald T. Nokes, M. D.
(Address) 422 Eastman Bldg Boise, Idaho.

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Ada.

City of Eagle

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. 9+10

Primary Registration District No. 9+10

(No. ..... St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 79259

Local Registrar's No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Anna M. Heaarin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6. DATE OF BIRTH: Aug (Month) 21 (Day) 1842 (Year)

7. AGE: 89 Yrs. 7 Mos. 15 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Housewife
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF Father: Geo. Hollar

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (State or Country): not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lyvern Hearin

(Address) Boise, Idaho

15. Filed 4-30-1932

Everett Jackson
Local Registrar
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH 74a

16. DATE OF DEATH: April (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1931. to ..... 19....,
that I last saw h.. alive on Dec 20 1931.,
and that death occurred on the date stated above, at 3:25 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexia

(Duration) Sudden yrs. ..... mos. ..... ds.

Contributory (Secondary) old age with Heartened arteries

(Duration) Several yrs. ..... mos. ..... ds.

(Signed) J. K. Reynolds M. D.

19.... (Address) Emmett Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Middleton — DATE OF BURIAL: April 10 1932

20. UNDERTAKER: C. V. Peckham — ADDRESS: Caldwell Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79260

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 141
(No. 708 McKinley)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Katie Lortie

(a) Residence. No. 708 McKinley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Roy Lortie

6. DATE OF BIRTH (month, day, and year) Mch. 3-1887

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER
13. NAME S. P. Martin.
14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER
15. MAIDEN NAME Cynthia Freeman.
16. BIRTHPLACE (city or town) (State or country) Kansas.

17. INFORMENT (Address) Roy Lortie. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Knowlton Hts. Cemetery. Canyon County. Date 5/14/32, 193
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.
20. FILED 5-14, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ May 13, 1932, to ~~, 193~~
~~I last saw h alive on , 193~~ death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia,	
No Physician in attendance	
Other contributory causes of importance:	

Name of operation None. Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E. Summers Coroner ad. M.D.
(Address) Boise Idaho, Canada

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79261

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 134

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Mrs. Alice Irene Dilatush

(a) Residence. No. Hagerman, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edwin W. Dilatush.

6. DATE OF BIRTH (month, day, and year) Nov. 30-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME John Trovillo.

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Ruth McFarren.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Edwin W. Dilatush. Hagerman, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Hagerman, Idaho. Date 5-4, 1932

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 5-3, 1932 W. R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/2/32 193

22. I HEREBY CERTIFY, That I attended deceased from April 19th, 1932 to May 2, 1932

I last saw her alive on May 2, 1932: death is said to have occurred on the date stated above, at 10 A.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicetis	April 17/32

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation appendectomy Date of April 23

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Springer, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79262

RECEIVED JUN 1 1932

PLACE OF DEATH

County of Ada

City of Boise — Registration District No. 2

Primary Registration District No. 1004 — Local Registrar's No. 156

(No. St. Lukes Hospital. 1019)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Larry Stevens Reeb.

(a) Residence. No. Glenns Ferry, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced — HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, and year) Mch. 17-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Allen Lemley Reeb.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Mabel Stevens.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mr. A. L. Reeb. Glenns Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/26/32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 5-25-1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/24/32 193

22. I HEREBY CERTIFY, That I attended deceased from Morning of May 24, 1932, to Afternoon of 24, 1932.
I last saw him alive on May 24, 1932: death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Pneumonia	
X Ray shows upper lobes involved	

Other contributory causes of importance: None

Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. J. Coats, M. D.
(Address) Boise, Idaho.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79263

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 46

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME PAULS, Albert H.

(a) Residence. No. ..... St. Gooding, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of divorced husband of Frances Gulerie

6. DATE OF BIRTH (month, day, and year) April 12, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-17-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

FATHER

13. NAME Peter Pauls

14. BIRTHPLACE (city or town) .....
(State or country) Sweden

MOTHER

15. MAIDEN NAME Emily Nelson

16. BIRTHPLACE (city or town) .....
(State or country) Sweden M. W.

17. INFORMENT Fern Birch
(Address) Veterans Administration, Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Gooding, Idaho Date Shipped 5/31/32 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-31, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, 193..., to May 30, 1932, 193...
I last saw him alive on May 30, 1932, 193...: death is said to have occurred on the date stated above, at 3.00p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	May 26, 1932
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. C. SMITH, M. D.
(Address) Vet. Administration Boise, Idaho

TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79264

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 135

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Mrs. Anna May Kasbeer.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Karl Kasbeer

6. DATE OF BIRTH (month, day, and year) May 27-1875

7. AGE: Years 56 | Months 11 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomfield, Ia.

FATHER
13. NAME Henry Hazelwood.
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME ----------
16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) Karl Kasbeer. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/2/32, 193

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 5-4, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/29/32 193

22. I HEREBY CERTIFY, That I attended deceased from X-7-1931, 193, to 4/29/32, 193
I last saw her alive on 4/29/32, 193: death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	1927
Coronary Thrombosis	3/16/32

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Electrocardiogram? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ernest E. Kasbeer, M. D.
(Address) Boise, Idaho.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79265

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 146
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Mrs. Marion Estelle Murdock.

(a) Residence. No. 1112 O'Farrell St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: W. L. Murdock

6. DATE OF BIRTH (month, day, and year): Feb. 27-1908

7. AGE: Years 24 | Months 2 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ontario, Oregon.

FATHER
13. NAME: J. S. Tharp.
14. BIRTHPLACE (city or town) (State or country): Neb.

MOTHER
15. MAIDEN NAME: Mary Frikes.
16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): W. L. Murdock. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 5/16/32, 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 5-16, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5/15/32, 193

22. I HEREBY CERTIFY, That I attended deceased from 5th May, 1932, to May 15, 1932
I last saw her alive on May 14, 1932: death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pansenusitis right	Apr 30
Orbital cellulitis	May 2nd
Cavernous sinus thrombosis	May 9th

Other contributory causes of importance:
Intranasal + external frontal sinusolomy
Maxillary drainage right

Name of operation as above Date of 5/5/32
What test confirmed diagnosis? by Op. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) C. W. Cowles, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79266

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 45

(No. Veterans Administration, Boise, Idaho) 151
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME EATON, John W. Harrison

(a) Residence. No. Riverview Apts., St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If maried, widowed, or divorced
HUSBAND of (~~WIFE~~) Sade Eaton

6. DATE OF BIRTH (month, day, and year) Aug. 31, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. RR Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Fern Birch Mrs. Veterans Administration, Boise

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Shipped Idaho 5/30/32

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-31, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, 193..., to May 29, 1932, 193...
I last saw him alive on May 29, 1932, 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
gangrene following traumatism	

Other contributory causes of importance:

Jumped our of 2nd story window	
crushing right ankle.	

Name of operation Amputation rt. leg Date of 5-14-32
What test confirmed diagnosis? autopsy Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~HOMICIDE~~? Date of injury May 6, 1932
Where did injury occur? Pocatello, Bannock Co., Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury
Nature of injury crushing right ankle.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. C. SMITH M.D.
(Address) Veterans Adm Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79267

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 39
(No. Boise, Idaho. on Rose Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Rosanna Catharine Murray

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel Edward Murray

6. DATE OF BIRTH (month, day, and year) June 27-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Don't Know.

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) H. H. Murray Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/10/32, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 5-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/8/32 193

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 193 2, to 5/8, 193 2
I last saw h e alive on 5/7, 193 2; death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arterio Sclerosis.	
Myocarditis	

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) A. J. Coald, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79268

PLACE OF DEATH
County of Ada
City of Star. Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 42

(No. 1/2 Mile West of Star)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Dora Virginia Oldaker 90

(a) Residence. No. 1/2 Mile West of Star, State Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred.— yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of J. A. Oldaker

6. DATE OF BIRTH (month, day, and year) 2/9/1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME John Mickelberry

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J. A. Oldaker. Star, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Bozeman, Mont. Date 5/17/32 193

19. UNDERTAKER W. E. Bailey
(Address) Boise, Ida.

20. FILED 5-16, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932, to May 14, 1932
I last saw ... alive on May 14, 1932. death is said to have occurred on the date stated above, at 6.15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Cardiac Heart Failure	5-11-32
Other contributory causes of importance:	

Name of operation ~ Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Crawford, M. D.
(Address) Star, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79269

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 319
(No. 426 N. 3rd St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlotte Murillo. 162
(a) Residence. No. 426 N. 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Mexican
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): Apr 11. 32
7. AGE Years — Months — Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Amado Murillo
14. BIRTHPLACE (city or town) (State or country): Old Mexico

MOTHER
15. MAIDEN NAME: Inez Cano.
16. BIRTHPLACE (city or town) (State or country): Old Mexico.

17. INFORMENT (Address): Amado Murillo Pocatello

18. BURIAL, CREMATION, OR REMOVAL Place: May 10 Date 19, 1932

19. UNDERTAKER (Address): K. L. McCann Pocatello Ida

20. FILED May 10, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932 to May 9, 1932
I last saw her alive on May 8, 1932; death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis Neonatorum	at birth

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. J. Howard, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

PLACE OF DEATH

County of Bannock

City of Inkom

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79270

Registration District No. 21
Primary Registration District No. 2161
Local Registrar's No. 232

(No. Ranch, Inkom, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fauncil Milton Barron

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 25, 1912.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Inkom, Idaho.

FATHER

13. NAME J. J. Barron

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Necha Damron

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Arthur Barron Inkom, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Inkom, Idaho. Date May 24, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED May 23, 1932. D O Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1932, to May 21st, 1932.

I last saw him alive on May 21, 1932: death is said to have occurred on the date stated above, at 5.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	4-20-32
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Widal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. S. Miller, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH RECEIVED JUN 6 1932

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79272

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 321

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

206

2. FULL NAME Infant Allred

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 11, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Still-born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME John W. Allred

14. BIRTHPLACE (city or town) (State or country) Fairview, Utah.

MOTHER

15. MAIDEN NAME Vanessa Moore

16. BIRTHPLACE (city or town) (State or country) Kingston, Canada.

17. INFORMENT John W. Allred
(Address) 201 Taft Ave. Pocatello, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida. Date May 13, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED May 13, 1932. D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1932, to 5-11, 1932

I last saw her alive on 5/11/32, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
6 Mo Premature	

Other contributory causes of importance:
Abruptio Placenta

Name of operation no Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) J. H. Young, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79273

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 316
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Marjorie Wray
(a) Residence. No. Blackfoot R.F.D. #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Nov. 19, 1917
7. AGE Years 14 Months 5 Days 18 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Riverside (State or country) Idaho

FATHER
13. NAME H. M. Wray
14. BIRTHPLACE (city or town) Hyrum (State or country) Utah

MOTHER
15. MAIDEN NAME Estella Smith
16. BIRTHPLACE (city or town) Lehi (State or country) Utah

17. INFORMENT H M Wray (Address) Blackfoot R.F.D. #2
18. BURIAL, CREMATION, OR REMOVAL Place Riverside Cem Date —, 1932
19. UNDERTAKER E. T. Peck (Address) Blackfoot Idaho
20. FILED 5-7, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing injury to Chest & Back Auto Accident	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Arthur W Hall Coroner M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

PLACE OF DEATH

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 79274

Local Registrar's No. 256

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Crosley

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 23 1932

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
			12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thatcher Ida

FATHER

13. NAME Ephram B. Crosley

14. BIRTHPLACE (city or town) (State or country) Thatcher Ida

MOTHER

15. MAIDEN NAME Beatrice Simondson

16. BIRTHPLACE (city or town) (State or country) Brigham City Utah

17. INFORMENT (Address) Beatrice Simondson Thatcher Ida

18. BURIAL, CREMATION, OR REMOVAL Place Thatcher Ida Date May 25, 1932

19. UNDERTAKER none
(Address)

20. FILED May 31, 1932 Mrs. G. G. Fitz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23 1932, 193..., to May 24 1932, 193...

I last saw her alive on May 23 1932, 193...; death is said to have occurred on the date stated above, at 6 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Difficult Labor	
Other contributory causes of importance:	

Name of operation (Podallic version) Date of

What test confirmed diagnosis & Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Dr. Fanning, M. D.

(Address) Grace Ida

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79276

PLACE OF DEATH
County of Bannock
City of Pocatello Idaho; Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 327

(No. 543 No 12th Ave) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amie Sutherland,

(a) Residence. No. 543 N. 12th. St. Soda Springs
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	White	Married

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George W. Sutherland

6. DATE OF BIRTH (month, day, and year) 4/4/1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Iowa

FATHER
13. NAME Joseph Runyon
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Mary Glaser
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Carl R. Sutherland

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date 5/21/32 193

19. UNDERTAKER McHan Undertaking Co.
(Address)

20. FILED 5-19, 1932 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/19 32

22. I HEREBY CERTIFY, That I attended deceased from 5/14/32, 193..., to 5/19, 1932
I last saw h~~er~~ alive on May 18, 1932; death is said to have occurred on the date stated above, at 1:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver and Hydrocele	

Other contributory causes of importance:

Secondary Hemorrhage from Stomach and bowels	

Name of operation ... Date of ...
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193..
Where did injury occur? ~ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ~
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...
(Signed) O. F. Leal, M. D.
(Address) Pocatello, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79277

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 317

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Maude M. Wilson

(a) Residence. No. 340 W. Clark St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

47

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. M. C. McNichols 230 S. 7th

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date May 7 1932

19. UNDERTAKER Downing & Turner Funeral Home (Address) 244 S. Arthur

20. FILED 5-9, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May (, 1932 to May 3, 1932
I last saw her alive on May 2, 1932 death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Irreg. Breast	

Other contributory causes of importance: mitral insufficiency

Name of operation None Date of —
What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) W. Turner, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79278

County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 325

(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Wolfley

(a) Residence. No. Riverside, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 7th 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. In school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Etna Wyo.

FATHER

13. NAME H L. Wolfley

14. BIRTHPLACE (city or town) (State or country) Bear Lake Idaho

MOTHER

15. MAIDEN NAME Jennette McGowin

16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) H L Wolfley Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Ida. Date May 17 1932

19. UNDERTAKER (Address) E T Pruit Blackfoot Idaho

20. FILED 5-17, 1932. D O'Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1932, to 5/15, 1932

I last saw her alive on 5/15, 1932; death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Fracture R leg -
Amputation left leg -
Pneumonia

Name of operation amp left leg. Date of 5-5-32

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In com highway

Manner of injury Auto accident driver

Nature of injury Broken & lacerated legs.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Manning, M.D.

(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79279

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 29
Primary Registration District No. 2161 Local Registrar's No. 231

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Thelma Hazel Ranstrom

(a) Residence. No. Central, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 17, 1916.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bancroft, Idaho.

FATHER
13. NAME Oscar W. Ranstrom
14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER
15. MAIDEN NAME Hazel Monroe
16. BIRTHPLACE (city or town) (State or country) Topaz, Idaho.

17. INFORMENT (Address) O. W. Ranstrom, Central, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Central, Idaho. Date May 23, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED May 21, 1932. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 1932, to 5-20, 1932
I last saw her alive on 5-20, 1932; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1925

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) Pocatello, Idaho.

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79280

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 320
(No. St Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph W Adair

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline M. Adair

6. DATE OF BIRTH (month, day, and year) 12/10/1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. District Judge

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. as above

10. Date deceased last worked at this occupation (month and year) 3 months

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Evansville Wis

FATHER

13. NAME Norrs Adair

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Armanda E. Winston

16. BIRTHPLACE (city or town) (State or country) Evansville Wis

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Date 5/10, 1932

19. UNDERTAKER E J Peck (Address) Blackfoot Idaho

20. FILED 5-10, 1932 L C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to May 9, 1932

I last saw him alive on May 9, 1932; death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with dilatation	
Decompensation	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A M Newton, M. D.

(Address) Pocatello, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79281

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 330

Exact Place of Death Unknown (No. D.&.R.G.Coal Car #41,635. Found enroute

(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Victor Henderson Found Dead May 19, 1932.

(a) Residence. No. Unknown St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Arthur W. Hall (Coroner) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date May 25, 1932.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED May 23, 1932. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18or19, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. Brothers, M.D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

CAUSE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79282

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 21 61
Local Registrar's No. 322

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob B. Geyer

(a) Residence. No. 182 Hawthorne St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs J.B. Geyer

6. DATE OF BIRTH (month, day, and year) 9/18/ 1838

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canton
(State or country) Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Mark Geyer
(Address) Pocatello

18. BURIAL, CREMATION, OR REMOVAL
Place Sputh Bend Ind. Date 5/15, 1932

19. UNDERTAKER McHan Undertaking Co
(Address) Pocatello

20. FILED 5/14/32, 193 J. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 1930, to ..., 1932.
I last saw him alive on May 13, 1932: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Senility	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓

(Signed) O. F. Cook, M.D.
(Address) Pocatello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79283

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 329

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Pearl Drowns

(a) Residence. No. 285 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of George W. Drowns

6. DATE OF BIRTH (month, day, and year) 12/ 21/ 18 78

7. AGE: Years 53; Months 5; Days 18; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. H
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Grove Iowa

FATHER
13. NAME Geo Hungate
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Nancy Bryant
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Williard Drowns Pocatello

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Lima Mont. Date , 1932

19. UNDERTAKER McHan Undertaking Co.
(Address) Pocatello Ida

20. FILED May 19, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1932, to 5-20, 1932
I last saw her alive on 5-19, 1932, death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	2 yrs
Other contributory causes of importance:	
Chronic myocarditis	2 yrs.

Name of operation —, Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Brothers, M. D.
(Address) Pocatello Idaho

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79284

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 334
(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily Avery Lockridge

(a) Residence. No. 435 W. Lander St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 13, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shoshone Idaho

FATHER
13. NAME John McMillen
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Agnes McMillen
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Frank Lockridge Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Ida. Date May 27, 1932

19. UNDERTAKER McHan Mortuary Co.
(Address) Pocatello, Idaho

20. FILED May 26 1932 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1932, to May 24th inc 1932.
I last saw her alive on May 24th, 1932; death is said to have occurred on the date stated above, at 7.20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus following operation for hernia of stomach below umbilicus and Hysterectomy for Fibroid (multiple) Uterus	
Other contributory causes of importance: Circulatory failure and resultant Pericarditis	

Name of operation Hysterectomy Date of 5-18-32
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Walter C. Palmer, M. D.
(Address) Pocatello, Idaho

1184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79285

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 223

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Clifford Thornton

(a) Residence. No. 263 Wayne Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose Marie Thornton

6. DATE OF BIRTH (month, day, and year) 4/20/10

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cheese Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Troy
(State or country) Montana

FATHER

13. NAME Joseph Thornton

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Carrie Hess

16. BIRTHPLACE (city or town) Farmington
(State or country) Utah

17. INFORMENT (Address) Rose Marie Thornton Pocatello

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date May 25, 1932

19. UNDERTAKER Mchan Undertaking Co.
(Address) Pocatello

20. FILED May 23, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-21 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1932, to 5-21, 1932
I last saw ~~him~~ alive on 5-21, 1932; death is said to have occurred on the date stated above, at 11½ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppurative appendicitis complicated by retroperitoneal abscess.	5-7-32
Other contributory causes of importance:	

Name of operation Appendectomy & Drainage Date of 5-7-32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? —— Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brothers, M.D.
(Address) Pocatello Idaho

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79286

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 318

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME John Charles McLean

(a) Residence. No. 526 East Benton St. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A McLean

6. DATE OF BIRTH (month, day, and year) 6/22/1867

7. AGE: Years 64 | Months 10 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Fitter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Hector McLean
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Elixia Madison
16. BIRTHPLACE (city or town) (State or country) Boston Mass.

17. INFORMENT (Address) Mary A. McLean Pocatello

18. BURIAL, CRE~~MATION, OR REMOVAL~~ Place Pocatello Date May 10 1932

19. UNDERTAKER (Address) McHan Undertaking Co. Pocatello

20. FILED 5/9/32, 193 ..... I C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1932, to May 7, 1932
I last saw him alive on May 6, 1932: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascite	

Other contributory causes of importance:
Carcinoma Liver

Name of operation Tapped Date of 4/10/32
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) C E Rogers D O, ~~M.D.~~
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

PLACE OF DEATH

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 79287

Local Registrar's No. 254

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME Robert Carlos Comish

(a) Residence. No. Grace, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Violet May Comish

6. DATE OF BIRTH (month, day, and year) Jan 5 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own farm

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Coalville Utah

FATHER

13. NAME Nephi Comish

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Rochelle Ill

17. INFORMENT (Address) G. C. Chatterton - Grace Ida

18. BURIAL, CREMATION, OR REMOVAL Place Grace Ida Date 5-5-32, 193

19. UNDERTAKER Hendricks (Address) Preston Ida

20. FILED May 11, 1932 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-2-32 193

22. I HEREBY CERTIFY, That I attended deceased from 4-30-32, 193, to 5-2-32, 193

I last saw him alive on 5-8-32, 193: death is said to have occurred on the date stated above, at 4:17 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	4-30-32
Other contributory causes of importance:	

Name of operation Simple Closure Date of 4-30-32

What test confirmed diagnosis? operation or perforation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. Fanning, M. D.

(Address) Grace Ida

RECEIVED JUN 6 1932

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79288

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 335

(No. 1422 E. Lander)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Eleanor Patsy Sutlow

(a) Residence. No. 1422 E. Lander St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 31, 30

7. AGE Years 2 Months 3 Days 30 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME Benjamin F. Sutlow
14. BIRTHPLACE (city or town) (State or country) So. Haven, Mich

MOTHER
15. MAIDEN NAME Viola Willard
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Benjamin F. Sutlow Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Ida Date May 31, 1932

19. UNDERTAKER (Address) McHan Fun Co. Pocatello, Idaho.

20. FILED May 30, 1932 D. Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1932 to 5/29, 1932
I last saw her alive on 5/29, 1932 death is said to have occurred on the date stated above, at 2 30 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79289

PLACE OF DEATH
County of Bannock.
City of Grace

CERTIFICATE OF DEATH
Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 255
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91

2. FULL NAME Sophia Jane Jenkins Hansen
(a) Residence. No. Grace, Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eli Hansen
6. DATE OF BIRTH (month, day and year) Nov. 25 1879
7. AGE Years 54 Months 5 Days 27 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Newton, Utah
PARENTS
10. NAME OF FATHER John Jenkins
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales
12. MAIDEN NAME OF MOTHER Annie Clark
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wales
14. Informant (Address) Grace Idaho
15. Filed May 31, 1932 Mrs. G. G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 21, 1932 (Month) (Day) 19 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 21 1932, 19, to May 21 1932, 19
that I last saw her alive on May 21 1932, 19
and that death occurred, on the date stated above, at 10:00 P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis (duration unknown
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) cerecbro-spinal hemorrhage
(duration) yrs. mos. 1 ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? spinal puncture
(Signed) B. K. Zaring, M. D.
May 24, 1932 (Address) Grace, Ida
19. Place of Burial, Cremation, or Removal Logan Ut Date of Burial May 24, 1932
20. Undertaker W. Lindquist Address Logan

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79290

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 29

Primary Registration District No. 2161

Local Registrar's No. 328

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Juel J. Hendricks

(a) Residence. No. West Halliday Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ellen Kay

6. DATE OF BIRTH (month, day, and year) Jan. 23, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Utah.

FATHER

13. NAME Joseph S. Hendricks

14. BIRTHPLACE (city or town) (State or country) Far West, Missouri.

MOTHER

15. MAIDEN NAME Lucinda Best

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT L. Hendricks (Address) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Ashton, Idaho. Date May 20, 1932.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED 5-17, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1932, to 5-17, 1932

I last saw h— alive on ——, 193—: death is said to have occurred on the date stated above, at —m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of aortic aneurism	Sudden

Other contributory causes of importance:

Chronic obstruction	Several years.

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? —— Date of injury ——, 193—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. W. Brothers, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79291

Registration District No. 20
Primary Registration District No. 2.1.61
Local Registrar's No. 323

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME John Allen Judd

(a) Residence. No. 556 West Center St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Ethel Goodman

6. DATE OF BIRTH (month, day, and year) Nov. 9, 1891.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Car-man

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. O.S.L.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arizona

FATHER

13. NAME Lucious Judd

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Elizabeth Lamson

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Mrs. John A. Judd, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date May 15, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED May 14, 1932. D C Wall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932 to May 12, 1932
I last saw him alive on May 12, 1932 death is said to have occurred on the date stated above, at 10.00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Chronic
Cardio Renal	
Other contributory causes of importance:	
Facial Erysipelas	May 10 1932

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state
(Signed) W. J. Howard, M. D.
(Address) Pocatello, Idaho.

RECEIVED JUN 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79292

PLACE OF DEATH
County of Bear Lake
City of Paris
Registration District No. 53
Primary Registration District No.
Local Registrar's No. 10

(No. 57)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amelia Bolton Humphreys

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of J. Heber Humphreys

6. DATE OF BIRTH (month, day, and year) Feb. 5 - 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence Utah

FATHER
13. NAME Henry Bolton
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Mary Jane Smith
16. BIRTHPLACE (city or town) (State or country) Bradeland England

17. INFORMENT (Address) Doris B. Humphreys Paris Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Paris Ida. Date May 9, 1932

19. UNDERTAKER F. M. Williams (Address) Montpelier Idaho

20. FILED June 1, 1932 Mrs Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to May 6, 1932
I last saw her alive on May 6, 1932 death is said to have occurred on the date stated above, at 6.25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	
Chronic Hypertrophic Cerrhosis Liver	

Name of operation Autopsy Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. O. Groom, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79293

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 73.
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME THOMAS ROBINSON

(a) Residence. No. ..... St. Baker, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year) Jan 13, 1884

7. AGE: 48 Years | Months: 4 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. stone mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Louisville
(State or country) Ky.

FATHER
13. NAME John P. Robinson
14. BIRTHPLACE (city or town) Ky
(State or country)

MOTHER
15. MAIDEN NAME Martha A. Holland
16. BIRTHPLACE (city or town) Ky.
(State or country)

17. INFORMENT Records of State Hosp South
(Address)

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Wayland Cem Date May 23 1932

19. UNDERTAKER Marion Clark
(Address)

20. FILED May 23, 1932 Mrs Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1931, 193..., to May 21, 1932, 193...
I last saw him alive on May 21st, 1932: death is said to have occurred on the date stated above, at 2:45 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL PARALYSIS OF THE INSANE	1931

Other contributory causes of importance:

Name of operation None) Clinical Symptoms
What test confirmed diagnosis? Blood Wassermann Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho

RECEIVED JUN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79294

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah C. Buttcane

(a) Residence. No. Blackfoot, Ida. St. Broadway.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of James Buttcane

6. DATE OF BIRTH (month, day, and year) May 1 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7 78	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME James Ferguson
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Fauster
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Alfred Buttcane Blackfoot
18. BURIAL, CREMATION, OR REMOVAL Place L. C. Cem. Blackfoot Ida. Date May 22 1937
19. UNDERTAKER (Address) G. T. Peck Blackfoot Idaho
20. FILED May 22, 1937 Mrs. Hales E. Pierce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to May 20, 1937
I last saw her alive on May 19, 1937: death is said to have occurred on the date stated above, at 2:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis of about 10 yrs standing	

Other contributory causes of importance:

High Blood pressure and nephritis	15 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) G. T. Peck M.D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79295

74a

PLACE OF DEATH

County of Bingham
City of Shelley
Registration District No. 121
Primary Registration District No. 2194
(No. .....)
Local Registrar's No. 69

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arvilla Kearney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Timothy J. Kearney

6. DATE OF BIRTH (month, day and year) May 26 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	11	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) general home work
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Harrisville Utah

PARENTS

10. NAME OF FATHER Jonathan Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.
12. MAIDEN NAME OF MOTHER Isabella Hull
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14. Informant Mary Jorgensen
(Address) Shelley, Idaho

15. Filed May 6, 1932 Mrs Hallie E. Potter Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1932 to May 2, 1932
that I last saw her alive on May 2, 1932
and that death occurred, on the date stated above, at 10 a m.
The CAUSE OF DEATH* was as follows:

Apoplexy
(duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY (Secondary) General debility
(duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Yes
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) F W Robertson, M. D.
May 5, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~ Shelley Idaho — Date of Burial May 6th 1932
20. Undertaker Jack Warner — Address Idaho Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79296

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 74

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Thomas Wright
(a) Residence. No. 482 N. E. Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Fannie Wright

6. DATE OF BIRTH (month, day, and year) May 7 1864

7. AGE: 68 Years | Months | Days 20 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME William Thomas Wright
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Sarah Slavin
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs Fannie Wright 482 No. Main St.

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Idaho Date May 29 1932

19. UNDERTAKER (Address) E T Peck Blackfoot Idaho

20. FILED May 27, 1932. Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-27 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 5-26, 1932, to ....., 193..
I last saw him alive on 5-27, 1932; death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypertension	2 yrs

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical tests Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. O. Humphrey, M. D.
(Address) Blackfoot Idaho

RECEIVED JUN 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79297

PLACE OF DEATH
County of Bingham
City of Aberdeen, Idaho

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 6

(No.) 18
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dora E. Abercrombie

(a) Residence. No. Aberdeen. Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: C.P.Abercrombie

6. DATE OF BIRTH (month, day, and year) June 8th 1876

7. AGE: 55 Years | Months: 11 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Home
10. Date deceased last worked at this occupation (month and year) May 19 '32
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: A.S.Huls
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Vira Huls
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): C P Abercrombie Aberdeen, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Aberdeen, Idaho Date 5/31/32 193

19. UNDERTAKER (Address): A.W.Davis American Falls, Idaho

20. FILED May 31, 193 M C McKinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 29, 1932
I last saw her alive on May 29, 1932: death is said to have occurred on the date stated above, at 3:45P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mt. Spotted Fever	May 18, 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. C. McKinnon M. D.
(Address) Aberdeen Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79298

PLACE OF DEATH

County of Bingham
City of Aberdeen
Registration District No. 116
Primary Registration District No. 2195 Local Registrar's No. 5
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Marie Marks

(a) Residence. No. St. Aberdeen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustaf A Marks

6. DATE OF BIRTH (month, day, and year) Apr 13, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Home

10. Date deceased last worked at this occupation (month and year) May 15 1932

11. Total time (years) spent in this occupation all her life

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Ruth Moore Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial Place I.O.O.F. Aberdeen Date May 26 1932

19. UNDERTAKER (Address) A. W. Davis Twin Falls, Ida

20. FILED May 24, 1932 M. C. Markham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to to May 24, 1932
I last saw h[illegible] alive on May 24, 1932: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocerditis	Jan 1932
Secondary Anaemia	Jan 1931
Diabetes mellitus	May 1932

Other contributory causes of importance:

Acute Infective Enteritis	May 21 1932

Name of operation — Date of —
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) M. C. Markham M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79299

PLACE OF DEATH
County of Bingham
City of Aberdeen

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 4

(No. 161a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Brown

(a) Residence. No. ..... St. Aberdeen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	#

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of #

6. DATE OF BIRTH (month, day, and year) May 1, 1932

7. AGE Years	Months	Days	If LESS than 1 day, 5 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. #

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aberdeen
(State or country) Idaho

FATHER

13. NAME John Franklin Brown

14. BIRTHPLACE (city or town) Haswell
(State or country) Indiana

MOTHER

15. MAIDEN NAME Blanche Luella Harris

16. BIRTHPLACE (city or town) Versailles
(State or country) Mo

17. INFORMENT
(Address) Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Date May 2, 1932

19. UNDERTAKER Friends
(Address)

20. FILED May 2, 1932 M. C. Markunas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on May 1, 1932: death is said to have occurred on the date stated above, at 12:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 24 th week of intra uterine gestation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) M. C. Markunas, M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79300

RE (PLACE OF DEATH) BINGHAM JUN 7 1932
County of
City of BLACKFOOT
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 76

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME GEORHE IVERSON 31

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Mar. 4, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Moreland
(State or country) Idaho

FATHER

13. NAME Hans Iverson

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Minnie Wilson

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Records of State Hosp. Co.
(Address) Blackfoot, Ida

18. BURIAL, CREMATION, OR ~~REMOVAL~~
Place Riverside Cem. Date May 30 1932

19. UNDERTAKER Marion Clark
(Address) Blackfoot, Idaho

20. FILED May 30, 1932 Mrs Hallie E. Colvin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1931, 193..., to May 30, 1932, 193...
I last saw him alive on May 30, 1932, 193...: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY TUBERCULOSIS	Feb 1932
Other contributory causes of importance:	
DEMEMTIA RREA COX	1926

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bingham
City of Blackfoot

DO NOT WRITE IN THIS SPACE
State File No. 79301

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 70
(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME G.W.Calloway

(a) Residence. No. Burley, Cassia Co. Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. -- yrs. - mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6. DATE OF BIRTH (month, day, and year): 1853

7. AGE: Years 79 | Months ------ | Days --- | If LESS than 1 day, ... hrs. or --- min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farmer
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Mansfield, Ill.

FATHER
13. NAME: Jerry Calloway, Ill.
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): Records of State Hosp. South

18. BURIAL, CREMATION, OR REMOVAL
Place: American Falls Ida. Date: on arrival, 193

19. UNDERTAKER (Address): H. L. Davis, Am. Falls Ida.

20. FILED: May 16, 1932 Mrs Walter E. Patrie, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932, 193, to May 15, 1932, 193
I last saw him alive on May 14, 1932, 193: death is said to have occurred on the date stated above, at 3-50 A.M.
The principal cause of death and related causes of importance were, as follows:

	Date of onset
Senile Demantia.	1930

Other contributory causes of importance:
Urinary obstruction due to enlarged prostate Gland.

Name of operation: none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: No
(Signed) Chas. R. Lowe, M.D.
(Address) State Hosp. So. Blackfoot Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79302

PLACE OF DEATH

County of Bingham
City of Shelley Ida

Registration District No. 121
Primary Registration District No. 2194
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 71

160

2. FULL NAME Geraldine P. Jacobson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 14 - 1932

7. AGE Years | Months 3 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Idaho

PARENTS

10. NAME OF FATHER Ford Jacobson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Shelley Idaho
12. MAIDEN NAME OF MOTHER Bernice Pixton
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Taylorsville Utah

14. Informant Ford Jacobson
(Address) Shelley, Idaho

15. Filed May 18, 1932 Mrs Walter E. Patrie Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Was not seen, 19..... to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 5 am.
The CAUSE OF DEATH* was as follows:
Was one of twins prematurely was not well nourished - Probable cause was some heart lesion as she was well the last few hrs.
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. W. Roberts, M. D.
May 18, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Shelley, Idaho
Date of Burial: May 18, 1932

20. Undertaker: None.
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79303

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 75
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME OLLIE M, HANSEN

(a) Residence. No. 107 St. TWIN FALLS, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Henry Hansen

6. DATE OF BIRTH (month, day, and year) May 3 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME J. Kline

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Ellen Hewitt

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) RECORDS OF STATE HOSP SOUTH

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Ida Date 5-28, 1932

19. UNDERTAKER Twin Falls Mortuary
(Address) Twin Falls Idaho

20. FILED May 28 1932 Mrs Walter E. Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9th, 1932, to May 28, 1932

I last saw her alive on May 28th, 1932: death is said to have occurred on the date stated above, at 10:35 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
FAILURE OF RESPIRATION	
probably due to	
Some sudden insult to	
respiratory center.	
Other contributory causes of importance:	
INVOLUTION MELANCHOLIA	Jan 1932
with marked agitation	

Name of operation None Date of ---

What test confirmed diagnosis Clinical symptoms Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ..., 1932

Where did injury occur? --
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. --

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ray McClellan, M. D.
(Address) Coroner Coroner Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Ever information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C TION is very important. See instruction on back of certificate.

City of BLACKFOOT Registration District No. 131

Primary Registration District No. 2194 Local Registrar's No. 77

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME JOHN GOUGH

(a) Residence. No. St. Ririe-Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year) Sept 27, 1860

7. AGE Years 71 Months 7 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) OGDEN (State or country) Utah

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country) ---

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) --- (State or country)

17. INFORMER Records of State Hosp South (Address)

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Asylum Cem Date May 31 1932

19. UNDERTAKER acting Marion Clark (Address)

20. FILED May 31, 1932 Mrs Helen E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, 193, to May 30, 1932, 193

I last saw him alive on May 30, 1932, 193: death is said to have occurred on the date stated above, at 9:24 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
ASTHMA	1931

Other contributory causes of importance:

SYPHILIS	
CEREBRAL HEMORRHAGE	1930

Name of operation None Date of

What test confirmed diagnosis? Blood Wassermann and clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury, 193

Where did injury occur? --- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) Chas R. Lowe, M. D.

(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79305

PLACE OF DEATH
County of Blaine
City of Gannett
Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 9

(No. 183) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Austin Fuller

(a) Residence. No. ..... St. ..... (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): Aug 23-1922

7. AGE: Years 9 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: School Boy.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jannett Ida.

FATHER
13. NAME: U. S. Miller
14. BIRTHPLACE (city or town) (State or country): Grand Island Nebr.

MOTHER
15. MAIDEN NAME: Thora N. Osborn
16. BIRTHPLACE (city or town) (State or country): Stockton Mo.

17. INFORMENT (Address): U. S. Miller Gannett

18. BURIAL, CREMATION, OR REMOVAL
Place F. O. E. Cemetery Date May 12, 1932

19. UNDERTAKER (Address): Long & Higgins Hailey Ida.

20. FILED 5-31, 1932. R. H. Wright. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 10, 1932
I last saw him alive on May 10, 1932 death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound	
Head	
decerebrated	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/10, 1932
Where did injury occur? Gannett
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun shot wound.
Nature of injury Head.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) E. W. Jost, M. D.
(Address) Hailey, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79306

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 8
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

155
Fox

2. FULL NAME Joe Day

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27

7. AGE Years 68 Months 1 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Helena Illinois

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) X

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) J. E. McKay Hailey Ida

18. BURIAL, CREMATION, OR REMOVAL Place County Plot Date May 6, 1932

19. UNDERTAKER (Address) L. J. Harris Hailey Ida

20. FILED 5-31, 1932 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May, 1932
I last saw him alive on May 4 1932 death is said to have occurred on the date stated above, at 5a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of Pelvic Bones	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. Fox, M. D.
(Address) Hailey, Ida

RECEIVED JUN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79307

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 25

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delmar Frazier

(a) Residence. No. (Usual place of abode) St. Samuels, Idaho. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 30, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER

13. NAME Charles Frazier

14. BIRTHPLACE (city or town) (State or country) Bates County Missouri

MOTHER

15. MAIDEN NAME Lenore Barnhart

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT (Address) Charles Frazier Samuels, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Selle, Idaho. Pack River Cemetery Date 5/7, 1932

19. UNDERTAKER (Address) L.G.Moon Sandpoint, Idaho.

20. FILED May 7, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 4, 1932
I last saw him alive on May 3-4, 1932 death is said to have occurred on the date stated above, at 5:30 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-Influenzal Diphtheria	April 25-32
Other contributory causes of importance: Heart failure	May 4-32

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. B. Erwin, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79308

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 18
Primary Registration District No. 2155
Local Registrar's No. 26

(No. St James Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glen Hamilton Fleming

(a) Residence. No. St James Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed or divorced HUSBAND of (or) WIFE of: Nelle Fleming

6. DATE OF BIRTH (month, day, and year): Mar. 2, 1875

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Cigar Store
10. Date deceased last worked at this occupation (month and year): May 4, 1932
11. Total time (years) spent in this occupation: 11 yrs.

12. BIRTHPLACE (city or town) (State or country): Pittsburg Pa.

FATHER

13. NAME: J. Fleming
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Nelle Fleming Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Sandpoint, Idaho Date: May 8, 1932
Lakeview Cemetery

19. UNDERTAKER (Address): L. A. Moon Sandpoint Idaho

20. FILED May 7, 1932 Viola Allen Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 4 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ ....., 193....., to....., 193.....
I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	
according to information received from Physicians	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. A. Moon Coroner
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79309

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 76
Primary Registration District No. 2155 Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Wellington Holton

(a) Residence. No. 911 Poplar St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Delia

6. DATE OF BIRTH (month, day, and year) July 18 - 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME George Holton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Buchanan

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Delia Holton Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida Date May 16, 1932 Pinecrest Cemetery

19. UNDERTAKER (Address) B. L. Brown Sandpoint Ida

20. FILED May 17, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to May 16, 1932
I last saw him alive on May 16, 1932: death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931
Other contributory causes of importance:	
Chronic nephritis	1931

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint Idaho

RECEIVED JUN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79310

PLACE OF DEATH
County of Bonner
City of Kootenai

Registration District No. 7K
Primary Registration District No. 2155
Local Registrar's No. 2

(No. 8 St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick William Randall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Minnie M. Randall

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boundsville
(State or country) Maine

FATHER

13. NAME Oliver Randall

14. BIRTHPLACE (city or town) .....
(State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Jacobs

16. BIRTHPLACE (city or town) .....
(State or country) France

17. INFORMENT Minnie M. Randall
(Address) Kootenai Idaho

18. BURIAL, CREMATION, OR REMOVAL Lakeview Cemetery
Place Sandpoint Date May 4, 1932

19. UNDERTAKER J. G. Moon
(Address) Sandpoint Ida

20. FILED May 17 1932 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1932, to May 16, 1932
I last saw him alive on Apr. 19, 1932: death is said to have occurred on the date stated above, at 8 05 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Other contributory causes of importance:	
Arteria Sclerosis	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Wm F Tyler, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUN 4 193

DO NOT WRITE IN THIS SPACE
State File No. 79311

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 29
(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Blanchard

(a) Residence. No. Oak St. 129
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cruiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) L. G. Moon Sandpoint Ida

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida Lakeview Cemetery Date May 22, 1932

19. UNDERTAKER (Address) L. G. Moon. Sandpoint, Idaho.

20. FILED May 22, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from For many years 193..., to May 17, 1932
I last saw him alive on May 16, 1932; death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1926
Other contributory causes of importance: Prostatic Hypertrophy	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) C. P. Stackhouse, M.D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79312

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 19
Primary Registration District No. 2156
Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11b

2. FULL NAME Evelyn Mae Solomon
(a) Residence. No. St. Curley Creek District
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. 4 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 21-1930

7. AGE Years 1 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho

PARENTS
10. NAME OF FATHER F. E. Solomon
11. BIRTHPLACE OF FATHER (city or town) Ill.
(State or Country)
12. MAIDEN NAME OF MOTHER Mae Newton
13. BIRTHPLACE OF MOTHER (city or town) Mont.
(State or County)

14. Informant (Address) F. E. Solomon Maxie Springs Ida

15. Filed Apr. 7 1932. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1932, to Apr. 6, 1932
that I last saw her alive on Apr. 6, 1932
and that death occurred, on the date stated above, at 7.15 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis? Spinal puncture.
(Signed) [signature], M. D.
Apr. 7, 1932 (Address) Bonners Ferry, Idaho

19. Place of Burial, Cremation, or Removal Bonners Ferry Ida
Date of Burial Apr. 8 1932

20. Undertaker H. R. Crouch, Bonners Ferry
Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79313

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Garrell Richard Dobson
(a) Residence. No. St. Naples, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 hr How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Child
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug 22-1931
7. AGE Years Months 7 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Naples Idaho.

FATHER
13. NAME Ralph E. Dobson
14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER
15. MAIDEN NAME Bertha Needham
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Ralph E. Dobson Naples, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Ida Date Apr. 8, 1932
19. UNDERTAKER (Address) H. R. Crouch Bonners Ferry Ida
20. FILED Apr. 7, 1932. E E Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1932
22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1932, to Apr. 6, 1932
I last saw him alive on Apr. 6, 1932: death is said to have occurred on the date stated above, at 8.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal intussusception (ilium)	Apr. 4-1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Bonners Ferry Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79314

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 29
Primary Registration District No. 2156 Local Registrar's No.
(No. 127)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank P. Cook

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Mulatto	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1905

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Frank P. Cook Sr.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) H. C. Herbert Bonners Ferry Ida

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Ida Date Apr. 20 1932

19. UNDERTAKER (Address) H. P. Organ Bonners Ferry, Ida.

20. FILED Apr. 5, 1932. E. E. Ivy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 4 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1932, to April 4, 1932

I last saw him alive on April 1, 1932; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyclone stenosing (Pyloric hypertrophy)	1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Ivy, M. D.

(Address) Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79315

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.) 31
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. May Flood.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Thos. J. Flood

6. DATE OF BIRTH (month, day, and year): Nov. 4-1874

7. AGE: Years 57 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: McMann
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): T. J. Flood, Bonners Ferry, Ida.

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place: Spokane, Wash. Date: April 29, 1932

19. UNDERTAKER (Address): V. R. Crouch, Bonners Ferry, Ida.

20. FILED: Apr. 28, 1932. E. E. Frey, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to Apr. 27, 1932.
I last saw her alive on Apr. 27, 1932: death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Fibrous)	?
Other contributory causes of importance:	
Tuberculous mediastinal adenitis.	1924

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. E. Frey, M.D.
(Address) Bonners Ferry, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79316

PLACE OF DEATH

County of Boundary Registration District No. 79

City of Bonners Ferry Primary Registration District No. 715-6 Local Registrar's No. 31

(No. Bonners Ferry Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Madeline Alexander.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word.)
Female	Red	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bonners Ferry, Ida.

PARENTS

10. NAME OF FATHER Abel Alexander

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bonners Ferry Idaho.

12. MAIDEN NAME OF MOTHER Rosalie Chignet

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Bonners Ferry Ida.

14. Informant Simon Francis
(Address)

15. Filed Apr. 12, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 11th., 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(duration) 3 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? X-Ray & Autopsy.

(Signed) [illegible], M. D.
Apr. 12, 1932 (Address) Bonners Ferry, Ida.

19. Place of Burial, Cremation, or Removal: Idaho Mission, Bonners Ferry — Date of Burial: Apr. 13 1932

20. Undertaker: Simon Francis — Address: Bonners Ferry

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79317

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 77

Primary Registration District No. 2156

Local Registrar's No. 95

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugh Louis Rabdau

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 3-1932

7. AGE Years Months Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

FATHER

13. NAME J. G. Rabdau

14. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

MOTHER

15. MAIDEN NAME Jean Hughes

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMENT (Address) J. G. Rabdau Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date April 21, 1932

19. UNDERTAKER (Address) H. R. Crouch Bonners Ferry.

20. FILED Apr. 22, 1932 E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1932, to Apr. 21, 1932

I last saw him alive on , 193 : death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Umbilical hemorrhage	Apr. 5.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Fry M.D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
State File No. 79318

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma L. Farnam

88f

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of R. J. Farnam

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keokuk Iowa.

FATHER

13. NAME Wallace E. Marsh

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Mary Rynerson.

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) R. J. Farnam Bonners Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Apr. 18, 1932

19. UNDERTAKER H. R. Crouch (Address) Bonners Ferry, Idaho.

20. FILED April 17, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 16 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 12: Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	?
Sudden death.	
Other contributory causes of importance:	
Polycythemia Vera	5 mo.

Name of operation — Date of

What test confirmed diagnosis? History. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. M. Bowell Coroner. M. D.

(Address) Bonners Ferry Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79319

PLACE OF DEATH
County of Camas
City of Fairfield

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18

2. FULL NAME Charles Francis Simmons
(a) Residence. No. At Fairfield - Ranch St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 9. 1880

7. AGE Years 51 Months 5 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer None

9. BIRTHPLACE (city or town) (State or country) New Portland Maine

PARENTS
10. NAME OF FATHER Orlando, Simmons
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. Portland Maine
12. MAIDEN NAME OF MOTHER Eva A. Butts
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New Portland Maine

14. Informant (Address) John W. Simmons Salem Oregon - HRD. #2

15. Filed ....., 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1932 to May 25, 1932
that I last saw him alive on May 25, 1932
and that death occurred, on the date stated above, at 5 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Rocky Mountain
Spotted fever

..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Acute endocarditis
..... (duration) ..... yrs. ..... mos. 2 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Fever spots etc.
(Signed) N B Parkinson M. D.
May 6, 1932 (Address) Fairfield Idaho

19. Place of Burial, Cremation, or Removal Salem, Oregon
Date of Burial May 30 1932
20. Undertaker Vern B. McCullach
Address Burley, Idaho

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79320

PLACE OF DEATH
County of Camas
City of Fairfield

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Hardy Finch

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of John Finch

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James H. Jenkins

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Jennie Laird

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs Rose Jones

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Fairfield Idaho Date June 5, 1932

19. UNDERTAKER E. McClain
(Address) Fairfield Idaho

20. FILED June 6, 1932 W. M. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to June 3, 1932
I last saw her alive on June 2, 1932 death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Idiopathic Heart Hypertrophy	May 18
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. M. Parkinson, M. D.
(Address) Fairfield Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79321

PLACE OF DEATH
County of Camas
City of Fairfield
Registration District No.
Primary Registration District No. Local Registrar's No.

(No. No -)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Osburne

(a) Residence. No. Fairfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. C. Osburne

6. DATE OF BIRTH (month, day, and year) Oct. 26 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Jacob Mink
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Cathrine Perkins
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) A. C. Osburne

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date May 27 1932

19. UNDERTAKER Vern McCulloch (Address) Burley Idaho

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw her alive on May 26 , 1932 death is said to have occurred on the date stated above, at 10:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexia,	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Parkinson, M. D.

(Address) Fairfield Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUN [illegible] 1932

DO NOT WRITE IN THIS SPACE

State File No. 79322

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 3

Primary Registration District No. 1106

Local Registrar's No. 53

(No. Mercy Hospital) 151

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** James Henry Latham

(a) Residence. No. R F D # 2 St. Eagle Idaho

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Olive Latham

6. DATE OF BIRTH (month, day and year) Feb. 18th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9. BIRTHPLACE (city or town) (State or country) Gurnsey Illinois

PARENTS

10. NAME OF FATHER Pleasant Latham

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs. Olive Latham Eagle Idaho

15. Filed 5-15-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 13th (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1932, to May 13th, 1932, that I last saw h. alive on May 12th, 1932, and that death occurred, on the date stated above, at 5:45 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Progressive gangrene
of left foot, leg & thigh.

(duration) 6 yrs. 3 mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Diabetes Mellitus

(duration) 25 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Evidence & gangrene

(Signed) [signature], M. D.

5-14-, 1932. (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa — Date of Burial: 5-15 1932

20. Undertaker: Wm. D. Talley — Address: Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79323

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Carylias Daniels 129

(a) Residence. No. 1461 Arthur St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Cora O. Daniels

6. DATE OF BIRTH (month, day, and year) April 15-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
67	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher & butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Madison Wisconsin

FATHER
13. NAME Gunder Daniels
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Anna Carenaf
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. C. Daniels 1461 Arthur

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Co. Date 5-22, 1932.

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 5-23-, 1932 John S. Meyers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to May 21, 1932
I last saw him alive on May 19, 1932; death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous nephritis.	Oct, 1931
Cardiac insufficiency	

Other contributory causes of importance: .....

Name of operation none Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C. R. Whittenberger M.D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79324

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 5d
(No. 315-21st Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Worrel Sullivan 129
(a) Residence. No. 315-21st Ave. So. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 12 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriet Thorpe Sullivan

6. DATE OF BIRTH (month, day and year) Nov. 19th 1853

7. AGE Years 78 Months 5 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work school teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Lancester
(State or country) Texas

PARENTS
10. NAME OF FATHER Lane Sullivan
11. BIRTHPLACE OF FATHER (city or town) Tennessee
(State or Country)
12. MAIDEN NAME OF MOTHER Harriet Bernard
13. BIRTHPLACE OF MOTHER (city or town) Tennessee
(State or County)

14. Informant (Address) Mr. B. B. Sullivan Nampa, Idaho

15. Filed 5-17, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1929, to May 15, 1932
that I last saw him alive on May 15, 1932
and that death occurred, on the date stated above, at 12:10 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Uremia from chron. nephritis
Fall on Bathroom floor. Fracturing hip.
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Fracture Left hip
(duration) yrs. mos. 25 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) V. C. Bell M. D.
5-17-1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 5-17 1932

20. Undertaker Wm. D. Talley Address Nampa, Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon.

City of Melba.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2026

DO NOT WRITE IN THIS SPACE

State File No. 79325

Local Registrar's No. 51

(No. 178)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Catherine Marler.

(a) Residence. No. 1515. N. 27 th Street. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 4. 1857.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	0	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee.

FATHER

13. NAME Nathaniel Ross.

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Sophia Christian.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Mrs. Ethel Albin. Melba Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Idaho. May. 14. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 5-17, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May. 14. 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to May 14, 1932.

I last saw her alive on May 10, 1932: death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	

Other contributory causes of importance:

Senile atrophy	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193.

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace Belknap, M. D.

(Address) Nampa Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79326

PLACE OF DEATH

County of Canyon
City of Bowmont
Registration District No. 3
Primary Registration District No. 2016
Local Registrar's No. 33
(No. 1½ mi. east Bowmont)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1-4

2. FULL NAME Arthur L. Sommers

(a) Residence. No. Elmore Street St.
(Usual place of abode.)
(If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 9th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	—	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Bowmont
(State or country) Idaho

PARENTS

10. NAME OF FATHER Arthur Sommers
11. BIRTHPLACE OF FATHER (city or town) Little Rock
(State or Country) Arkansas
12. MAIDEN NAME OF MOTHER Nida Carpenter
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Idaho

14. Informant Arthur Sommers
(Address) Nampa, Idaho

15. Filed 5-14, 1932 Fred Lemmay
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

acute yellow jaundice

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?.....
Did an operation precede death?..... Date of.....
Was there an autopsy?.....
What test confirmed diagnosis?.....
(Signed) C. V. Beckham Coroner, M. D.
May 18, 1932 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn-Nampa	5-14 1932
20. Undertaker	Address
Mrs. Nina M. Talley	Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79327

Registration District No. 3

Primary Registration District No. 1007 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Albertson 119

(a) Residence. No. Parma Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: widow
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): female

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Albert Albertson

6. DATE OF BIRTH (month, day, and year) Mch 4 1847

7. AGE Years 85 Months 2 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Gilbert Thompson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Amelia

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) C. W. Albertson Parma Ida

18. BURIAL, CREMATION, OR REMOVAL Place Parma Date 5-26 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 6-1, 1932 Luke Waldrop Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to May 24, 1932

I last saw her alive on May 24, 1932; death is said to have occurred on the date stated above, at 12 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ileo-Colitis for 10 years	

Other contributory causes of importance:

Myocarditis

Name of operation none Date of —

What test confirmed diagnosis? None Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. M. Mitchell, M. D.

(Address) Parma Idaho

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79328

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 A

2. FULL NAME Margaret Emily Clegg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 6 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Braddon
(State or country) Isle of Man

FATHER
13. NAME Robert Bridsen
14. BIRTHPLACE (city or town) Isle of Man
(State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT (Address) Belle Clegg

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Canyon Hill Date 5-19, 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 5-20, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May - 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1930, to May 17, 1932
I last saw her alive on May 17, 1932: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia following Paralysis - Being bed ridden for 2 years - Loss of speech - and locomotion -	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) T. D. Farrar, M.D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79329

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 9
Primary Registration District No. 2005 Local Registrar's No. 62

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Robert Fuller 101a

(a) Residence. No. Caldwell R#1 St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 29 1912

7. AGE Years 19 Months 11 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER
13. NAME G. H. Fuller
14. BIRTHPLACE (city or town) (State or country) Glasgo. Kansas

MOTHER
15. MAIDEN NAME Cora E. Cook
16. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

17. INFORMENT (Address) L. G. Fuller

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 5-12, 1932

19. UNDERTAKER (Address) C. V. Pickham Caldwell Idaho

20. FILED 5-13, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1932, to May 9, 1932
I last saw him alive on May 9, 1932 death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Plural Pneumonia	
Labor	

Other contributory causes of importance:
Suddenly Myocarditis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ✓, 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
✓ If so, specify
(Signed) T. D. Farran M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79330

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Baby Roberts

(a) Residence. No. Caldwell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18 32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME A. B Roberts

14. BIRTHPLACE (city or town) Elba
(State or country) Idaho

MOTHER

15. MAIDEN NAME Edessee Nadeau

16. BIRTHPLACE (city or town) Finley
(State or country) No Dakota

17. INFORMENT A B Roberts
(Address) Placerville Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Cem. Date May 31. 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 5-31, 1932 John L Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 29, 1932.
I last saw h alive on May 29, 1932: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism Portal Circulation	
Developed from the tied off vessels of Urachus extending into the portal vessels.	
Other contributory causes of importance:	
No	

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D O Dudley, M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79331

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 3
Primary Registration District No. 1007 Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie Marian Willis 90

(a) Residence. No. Parma Ida St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rare Willis

6. DATE OF BIRTH (month, day, and year) Oct-16-1880

7. AGE Years 48 Months 5 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crapshot (State or country) Nebraska

FATHER
13. NAME Charlie Willis
14. BIRTHPLACE (city or town) Davenport (State or country) Iowa

MOTHER
15. MAIDEN NAME Flora Snyder
16. BIRTHPLACE (city or town) Joliette (State or country) Illinois

17. INFORMENT (Address) Mrs Rose Willis Parma Ida

18. BURIAL, CREMATION, OR REMOVAL Place Parma Date 5-16 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED May 16, 1932 Lulu Waldrop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-14 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932, to May 14, 1932
I last saw him alive on May 14, 1932; death is said to have occurred on the date stated above, at 5-30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cardiac decompensation	4/4/32

Other contributory causes of importance:

Renal insufficiency	April 28

Name of operation none Date of —
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no injury
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Eugene Johnson M. D.
(Address) Parma

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79333

PLACE OF DEATH
County of Canyon
City of Middleton
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 66
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Shaffer 44
(a) Residence. No. (Usual place of abode) Middleton St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 18-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida

FATHER
13. NAME Philip Shaffer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Sophia Berguin
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) Mrs. D. Shaffer Caldwell Ida
18. BURIAL, CREMATION, OR REMOVAL Place Star Ida Date 5-17, 1932
19. UNDERTAKER C. V. Pickrell (Address) Caldwell Ida
20. FILED 5-20, 1932 John S. Meyer. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1932
22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1932, to 5-14, 1932
I last saw her alive on 5-13, 1932: death is said to have occurred on the date stated above, at 8:05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver with Extension in Lung & Esophagus.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? X-ray & Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. Bailey M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79334

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 70

(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Calvin Stitzel

(a) Residence. No. 316 Denver St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 29-1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	18.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Redding Pa.
(State or country)

FATHER
13. NAME Wm Stitzel
14. BIRTHPLACE (city or town) Redding Pa
(State or country)

MOTHER
15. MAIDEN NAME Leah Kuhn
16. BIRTHPLACE (city or town) Mercerberg Pa.
(State or country)

17. INFORMENT W.B. Stitzel
(Address) city

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Canyon Hill Date 5-18, 1932

19. UNDERTAKER C.V. Peckham
(Address) Caldwell Idaho

20. FILED 5-20, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-17 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to May 19, 1932
I last saw him alive on May 18, 1932; death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Face & Eye -	

Other contributory causes of importance:
Operation on Eye 1930
Eye removed 6 mo later
Extended to face

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L.D. Foster, M. D.
(Address) Caldwell Ida.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 16 1932

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 79335

Local Registrar's No. 68

75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mary Grace Gowey

(a) Residence. No. Caldwell, Idaho St. R.R. #1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Allen Gowey

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Iowa

FATHER

13. NAME Samuel Howe Tiffany

14. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Iowa.

MOTHER

15. MAIDEN NAME Mary Louisa Tiffany

16. BIRTHPLACE (city or town) (State or country) Zanesville Ohio.

17. INFORMENT (Address) Earl L. King R.R. #1 Caldwell

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date May 15, 1932

19. UNDERTAKER Paul L. Case (Address) Caldwell, Idaho

20. FILED 5-17-, 1932 John S. Meyer. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May-13 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1931, to May 15, 1932

I last saw h[illegible] alive on May 5, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paraplegia with accompanying Cystitis	Dec. 15, 31
Other contributory causes of importance: Pernicious anemia	1930

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. Whittenberger M.D.

(Address) Caldwell, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUN 1 8

DO NOT WRITE IN THIS SPACE

State File No. 79336

PLACE OF DEATH

County of Canyon

City of Nampa

CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1 sp

Local Registrar's No. 54

(No. 607 - 13th Ave So.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John Anthony Buor

(a) Residence. No. 607 - 13th Ave So. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word.): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Racheal Buor

6. DATE OF BIRTH (month, day and year): March 1st 1859

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Justice of Peace

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Antanogan Michigan

PARENTS

10. NAME OF FATHER: Nicholas Buor

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Bertha Albert

13. BIRTHPLACE OF MOTHER (city or town) (State or County): Germany

14. Informant (Address): Ben Buor Nampa, Idaho

15. Filed 4-29, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr 28 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1932, to Apr 28, 1932

that I last saw him alive on Apr 28, 1932

and that death occurred, on the date stated above, at 3:4 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Myocarditis and Chronic Interstitial nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 30 ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) H P Ross, M. D.

May 2, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa

Date of Burial: 4-29th 1932

20. Undertaker: Wm D. Talley

Address: Nampa, Ida

Exact statement of OCCUPATION is very important. See instructions on back.

5-27

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79337

PLACE OF DEATH
County of Canyon
City of Middleton

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Alice Shaffer 88 b

(a) Residence, No. Middleton St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Parted B Shaffer

6. DATE OF BIRTH (month, day, and year) Jan-6-1861

7. AGE Years 71 Months 4 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Caldwell Co.
(State or country) Missouri

FATHER
13. NAME Nelson Gray
14. BIRTHPLACE (city or town) .....
(State or country) Virginia

MOTHER
15. MAIDEN NAME Louisa Shaffer
16. BIRTHPLACE (city or town) .....
(State or country) Missouri

17. INFORMENT M A Shaffer
(Address) Portland Ore

18. BURIAL, CREMATION, OR REMOVAL
Place Middleton Date 6-7, 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED June 11, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932, to June 5, 1932
I last saw her alive on June 4, 1932; death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1930

Other contributory causes of importance:
N

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) M Haley, M.D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79338

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 3
Primary Registration District No. 2007
(No.)
Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norman T Nelson

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Nelson

6. DATE OF BIRTH (month, day and year) July 11 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kolrick Iowa

PARENTS

10. NAME OF FATHER Nels Nelson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway
12. MAIDEN NAME OF MOTHER Bertha Anderson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Missouri

14. Informant Louise D Nelson
(Address) Parma Idaho

15. Filed June 1, 1932 Ruth Waldrop Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 31 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1932, to May 31, 1932, that I last saw h-- alive on May 31, 1932, and that death occurred, on the date stated above, at 8 9. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Hypertension
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) O M. Mitchell, M. D.
5/31, 1932 (Address) Parma Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Ida	June 3 1932

20. Undertaker C D Buckner Address Emmett Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUN 10 1932

DO NOT WRITE IN THIS SPACE
State File No. 79339

PLACE OF DEATH
County of Canyon.
City of Nampa.

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 55

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Eaton.

49

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow ed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: n Years 82 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknow n.

17. INFORMENT (Address) F.K. Robinson Nampa.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date 5-26, 1932

19. UNDERTAKER (Address) F.K. Robinson. Nampa, Ida.

20. FILED 5-26, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May, 25 1932

22. I HEREBY CERTIFY, That I attended deceased from October, 1931, to May 24th, 1932.
I last saw him alive on May 24th, 1932: death is said to have occurred on the date stated above, at 3-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the face.	1929.

Other contributory causes of importance:
Toxaemia.

Name of operation None. Date of .....
What test confirmed diagnosis? Necrosis. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Geo. O. M. Kuroga, M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79340

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 63

(No. 1424) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Susan E. Froman

(a) Residence. No. 1424 St. Blaine St
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Isaac S. Froman

6. DATE OF BIRTH (month, day, and year) Nov 9 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brownsville Oregon

FATHER

13. NAME Capt Jonathan Keeney

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Shoemaker

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Mary Mumford Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 5-13-32 193

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 5-11, 193 2 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-11-32 193

22. I HEREBY CERTIFY, That I attended deceased from 1916, 193 0., to May 11, 193 2
I last saw h alive on May 11, 193 2: death is said to have occurred on the date stated above, at 3 P M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Cranial Hemorrhage	
Following by bleed clot to Left Lung	
Other contributory causes of importance: Age	

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. L. Turner, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 16 1932

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 79341

Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susana P. Oster

74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4th 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fruitgan Switzerland

FATHER

13. NAME Schmid

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) W. G. Oster Boise, Idaho 1016-11-15th

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date May 29, 1932

19. UNDERTAKER (Address) C. F. Peckham Caldwell Idaho

20. FILED 5-30, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1932, to May 26, 1932

I last saw her alive on May 26, 1932; death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Montgomery M. D.

(Address) Caldwell Ida

RECEIVED JUN [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79342

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2009

Local Registrar's No. 64

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mrs Mora I. Shultz

(a) Residence. No. Caldwell Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J.H. Shultz

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
57	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) York
(State or country) Nebraska

FATHER

13. NAME Myron N. Myrick

14. BIRTHPLACE (city or town) ....
(State or country) Vermont

MOTHER

15. MAIDEN NAME Cylestia P. Dickie

16. BIRTHPLACE (city or town) ....
(State or country)

17. INFORMENT J.H. Shultz
(Address) Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date May 14, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 5-13-, 1932 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1930 to May 12, 1932
I last saw h.. alive on May 9, 1932. death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Second cerebral hemmorhage, May 7, 1932	
1st cerebral hemmorhage occured about two years previously.	
Other contributory causes of importance: Gyporrhea and abscessed teeth in July 1930 - Removed. Arteriosclerosis as result.	

Name of operation none Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) C. R. Whittenburger D.O., M.D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 16 1932

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 79343

Local Registrar's No. 67

(No. 182)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Terrell Walter Tatum

(a) Residence. No. Caldwell, Idaho. St. 408 Dearborn
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Marian Hore Tatum

6. DATE OF BIRTH (month, day, and year) Jan. 25, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Grocery Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wilson Mercantile

10. Date deceased last worked at this occupation (month and year) 5-14-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Missouri

FATHER

13. NAME Walter F. Tatum

14. BIRTHPLACE (city or town) (State or country) Springfield Missouri.

MOTHER

15. MAIDEN NAME Lottie J. Summers

16. BIRTHPLACE (city or town) (State or country) Lawrence Co. Missouri.

17. INFORMENT (Address) Marian Hore Tatum Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date May 20, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 5-20-, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-15-32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning in	
Boise river	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. V. Peckham Coroner.

(Address) Caldwell Idaho.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79344

PLACE OF DEATH
County of Canyon
City of Caldwell R#1
Registration District No. 8
Primary Registration District No. 2005
Local Registrar's No. 61

(No.) 161 B
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore McKinley Moore

(a) Residence. No. Caldwell Ada R# St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5-32.

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canyon Co
(State or country) Idaho

FATHER

13. NAME J. M. Moore

14. BIRTHPLACE (city or town)
(State or country) Mo.

MOTHER

15. MAIDEN NAME Mary L. Osborne

16. BIRTHPLACE (city or town)
(State or country) Kansas.

17. INFORMENT T. M. Moore
(Address) R #1

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Canyon Hill Date May 7, 1932

19. UNDERTAKER C. L. Pestham
(Address) Caldwell Idaho

20. FILED 5-13, 1932 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5 1932

22. I HEREBY CERTIFY, That I attended deceased from
, 193, to , 193
I last saw him alive on May 5, 193: death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia — Possibly Haemorrhage of Cord	

Other contributory causes of importance:

Name of operation NN Date of
What test confirmed diagnosis? NN Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W C Holt, M. D.
(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79345

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 65

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

161 a

2. FULL NAME Roger Lee Johnston

(a) Residence. No. Caldwell, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho.

FATHER

13. NAME Ray L. Johnston

14. BIRTHPLACE (city or town) Smith Center
(State or country) Kansas

MOTHER

15. MAIDEN NAME Ruby Fivecoat

16. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

17. INFORMENT Ray L. Johnston
(Address) Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date May 15 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 5-17, 1932 John A. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from (Birth) 4-28, 1932, to May. 14., 1932
I last saw him alive on May. 14, 1932: death is said to have occurred on the date stated above, at 8 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mal Nutrition	
Pre. Mature. Birth.	

Other contributory causes of importance:

Premature	

Name of operation no Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) David E Baird, M. D.
(Address) Caldwell Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79346

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 7159
Local Registrar's No. 11
(No. —)
(If death occurred in a hospital or institution, give its name instead of street and number.)

142

2. FULL NAME Joseph Henry Osburn

(a) Residence. No. Soda Springs St. Ida
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~: Annie Osburn

6. DATE OF BIRTH (month, day and year): March 6 - 1862

7. AGE: Years 70 | Months 2 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired — Farmer and Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Wilson County Kansas

PARENTS

10. NAME OF FATHER: Pleasant Osburn
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Sarah Rich
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Unknown

14. Informant (Address): J. J. Osburn Soda Springs Ida

15. Filed 5-23, 1932 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 22, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July - 1 -, 1928, to May 22, 1932
that I last saw him alive on May 22 -, 1932
and that death occurred, on the date stated above, at 1 - 6 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy
(duration) 4 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) —
— (duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Russell Tigert, M. D.
May 27, 1932 (Address) Soda Springs Ida

19. Place of Burial, ~~Cremation, or Removal~~: Normal Cemetery Soda Springs Ida — Date of Burial: May 23 1932
20. Undertaker: C. E. Watkins — Address: Soda Springs Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79347

PLACE OF DEATH
County of Bonneville
City of Soda Springs Registration District No. 8
Primary Registration District No. 2159 Local Registrar's No. 12
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** David Young

(a) Residence. No. Soda Springs Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary Young

6. DATE OF BIRTH (month, day and year) June 15 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	11	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Payson Utah

PARENTS

10. NAME OF FATHER John D Young

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Mary Littlefield

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iowa Skunker England

14. Informant (Address) Soda Springs Ida

15. Filed 6-2-, 1932 Dr. Russell Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 2, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 4-, 1932, to June 2-, 1932
that I last saw h. alive on June 2-, 1932
and that death occurred, on the date stated above, at 4:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Symptoms

(Signed) Ellis Rawling, M. D.
6/2/32, 1932 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal: Soda Springs Ida — Date of Burial: June 3 1932

20. Undertaker: O. L. Whiteman — Address: Soda Springs Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79348

PLACE OF DEATH
County of Caribou
City of Soda Springs
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-9

2. FULL NAME La Vina Stark
(a) Residence. No. Soda Springs Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Martin Stark

6. DATE OF BIRTH (month, day and year) Oct. 16 1869

7. AGE Years 62 Months 5 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Paris Idaho

PARENTS
10. NAME OF FATHER Stephen Kelsey.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Lydia Snyder
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant (Address) Ray Stark Soda Springs Ida

15. Filed 4-11, 1932 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 29, 1932, to April 10, 1932
that I last saw her alive on April 10 1932
and that death occurred, on the date stated above, at 8:40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
apoplexy

(duration) ..... yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) arthritis, chronic multiple
(duration) 10 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Same
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Dr Russell Tigert M. D.
4-11, 1932 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal Soda Springs Ida
Date of Burial 4-12-1932

20. Undertaker Co. L. Whitman
Address Soda Springs Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79349

PLACE OF DEATH
County of Caribou
City of Soda Springs Ida
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 10
(No.) 101-a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Swenson
(a) Residence. No. Soda Springs Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frans Swenson

6. DATE OF BIRTH (month, day and year) Dec. 8-1853

7. AGE Years 78 Months 4 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS
10. NAME OF FATHER Andrew Anderson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Frans Swenson Soda Springs Ida

15. Filed 4-16-, 1932 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 16th (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to April 16, 1932
that I last saw her alive on April 16, 1932
and that death occurred, on the date stated above, at 7 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Right Lower Pneumonia
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Arthritis Deformans
(duration) 15 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) Evan M. Kachlen M. D.
4-16-, 1932 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker E. S. Whitman | Address Soda Springs Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79351

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 321
(No.) 1 3
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaiah Ephrian Hultgren
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E Hultgren
6. DATE OF BIRTH (month, day and year) Oct. 2 - 1886
7. AGE Years 45 Months 7 Days 2 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Nebraska

PARENTS
10. NAME OF FATHER Claes S Hultgren
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweeden
12. MAIDEN NAME OF MOTHER Josephine Schultz
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweeden

14. Informant (Address) Ethel Jacobson Riverdale Neb.
15. Filed May 10, 1932 E Hutter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 4 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 4, 1932, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gun Shot
Self Inflicted
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) D. E. Johnson Coroner M.D.
5-7 1932 (Address) Burley Ida

19. Place of Burial, Cremation, or Removal Weiser Ida
Date of Burial 5-12 1932
20. Undertaker D. E. Johnson
Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79352

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 17
Primary Registration District No. 2190
Local Registrar's No. 227
(No. 211 North Oakley Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jos. C. Pixton Sr. 74a
(a) Residence. No. 225 So. Overland St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma E. Ashby.

6. DATE OF BIRTH (month, day and year)

7. AGE Years 73 Months 3 Days 11 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Agriculturist
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer self

9. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

PARENTS
10. NAME OF FATHER Robert Pixton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown Scotland
12. MAIDEN NAME OF MOTHER Elizabeth Cooper
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown England

14. Informant (Address) J. C. Pixton Sr. Burley, Ida.

15. Filed 6-10-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1932 to March 29, 1932
that I last saw him alive on March 29, 1932
and that death occurred, on the date stated above, at 5 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza.
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? at Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Usual
(Signed) Joseph Kemsley M.D.
March 31, 1932 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal Burley, Idaho. Date of Burial Apr. 1 1932

20. Undertaker Payne & Kimball Address Burley

By Paul Beel E225

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79353

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 328
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma A. Gibson
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jina E. Gibson
6. DATE OF BIRTH (month, day and year) May 20 – 1856
7. AGE Years 85 Months 10 Days 27 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) New York
PARENTS
10. NAME OF FATHER John Gibson
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)
14. Informant (Address) F. R. Gibson Burley Idaho
15. Filed, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 17 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 17, 1932, to April 17, 1932
that I last saw him alive on April 17, 1932
and that death occurred, on the date stated above, at 7:45 A. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteria Pelerosis
(duration) 10 yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean M. D.
, 19 (Address) Burley Id
19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial 4-20 1932
20. Undertaker D. E. Johnson Address Burley

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79354

PLACE OF DEATH

County of Cassia
City of Burley
Registration District No. 117
Primary Registration District No. 2116
Local Registrar's No. 227
(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. **FULL NAME** Lydia Ann Clayton

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Eugene Clayton

6. DATE OF BIRTH (month, day and year) Dec 6-1877

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	4	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Angle Ut

PARENTS

10. NAME OF FATHER Reuben M Jolley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill or Navoo
12. MAIDEN NAME OF MOTHER Elizabeth Ann Spriggs
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant (Address) Mrs E Clayton Burley Idaho

15. Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 26 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20. 1932 to April 20. 1932
that I last saw her alive on April 20. 1932
and that death occurred, on the date stated above, at 9 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Myocarditis

Duration several years mos. ..... ds. .....

CONTRIBUTORY (Secondary) Arteriosclerosis
Duration several years mos. ..... ds. .....

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) Edith Nelson Grant M. D.
May 20 1932 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal: Burley Ida. — Date of Burial: 6-1-1932

20. Undertaker: W. E. Johnson — Address: Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUN 13 1932

DO NOT WRITE IN THIS SPACE

State File No. 79356

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia

City of Artesian

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 101

(No. 90)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyman Lester Bates

(a) Residence. No. ..... Murtaugh, Idaho St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Edith Bates

6. DATE OF BIRTH (month, day and year) Nov. 17-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	6	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Paddock Idaho

PARENTS

10. NAME OF FATHER Arlin Bates

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Luvina Adams

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) Mrs. J. J. Johnson Murtaugh Idaho

15. Filed 5/17, 1932 Elizabeth L. Smith Registrar. acs

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 17 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1932 to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) D. C. Johnson Coroner M. D.

6-16, 1932 (Address) Burley Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Ida	6-17 1932
20. Undertaker D. C. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of CLARK
City of DUBOIS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 125
Primary Registration District No. 2203

DO NOT WRITE IN THIS SPACE
State File No. 79357

Local Registrar's No.

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME PHILLIP ROLLO GAUCHAY

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JULIA GAUCHAY

6. DATE OF BIRTH (month, day, and year) MAY, 3, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYSVILLE, UTAH.

FATHER

13. NAME PHILLIP GAUCHAY,

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME LILLIAN PEARL GARDNER

16. BIRTHPLACE (city or town) (State or country) MURRAY, UTAH.

17. INFORMENT (Address) GRANDVILLE GAUCHAY, Dubois, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Annabelle, Utah Date May, 1932

19. UNDERTAKER Jack A. Wood, (Address) Idaho Falls, Ida.

20. FILED May 14, 1932 C E Jones MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May, 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 13, 1932
I last saw h alive on May 8 1932: death is said to have occurred on the date stated above, at 4:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H Ray Kutch, M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79358

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 96
Primary Registration District No. 577
Local Registrar's No. 36
(No. State Hospital North) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Driver

(a) Residence. No. 750 Government Way St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katherine Driver

6. DATE OF BIRTH (month, day, and year) Jan. 1. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Wiley Driver

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Dicey Gunther

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 5/23, 193

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED 5/22, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20 193 2

22. I HEREBY CERTIFY, That I attended deceased from May 8, 193 2, to May 20, 193 2

I last saw him alive on May 20, 193 2: death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	May 20, 1932.
Other contributory causes of importance: Psychosis with Cerebral arterio-sclerosis	2 years ago

Name of operation None Date of

What test confirmed diagnosis? Phys. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Lorne McKelvey, M. D.

(Address) Orofino, Idaho.

RECEIVED JUN 4 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79359

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2887 Local Registrar's No. 38
(No. State Hospital North) 76
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy Averill

(a) Residence. No. ____ St. Elk River, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Frances Averill

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
41	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Steam engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Machias Maine

FATHER

13. NAME Frank Averill

14. BIRTHPLACE (city or town) (State or country) Portland Maine

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho -

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 6/29, 193

19. UNDERTAKER (Address) E. A. Chase Orofino

20. FILED 6/28, 193 E. A. Chase Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1927

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1927, to May 27, 1927

I last saw him alive on May 27, 1927; death is said to have occurred on the date stated above, at 10.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General paralysis of the Insane	?
Other contributory causes of importance: Syphilis	7 years

Name of operation None Date of

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelvey, M.D.

(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79360

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 37
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME William H. Conner
(a) Residence. No. 223 East 7th St. St. Moscow, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ unascertained
6. DATE OF BIRTH (month, day, and year) Aug. 23, 1860
7. AGE Years 71 Months 9 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lucas County Iowa

FATHER
13. NAME Alfred Conner
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Harriette Wade
16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 5-23, 1932
19. UNDERTAKER (Address) H. A. Short Moscow
20. FILED 5/23, 193 H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1932
22. I HEREBY CERTIFY, That I attended deceased from May 14, 1932, to May 23, 1932
I last saw him alive on May 22, 1932: death is said to have occurred on the date stated above, at 7.35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
Psychosis with Cerebral arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Imp. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 35

DO NOT WRITE IN THIS SPACE
State File No. 79361

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Sands

(a) Residence. No. ..... St. Priest River, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Sands

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME John Sands

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Margaret McNamara

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Sandpoint Cem. Date ....., 193..

19. UNDERTAKER Orofino Mortuary
(Address) Orofino

20. FILED 5/11, 193.. W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 193 7

22. I HEREBY CERTIFY, That I attended deceased from March 31, 193 7, to May 9, 193 7
I last saw h[illegible] alive on May 9, 193 7: death is said to have occurred on the date stated above, at 5:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Psychosis with Cerebral Arteriosclerosis	

Name of operation None, Date of .....
What test confirmed diagnosis? Phys. Sign. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Phil Irvine McKelvey, M. D.
(Address) Orofino - Idaho

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79362

PLACE OF DEATH
County of Oxer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 138
(No. ( ) 198
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George N. Read
(a) Residence. No. Challis Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth E. Read

6. DATE OF BIRTH (month, day and year) Feb. 5 1850

7. AGE Years 82 Months 3 Days 20 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Dr. & Shoes
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Maine

PARENTS
10. NAME OF FATHER Read.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) J. A. Harrington Boise Idaho

15. Filed May 26, 1932 Edna McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
that I last saw him alive on May 24, 1932
and that death occurred, on the date stated above, at between 1 & 4 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Blow on head with an axe by unknown assailants - murdered
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Examination
(Signed) J. S. Ebbert coroner M. D.
May 26, 1932 (Address) Challis Idaho

19. Place of Burial, Cremation, or Removal Challis Ida
Date of Burial 5/27 1932

20. Undertaker V. F. McHan
Address Idaho Falls Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79363

PLACE OF DEATH

County of Custer
City of Challis

CERTIFICATE OF DEATH

Registration District No. 108
Primary Registration District No. 2186 . Local Registrar's No. 141
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1 P 2

2. FULL NAME Ben Selmer
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 31 1901

7. AGE: Years 31 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Was employed at one time by Mrs Harris of Hailey

9. BIRTHPLACE (city or town) (State or country) thought to be Wasau Wis.

PARENTS

10. NAME OF FATHER John Selmer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Mrs Lovell Myers Cove, Ida

15. Filed May 20, 1932 Edna McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 18 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw him alive on May 18, 1932
and that death occurred, on the date stated above, at 2 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

accidental drowning

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. L. EBBERT, CORONER, M. D.
....., 19..... (Address) CHALLIS, IDAHO.

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker | Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

This man was accidentally drowned in Leon creek near Falenberg ranch. The body has never been found. Two men were with him when his horse fell off the trail and they rolled into Leon creek. Little is known about him. He told the Lovells he was an undertaker and had worked for Mr Harris of Hailey and he was supposed to be a member of the A.O.U.W. at Hailey. The Deputy Sheriff helped look for him but the

body, hasn't been found as yet.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 19 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

~~DO NOT~~ WRITE IN THIS SPACE
State File No. 79366

PLACE OF DEATH
City of Elmore
City of Atlanta

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tom Fairbanks

(a) Residence. No. ..... St. Atlanta Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 57 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Steam Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roseville California

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Ray R. Roice Atlanta Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Atlanta Idaho Date 3 30, 1932

19. UNDERTAKER (Address) None

20. FILED Apr 5, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.... death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
See Statement attached by Geo. M. Wales Justice of the Peace at Atlanta Idaho	

Other contributory causes of importance: 2

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Geo M. Wales J.P. ~~M.D.~~
(Address) Atlanta Idaho

Certificate of Death

Place of death = Atlanta, Elmore Co.
State of Idaho

Name. Tom Fairbanks

Sex. Male

Color or race = American, white

Conjugal condition = divorced

Date of birth = unknown

age = = 57 years =

Place of birth. Roseville, California

Name of father: unknown

Birth place of father = unknown

Maiden name of Mother = unknown

Birth place of Mother = unknown

Occupation = Steam Engineer

Signature and address of informant

Ray R. Rice
Atlanta, Idaho

Date of death = Monday at midnight
March 28th 1932

Statement of medical attendance on decedent:

Decedent called upon and consulted with a trained nurse the morning of his death and was given aid such as in her best judgment was necessary. During the late afternoon and up to time of death a trained nurse was in attendance administering to the best of her knowledge.
(Note = There is no doctor in Atlanta =

Cause of death= History of case as given by informant (a devoted friend and constant companion for 3 years past) would indicate either ulcers or cancer of the stomach undoubtedly aided by excessive drinking the past seven days.

From investigation by the undersigned and consultation with Mr Ray R Rice informant and both trained nurses, every thing was done that could be done for decedent. Decedent had suffered for 1 year past with a stomach complaint which decendent had advised informant was due to ulcers: Informant also advises that decedent had consulted with a Dr. Bieber of Spokane, Washington about 2 years ago, result of this consultation is not definitely known by informant

Glen M Hales
Justice of Peace, Atlanta, Elmore Co. Idaho

Length of residence at place of death=

7 months

Decedent had suffered 3 attacks all which were severe, in each case the same symptoms the latter, in which he died, being by far the most severe

Place of burial= Cemetery in Atlanta, Idaho

(Note= Lots are not numbered, Head board made of 2" planks Marked thus= "Tom Fairbanks. age 57. died March 28. 1932)

Date of burial= March 30. 1932

Signature and address of undertaker

(NONE)

Official signature of registrar

Glen M Hales

Mar 31. 1932

Justice of Peace in and for Atlanta precinct Elmore County State of Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79367

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1 F C

2. FULL NAME Lenore G. Nash

(a) Residence. No. Glenns Ferry Idaho (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, ~~widowed~~, or divorced
~~HUSBAND of~~ (or) WIFE of William Frank Nash

6. DATE OF BIRTH (month, day, and year) Jan. 23, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	3 mo.	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harper Kansas

FATHER
13. NAME J. C. Bundy
14. BIRTHPLACE (city or town) (State or country) Harper Kansas

MOTHER
15. MAIDEN NAME Lillie Carrithers
16. BIRTHPLACE (city or town) (State or country) Lindon Nebraska

17. INFORMENT (Address) J. C. Bundy Mamea Ida. R. #
18. BURIAL, CREMATION, OR REMOVAL Place Glenns Ferry Ida. Date May 3, 1932
19. UNDERTAKER G. C. Zacher (Address) Mountain Home Ida.
20. FILED 5-3, 1932 Mrs Mary McClure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/1/32 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed in auto accident	
Neck broken	
accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? accident Date of injury 5/1, 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On country road
Manner of injury Broken neck in
Nature of injury auto accident

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) G. C. Zacher Coroner M.D.
(Address) Mt Home Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Treasureton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79368

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mildred Ivy Taylor

205 b

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Harold Taylor

6. DATE OF BIRTH (month, day, and year): Feb 24 1900

7. AGE: Years 32 | Months 2 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dell Mountain Utah

FATHER
13. NAME: Geo. A Jones
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Clarra Wilson
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Harold Taylor, Treasureton

18. BURIAL, CREMATION, OR REMOVAL Place: Logan Utah Date: May 25, 1932

19. UNDERTAKER (Address): M. W. Hendricks, Preston Idaho

20. FILED June 6, 1932 G. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... , 193..., to ..... , 193...
I last saw h..... alive on ..... , 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
death due to natural causes	
main cause unknown	
Other contributory causes of importance:	
Had a weak heart	

Name of operation: no Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....
(Signed) [signature], M.D.
(Address) Corner

RECEIVED JUN 6 1932

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2719
Local Registrar's No. 32

DO NOT WRITE IN THIS SPACE
State File No. 79369

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Jay Jones

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Evan Jones

14. BIRTHPLACE (city or town) (State or country) Brigham Utah

MOTHER

15. MAIDEN NAME LaVern Jeppson

16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) Evan Jones Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date May 20, 1932

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED June 8, 1932 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Birth May 3, 1932, to May 19, 1932
I last saw h[illegible] alive on May 19, 1932, death is said to have occurred on the date stated above, at 4:30 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Neonatorum	May 10, 1932
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) Orson L. Hansen, M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 10 1932

PLACE OF DEATH
County of Franklin
City of Minkcreek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 79370

Local Registrar's No. 35

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlotte Alvina Baird

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. D. Baird

6. DATE OF BIRTH (month, day, and year) Aug. 6 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Mantua Utah

FATHER

13. NAME James M. Keller

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Anna C. Larsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) W. B. Barid Minkcreek Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Minkcreek Idaho Date June 1, 1932

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED June 8, 1932 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-28-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1931, to 5-28, 1932

I last saw h[illegible] alive on 5-11, 1932; death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. L. Cullo, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 10 1932

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79371

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 34

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hyrum Nielsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hanna C. Nielsen

6. DATE OF BIRTH (month, day, and year) Dec. 10 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Milton Utah

FATHER

13. NAME Andrew Nielsen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Dorthea Polsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Carl Nielsen son Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date May , 193

19. UNDERTAKER W. W. Hendrickson (Address) Preston

20. FILED June 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to May 22, 1932
I last saw h alive on 5-22, 1932; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. R. Curtis, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79372

PLACE OF DEATH
County of Franklin
City of ~~Treasureton~~ Preston,

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Thomas Robinson Condie

(a) Residence. No. Banida, Idaho St. .....
(Usual place of abode) ~~Died on way to Hospital~~ (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie Condie Dec.

6. DATE OF BIRTH (month, day, and year) July 7 1861

7. AGE: Years 70 | Months 10 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Gibson Condie
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Elizabeth Robinson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) J. W. Condie Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Crockmill Date May 11, 1932

19. UNDERTAKER (Address) [illegible] Preston Idaho

20. FILED June 8, 1932 G. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/7/32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 5/7/32, 193...: death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: General Arterio-sclerosis	1920

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. R. Cutler, M. D.
(Address) Preston Idaho

RECEIVED JUN 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79373

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 219
Local Registrar's No. 36
(No.) 143e
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucia Euleah Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of S. Vernon Nelson

6. DATE OF BIRTH (month, day, and year) July 19 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) SpringCity Utah

FATHER

13. NAME Daniel T. Thomander

14. BIRTHPLACE (city or town) (State or country) Ephriam Utah

MOTHER

15. MAIDEN NAME Sarah J. Aiken

16. BIRTHPLACE (city or town) (State or country) SpringCity Utah

17. INFORMENT (Address) Daniel T. Thomander SpringCity Utah

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date May 3), 193 2

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED June 8, 1932 G. W. Stalls Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1932, to 5-28, 1932

I last saw her alive on 5-28, 1932; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	5-25-32

Other contributory causes of importance:

Chronic nephritis	1924

Name of operation Cesarian section Date of 5-25-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. W. Curley, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 10 1932

PLACE OF DEATH
County of Franklin
City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79374

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 31

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Olsen

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorretta Olsen

6. DATE OF BIRTH (month, day, and year) Mar 27 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11 7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME Chri sten Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Anna Ellingsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Lorretta Olsen Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weston Idaho Date May 17, 193 2

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED June 8 193 2 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-14 193 2

22. I HEREBY CERTIFY, That I attended deceased from July, 193 1, to May 14, 193 2

I last saw him alive on May 14, 193 2 death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	May 5 1932
Chronic Nephritis without Edema	1925
Arteriosclerosis	—
Hypertension	—

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. + clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orson L. Davis M.D.

(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79375

PLACE OF DEATH
County of Fremont
City of Heman
Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 17
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Samuel Neale Smith

(a) Residence. No. St. Anthony Route # 3 Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14th, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	1	[illegible]	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Student

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Parker

MOTHER FATHER

13. NAME Samuel D. Smith

14. BIRTHPLACE (city or town) (State or country) Evanston Wyo.

MOTHER

15. MAIDEN NAME Laura Stoddard

16. BIRTHPLACE (city or town) (State or country) Parker, Idaho.

17. INFORMENT (Address) Mrs Laura Smith Route # 3 St. Anthony, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Date Jun. 2nd 1932

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED May 29, 1932 Sara Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to May 30, 1932
I last saw him alive on May 27, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Organic Heart disease. Patent Foramen Ovale.	at Birth
Other contributory causes of importance: Acute Poly Arthritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Parley Nelson, M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79376

PLACE OF DEATH
County of Fremont
City of St Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Joseph Wilson Bowman

(a) Residence. No. St Anthony St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Malinda Bowman

6. DATE OF BIRTH (month, day, and year) May 3rd 1864

7. AGE 68 Years Months Days 8 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Utah

FATHER
13. NAME Hyrum Bowman
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Wilson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Malinda Bowman

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Ora, Ida Date May 13, 1932

19. UNDERTAKER (Address) Vern J Keller Rexburg Ida

20. FILED May 13, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1928, to May 11, 1932
I last saw him alive on May 10, 1932; death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. B. West M.D., M. D.
(Address) St Anthony Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79377

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 2059
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Freda E Schadt
(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Fred Schadt
6. DATE OF BIRTH (month, day and year) Jan 10 - 1888
7. AGE Years 44 Months 4 Days 10 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10. NAME OF FATHER Fred Barth
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Dora Cook
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) F. C Schadt
15. Filed 5/23, 1932 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 20 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 20th, 1932, to May 20, 1932
that I last saw her alive on May 20, 1932
and that death occurred, on the date stated above, at 10 30 p m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Shock - following a historectomy
Uterine hemorrhage. Died of shock following operation.
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Anemia - Bad heart
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. L. REYNOLDS, M. D.
5/23, 1932 (Address) EMMETT, IDAHO.

19. Place of Burial, Cremation, or Removal Emmett Idaho
Date of Burial 5/23 1932
20. Undertaker C D Buckmun
Address Emmett Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79378

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No.
Primary Registration District No. 9
Local Registrar's No.
(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Karl Friederich Wilhelm

(a) Residence. No. Emmett St. Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 24-1847

7. AGE Years	Months	Days	If LESS than 1 day,
85	3	26	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Peter Wilhelm
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Barbara Spatz
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Mrs. H. Werle
(Address) Emmett Idaho

15. Filed 5/23, 1932 J. H. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to May 20, 1932
that I last saw him alive on May 19, 1932
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:
Senile dementia
several (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Starvation & exhaustion from refusing food & water and
Continued coma (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) C. O. Brakeman M. D.
5/23, 1932 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	5/23 1932
20. Undertaker	Address
C. O. Brakeman	Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79379

RECEIVED JUN 6 1932

PLACE OF DEATH
County of Gem
City of Emmett

CERTIFICATE OF DEATH

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Mary C Dudenbostel
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) May 6 - 1849
7. AGE Years 82 Months 11 Days 26 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Chester Ill

PARENTS
10. NAME OF FATHER Jacob Knapp
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Naomi D Brown

15. Filed 5/3, 1932 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 2 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1931, to May 2, 1932
that I last saw her alive on Apr 28, 1932
and that death occurred, on the date stated above, at 6 P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
apoplexia old age
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arterio Sclerosis
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J L Reynolds M. D.
5/3, 1932 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal Chester Ill. Date of Burial 19
20. Undertaker C D Bucknum Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 6 1932

DO NOT WRITE IN THIS SPACE
State File No. 79380

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmira Kuckku
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry Kuckku
6. DATE OF BIRTH (month, day and year) Apr 26-1867
7. AGE 65 Years | Months — | Days 21 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Penn.

PARENTS
10. NAME OF FATHER Wm Hubler
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not known
12. MAIDEN NAME OF MOTHER Sarah Reichart
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Not known

14. Informant (Address) Henry Kuckku

15. Filed 5/18, 1932 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 17 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1932, to May 17, 1932
that I last saw her alive on May 14, 1932
and that death occurred, on the date stated above, at 7 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis following
Bronchitis of 30 standing
..... (duration) ..... yrs. ..... mos. ..... ds.
possibly CONTRIBUTORY (Secondary) Tuberculosis Pulmonary
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Dr. J. L. Reynolds, M. D.
5/18, 1932 (Address) Emmett, Idaho.

19. Place of Burial, Cremation, or Removal Emmett Idaho | Date of Burial 5/20 1932
20. Undertaker C D Bucknum | Address Emmett Idaho

Jem

SURVEY OF TUBERCULOSIS CASES

1. Place Emmett 2. Address of Patient Emmett 3. Date of Record 6/9/33
4. Name of Patient Luckbaer 5. Sex F 6. Race WW 7. Date of Birth 4/26/67 - 65
8. Married, Single, Widowed, Divorced, Separated (Check). 9. Country of Birth (a) of Case ..... (b) of Parents .....
10. Legal Residence ..... 11. Length of time (a) in County ..... (b) in particular community .....
12. (a) Number of Children (under 16) in Household ..... 12. (b) No. of Child. who have had med. exam. .....
(c) Number of Adults in Household ..... 12. (d) No. of Adults who have had med. exam. .....
13. (a) No. of Other Cases of Tuberculosis in Family ..... 13. (b) Specify Relationship to Patient
14. (a) Occupations Prior to Illness Housework Diagnosed .....
(b) No. of Years in those Occupations ..... Suspected .....
15. Approximate Date of First Symptoms ..... Dead ("Possible")
16. (a) Date of Diagnosis ..... (b) Where Diagnosed ..... (c) Type Pulm. (d) Sputum .....
17. (a) Present Occupation ..... (b) Employer .....
18. Sanatorium Experience (a) where ..... (b) Dates .....
19. Clinic Experience (a) where ..... (b) Dates .....
20. Source of Record LD 21. Date of Filling Out this Card .....
22. Present Disposition of Case Died May 17 1932
23. Notes Husband Henry Luckbaer, Emmett " Dr J. L Reynolds

Copyright, 1924, National Tuberculosis Association

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79381

PLACE OF DEATH
County of Ada
City of Emmett
Registration District No. 4
Primary Registration District No. ..... Local Registrar's No. 90
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nels August Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Emma Sophia Anderson

6. DATE OF BIRTH (month, day and year) Oct 19 - 1866

7. AGE: Years 65 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lumber Grader In Saw Mill
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Sweeden

PARENTS

10. NAME OF FATHER: Ender Anderson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweeden
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Sweeden

14. Informant (Address): Victor Anderson Emmett Idaho

15. Filed May 9, 1932 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 12 noon.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
I SAW the Body after death - Death was evidently due to heart failure probably a coronary thrombosis - seems to have fallen over dead (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) nothing
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) I. N. Cummings, M. D.
May 9, 1932 (Address) Emmett

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: 19

20. Undertaker: C. D. Buckner — Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79382

PLACE OF DEATH
County of Camas
City of Fairfield
Registration District No.
Primary Registration District No.
Local Registrar's No. 58

(No. 92)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Phillips

(a) Residence. No. Fairfield St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	M

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payson
(State or country) Utah County, Utah

FATHER

13. NAME Phillip Ballard

14. BIRTHPLACE (city or town)
(State or country) Hancock County Ill.

MOTHER

15. MAIDEN NAME Nancy Permelia Boren

16. BIRTHPLACE (city or town) Tonya Utah
(State or country) Pottawattamie County

17. INFORMENT Mrs. Lydia A. Hardwick
(Address) Fairfield Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Fairfield Ida. Date 5-12, 1932

19. UNDERTAKER L. M. Olsen
(Address) Fairfield Idaho

20. FILED June 6, 1932 W. W. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1932, to 5-11, 1932
I last saw h~~er~~ alive on 5-11, 1932: death is said to have occurred on the date stated above, at 5:22 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Emphelism with Cardiac Paralysis	5-1-32
Other contributory causes of importance: Chronic Endocarditis	

Don't know

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Houston E. Snyder, M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79383

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 186
(No. Gooding Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Wilson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Houston E. Snyder
(Address) Gooding Idaho

20. FILED 6/31, 1932 J. H. Cranmell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6—2 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1932, to 6-2, 1932
I last saw him alive on 6-2, 1932; death is said to have occurred on the date stated above, at 9:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Tic Fever	5-24-32
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Herding Sheep, Infected district
(Signed) Houston E. Snyder, M. D.
(Address) Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79385

PLACE OF DEATH
County of Gooding Registration District No.
City of Wendell Primary Registration District No.
(No.) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Merlak

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year): 1854

7 AGE: Years 78 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Do not know
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS
10 NAME OF FATHER ✓
11 BIRTHPLACE OF FATHER (city or town) (State or country) ✓
12 MAIDEN NAME OF MOTHER ✓
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ✓

14 Informant Sr Mary Mechtelle
(Address) St Valentine's Hosp

15 Filed 1-12, 1932 E. E. Simonton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 12 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to June 11, 1932
that I last saw h[illegible] alive on June 11, 1932
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Run over by automobile on public highway -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) M. D.
19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial 19
Wendell Idu	
20. Undertaker	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79386

PLACE OF DEATH

County of Gooding
City of Wendell

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No.

2. **FULL NAME** Glen Harold Blystone 185

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladis Minard Blystone

6 DATE OF BIRTH (month, day and year): July 15-1911

7 AGE: Years 19 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Deep Creek Butte Idaho

PARENTS
10 NAME OF FATHER: Orville Blystone
11 BIRTHPLACE OF FATHER (city or town) (State or country):
12 MAIDEN NAME OF MOTHER: Bessie Price
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nebraska

14 Informant: Mrs Gladis Blystone
(Address): Wendell Idaho

15 Filed 2-23, 1932 E. L. Simonton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 22 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 22 1932 to Feb 22 1932
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows: Instant death Broken neck in fall from tree
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. L. Simonton M. D.
2-23, 1932 (Address) Wendell

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Filer Idaho
Date of Burial: 2-24 1932

20. Undertaker: D. L. Harrison
Address: Jerome Idaho

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79387

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No.
Primary Registration District No.
Local Registrar's No. 184

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey Baldwin Jones

(a) Residence. No. St. Fairfield Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Thompson Jones

6. DATE OF BIRTH (month, day, and year) Sept 14-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hooper Utah

FATHER
13. NAME Thomas M. Jones Sr
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Phoebe Watts
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Mrs. J. Havens

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Ogden Ut Date 5-15, 1932

19. UNDERTAKER J. A. E. Thompson Gooding Ida
(Address)

20. FILED 5-21, 1932 J. N. Commins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-13-32, 193, to 5-14, 1932

I last saw him alive on 5-14, 1932 death is said to have occurred on the date stated above, at 8:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	Don't Know

Other contributory causes of importance:

Hemorrhage

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Houston G. Snyder, M. D.

(Address) Gooding Idaho

RECEIVED JUN 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 22

DO NOT WRITE IN THIS SPACE
State File No. 79388

PLACE OF DEATH
County of Lincoln Registration District No.
City of Wendell Primary Registration District No. 2018.
(No.) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Addie Stewart Irwin 41

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year): Apr 1-32

7 AGE: Years | Months | Days: 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wendell Ida

PARENTS
10 NAME OF FATHER: L. F. Irwin
11 BIRTHPLACE OF FATHER (city or town) (State or country): Colo
12 MAIDEN NAME OF MOTHER: Ines Campion
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Colo

14 Informant: Mrs L. F. Irwin
(Address): Wendell Ida

15 Filed Apr 22, 1932 E. L. Dimmitt Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: (Month) Apr (Day) 21 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 17, 1932 to Apr 21, 1932
that I last saw h. alive on Apr 21, 1932
and that death occurred, on the date stated above, at 5:35 P m.

The CAUSE OF DEATH* was as follows:
Tuberculosis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) , M. D.
19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Wendell Ida — Date of Burial: Apr 23 1932

20. Undertaker: Nava — Address: Wendell Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH — RECEIVED JUN 1937

County of Gooding

City of Wendell

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 79389

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar Rees Eriksen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richland Utah

FATHER

13. NAME Hans Eriksen

14. BIRTHPLACE (city or town) (State or country) Utah Logan

MOTHER

15. MAIDEN NAME Edna M. Rees

16. BIRTHPLACE (city or town) (State or country) Weston Utah

17. INFORMENT (Address) Hans Eriksen Jerome, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wendell Ida Date Feb. 7, 1932

19. UNDERTAKER D. L. Henderson
(Address) Jerome, Idaho

20. FILED 2-12, 1932 L. D. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Feb. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1932, to Feb. 3, 1932

I last saw him alive on Feb. 2, 1932; death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	
Pneumonia Secondary	
Embolism Right	
Femoral Artery	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79390

PLACE OF DEATH

County of Wendell
City of Gooding

CERTIFICATE OF DEATH

Registration District No. 22
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No.

2. **FULL NAME** Lawrance Crouse

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE: 38 Years, Months 8, Days 28
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ft Dodge Iowa

PARENTS
10 NAME OF FATHER: W. L. Crouse
11 BIRTHPLACE OF FATHER (city or town) (State or country): Iowa
12 MAIDEN NAME OF MOTHER: Clara Jane Bates
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Illinois

14 Informant: W. L. Crouse
(Address): Wendell Idaho

15 Filed 5-16, 1932 E. L. Simonton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 16 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to May 15, 1932
that I last saw him alive on May 15, 1932
and that death occurred, on the date stated above, at 12:10 A m.
The CAUSE OF DEATH was as follows: Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary): Bronchial asthma
(duration) 20 yrs. – mos. – ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical examination
(Signed) E. L. Simonton M. D.
5-16-32 19 (Address) Wendell Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Wendell Idaho
Date of Burial: May 17 1932

20. Undertaker: Geo Smith
Address: Wendell

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79392

PLACE OF DEATH
County of Gooding
City of "

Registration District No.
Primary Registration District No.
Local Registrar's No. 185

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew D Williams

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Williams

6. DATE OF BIRTH (month, day, and year) May 22-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) Apr 1930
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) American ship Atlantic Ocean

FATHER
13. NAME John Williams
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. A. D. Williams

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Date 5-27, 1932

19. UNDERTAKER (Address) A. E. Thompson Gooding Ida

20. FILED 5/31, 1932 J A Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1931, to May -, 1932
I last saw him alive on 5-22- 1932; death is said to have occurred on the date stated above, at 7.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal-	?
Coronary embolism	5-22-32

Other contributory causes of importance:

Name of operation none Date of -
What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify -
(Signed) J A Cromwell M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79393

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Amelia Schwartz 169

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Johan Schwartz

6. DATE OF BIRTH (month, day, and year) Nov 4 - 63

7. AGE Years 68 Months 4 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 46 yrs

12. BIRTHPLACE (city or town) (State or country) Hamburg Germany

FATHER
13. NAME Miller
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Holman
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Joanhan Schwartz

18. BURIAL, CREMATION, OR REMOVAL Place Kooskia Date Apr 19, 1932

19. UNDERTAKER (Address) Geo. H. Trenary Kooskia Ida

20. FILED 5-10, 1932 J. M. Lyle By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Drowning	

Other contributory causes of importance:
Insanity
Patient at Orofino
Sanitorium for Some time

Name of operation ..... Date of .....
What test confirmed diagnosis? Yes Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3/25, 1932
Where did injury occur? Orofino Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury Drowning
Nature of injury Jumped in Clearwater River

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E M Brower, M.D.
(Address) Coroner

RECEIVED MAY 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79394

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 10

(No. 92)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriett L Bisbee

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Alonson W Bisbee

6. DATE OF BIRTH (month, day, and year) 1856-8-8

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) 4-7-32

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME John Huff

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Lloyd Bisbee Grangeville Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Date 4-11-, 1932

19. UNDERTAKER C A Hancock
(Address) Grangeville Idaho

20. FILED 5-2-, 1932 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-8-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-8-, 1932, to 4-8-, 1932

I last saw her alive on 4-8-, 1932: death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-8-32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) B. Chipman, M. D.

(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79395

PLACE OF DEATH
County of Idaho
City of White Bird

Registration District No. 103
Primary Registration District No. ~~1004~~ 2181

Local Registrar's No. 12

(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Zillah Reed

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yorkshire England

FATHER

13. NAME William White

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Loberie

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Zillah White Bird Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Whitebird Ida Date 3-29, 1932

19. UNDERTAKER C. A. Hancock
(Address) Grangeville Ida

20. FILED 5-2, 1932 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-28 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1930, to March 27, 1932
I last saw her alive on March 27, 1932; death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1930.
Other contributory causes of importance:	
Chronic Cholecystitis	1929

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) B Chipman, M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 79396
Registered No.

1. PLACE OF DEATH
County of Idaho
City of Cottonwood
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sister M. Catharine Nufer
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Feb. (Month) 5th (Day) 1881 (Year)

7. AGE: 51 Yrs. 2 Mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Nursing
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sachseln, Obwalden Switzerland

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sister M. Eugenia
(Address) Cottonwood, Idaho

15. Filed May 30 1932 A. F. Orr Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1932, to April 28 1932, that I last saw h.. alive on April 28 1932, and that death occurred on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:
Cardiac Embolism.
Embolism followed on 11th day after Cholecystectomy.
(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) Myocarditis
Operation for infected gall Bladder. (Duration) Apr. 28 Yrs. 1932 mos. ..... ds.

(Signed) Wesley F. Orr M. D.
4/29 1932 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? —
Former or usual residence —

19. PLACE OF BURIAL OR REMOVAL: Convent Cottonwood | DATE OF BURIAL: 4/29 1932

20. UNDERTAKER: Sisters of St. Gertrude | ADDRESS: Cottonwood Ida.

RECEIVED JUN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79397

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvina A Hardin

(a) Residence. No. ..... St. 129
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John W. Hardin Widowed

6. DATE OF BIRTH (month, day, and year): Dec 24, 1842

7. AGE: Years 89 | Months 45 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year): for 10 or 12 years
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pen

FATHER
13. NAME: Jeremy Avery
14. BIRTHPLACE (city or town) (State or country): Pen

MOTHER
15. MAIDEN NAME: Melvina Morley
16. BIRTHPLACE (city or town) (State or country): Pen

17. INFORMENT (Address): W E Burlingame Grangeville

18. BURIAL, CREMATION, OR REMOVAL
Place: Grangeville Date: May 30, 1932

19. UNDERTAKER (Address): C A Hancock Grangeville

20. FILED 6-1-, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to May 28, 1932
I last saw her alive on May 28, 1932: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	

Other contributory causes of importance:

Senility

Name of operation: None Date of .....
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J D Shinnick, M. D.
(Address) Grangeville Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79398

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 105
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

127

2. FULL NAME Isabel Dickey
(a) Residence. No. ..... St. John Day, Ore.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Dickey

6. DATE OF BIRTH (month, day and year) July 2 1878

7. AGE Years 54 Months 9 Days 28 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Trondhjem Norway

PARENTS
10. NAME OF FATHER Oley Satrum
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Trondhjem Norway
12. MAIDEN NAME OF MOTHER Mary Hanson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Trondhjem Norway

14. Informant (Address) Ferdinand, Idaho
Charles Dickey

15. Filed May 30, 1932 N. F. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1932, to May 8, 1932
that I last saw her alive on May 8, 1932
and that death occurred, on the date stated above, at 3:20 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Pancreatitis

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Unknown
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Ferdinand Ida.
Did an operation precede death? Yes Date of May 7-32
Was there an autopsy? No
What test confirmed diagnosis? Pathology at operation
(Signed) Wesley F. Orr, M. D.
May 9, 1932 (Address)

19. Place of Burial, Cremation, or Removal Craigmont, Ida. Date of Burial May 9 1932
20. Undertaker Brown & Wain Lewiston, Ida. Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105

Primary Registration District No. 2183

(No. ....., ... St.)

File No. 79399

Registered No. 8

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Dorothy Marie Sprute

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: April (Month) 9 (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many 3 hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Cottonwood Idaho.

10. NAME OF FATHER Geo. Sprute

11. BIRTHPLACE OF FATHER (State or Country) Kenterville Idaho.

12. MAIDEN NAME OF MOTHER Hilda Schaffer.

13. BIRTHPLACE OF MOTHER (State or Country) Ferdinand Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Sprute

(Address) Kenterville Ida.

15. Filed Apr. 10 1932 W. F. Orr per I.B. Local Registrar

MEDICAL CERTIFICATE OF DEATH 161a

16. DATE OF DEATH: April (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9 1932, to April 9, 9 P.M. 1932, that I last saw her alive on April 9 1932, and that death occurred on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Premature birth
7th month gestation
Cause unknown,

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wesley Orr M. D.

4/10 1932 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? —

Former or usual residence —

19. PLACE OF BURIAL OR REMOVAL: Kenterville Idaho

DATE OF BURIAL: 4/11 1932

20. UNDERTAKER: Father Verhoven

ADDRESS: Kenterville Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79400

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 11

(No. 749)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Agnew Gauver

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie A Gauver

6. DATE OF BIRTH (month, day, and year) 1851-6-20

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mercer
(State or country) Penn.

FATHER

13. NAME Emby Gauver

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Dmbrie E Gauver
(Address) Modoc Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Ida Date 4-10-, 1932

19. UNDERTAKER H A Hancock
(Address) Grangeville Idaho

20. FILED 5-2-, 1932 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-8- 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-31-, 1932, to 4-8-, 1932

I last saw him alive on 4-8-, 1932: death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-26-32
Other contributory causes of importance: Chronic Interstitial Nephritis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) B. Chipman, M. D.

(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

...ED ...4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79401

...EATH
...Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 13

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160a

2. FULL NAME Josiah Wyeth Mather

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Eva Mather

6. DATE OF BIRTH (month, day, and year) [illegible] 5-Oct

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
76 yrs.	[illegible]	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) Dec 26 1928

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER

13. NAME Ulysses Mather

14. BIRTHPLACE (city or town) (State or country) Meadowbrook Conn.

MOTHER

15. MAIDEN NAME Lydia Wright

16. BIRTHPLACE (city or town) (State or country) Clinton Conn.

17. INFORMENT (Address) David Mather Grangeville, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Grangeville Date April 19 1932

19. UNDERTAKER (Address) Funeral Furn. Co. Grangeville Ida

20. FILED 6-1-, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-18- 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932, to April 17, 1932
I last saw him alive on April 17, 1932: death is said to have occurred on the date stated above, at 19 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-7-32.

Other contributory causes of importance: Chronic Bronchitis

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) B. Chipman, M. D.
(Address) Grangeville Ida.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79402

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Elizabeth Ash Rose.

(a) Residence. No. Annis Ward. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thomas Rose

6. DATE OF BIRTH (month, day, and year) 3/19/1852

7. AGE Years 80 Months 1 Days 28 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lancashire England.

FATHER
13. NAME James Ash.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Phoebe Ackerly.
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) E. J. Rose Kinna Mont.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Annis Ida. Date 5/19, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida

20. FILED 5-19, 1932 A. B. Eckerall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/17 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw her alive on ....., 193....: death is said to have occurred on the date stated above, at 1120 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from Chr. Nephritis.	

Other contributory causes of importance:

Senility.

Name of operation none Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no

(Signed) N. R. West, M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79403

PLACE OF DEATH

County of Jefferson

City of Menan

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 27

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1 29

2. FULL NAME Harry Ephraim Barnes.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Ida Barnes.

6. DATE OF BIRTH (month, day and year) Sept. 7, 1875

7. AGE	Years	Months	Days	If LESS than 1 day,
	56	8	3	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Kansas.

PARENTS

10. NAME OF FATHER Ed H. Barnes.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) .....

12. MAIDEN NAME OF MOTHER Mary Elizabeth Bailey.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) .....

14. Informant Mrs. H E Barnes.
(Address) Menan, Idaho.

15. Filed 6-21, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 20 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1931, to May 8, 1932
that I last saw h~~im~~ alive on May 8, 1932
and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Leptic adenomatosis

Goiter (duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Aug 13, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) H Ray Yates, M. D.

May 22, 1932 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Burton Idaho	May 25 1932
20. Undertaker A B Eckersell	Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79404

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Joyce Whitaker.

(a) Residence. No. ..... St. 128
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. 9 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Child.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 13 1931

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	9	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER E. L. Whitaker.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho.

12. MAIDEN NAME OF MOTHER Meta Mary Gordon.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho.

14. Informant E. L. Whitaker,
(Address) Rigby, Idaho.

15. Filed June 7, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 6 (Day) 1932 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 4, 1932 that I last saw her alive on June 4, 1932 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) H Ray Hatch M. D.

June 6, 1932 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 6/7/32 19

20. Undertaker A B Eckersell Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79405

PLACE OF DEATH

County of Jefferson

City of Menan

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME David Washington Smith.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 21 1859

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	3	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Calif.

PARENTS

10. NAME OF FATHER: John Smith.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Mary Smith.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Canada

14. Informant: Fielding D. Smith.
(Address): Menan, Idaho.

15. Filed 6-1, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 30 (Day) 1932 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at 1:45 A m.

The CAUSE OF DEATH* was as follows: Infected Gastric Ulcer

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.

....., 19..... (Address) Roberts

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Annis, Idaho.

Date of Burial: June 1 1932

20. Undertaker: [signature]

Address: Rigby

RECEIVED JUN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 79406

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No.

Primary Registration District No. 2176

Local Registrar's No. 29

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Inez Marion Sherwood.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced
~~DIVORCED~~
(or) WIFE of Leon A. Sherwood.

6. DATE OF BIRTH (month, day and year) May 3, 1877

7. AGE	Years	Months	Days	If LESS than 1 day,
	55	0	23	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Troy N. Y.

PARENTS

10. NAME OF FATHER George Wilson.

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Helen Gould.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Leon A Sherwood
(Address) 420 Broadway, Idaho Falls, Ida.

15. Filed 5-28, 1932 A B Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 26 1932.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1932, to May 26, 1932
that I last saw her alive on May 24, 1932
and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:
Cardiac Chronic Ed dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of "

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Anderson M. D.

May 27, 1932 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Sugar City, Idaho	5/29/32 19

20. Undertaker	Address
A B Eckersell	Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUN 16 1932

DO NOT WRITE IN THIS SPACE

State File No. 79407

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Jefferson

City of Lewisville

Registration District No. 98

Primary Registration District No. 2176 Local Registrar's No. 28

(No. 90)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Sara Ann Ericson

(a) Residence. No. Lewisville Ida. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of John Ericsson

6. DATE OF BIRTH (month, day and year) Nov. 19th - 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	6	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home.

(c) Name of employer

9. BIRTHPLACE (city or town) Ogden (State or country) Weber County, Utah

PARENTS

10. NAME OF FATHER James W. Walker

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Sarah Ebens

13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) John Ericson Lewisville Idaho

15. Filed 5-26, 1932 A B Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 25 (Day) 19.... (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1932, to May 25, 1932, that I last saw her alive on May 24, 1932, and that death occurred, on the date stated above, at 6 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Cardiac Fibrosis and Dilatation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Age

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) H. A. Anderson, M. D.

May 26, 1932 (Address) Rigby Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewisville Ida.	May 29th 1932

20. Undertaker Vern J. Keller Address Rexburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79408

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 32

161a

2. FULL NAME Lawrence K. Bates.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 5 hrs How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 11 1932.

7. AGE: Years 0 | Months 0 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Babe
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Rigby, Idaho.

PARENTS

10. NAME OF FATHER: Lawrence Alfred Bates.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ucon, Idaho.
12. MAIDEN NAME OF MOTHER: Ruth Geraldine Lowder.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): LaBelle, Idaho.

14. Informant: Lawrence Bates
(Address) Rigby, Idaho.

15. Filed 6-11, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 11 1932 19..
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on June 11th, 1932 to ....., 19..
that I last saw him alive on Jan 11th, 1932
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:
Premature Birth
(7 month child

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ✓

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) [signature] M. D.
....., 19.... (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Ucon, Idaho. | Date of Burial: 6/12/32 19

20. Undertaker: A B Eckersell | Address: Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79409

PLACE OF DEATH
County of Jerome
City of Jerome
Ida

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Godwin

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James Edward Godwin

6. DATE OF BIRTH (month, day, and year) Mar 16-1858

7. AGE Years 74 Months 2 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alymer (Aylmer)
(State or country) Ontario Canada

FATHER
13. NAME Wm Cheesman
14. BIRTHPLACE (city or town) dont know
(State or country)

MOTHER
15. MAIDEN NAME Phoebe Alma Brown
16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMENT W G Phoenix
(Address) Jerome

18. BURIAL, CREMATION, OR REMOVAL
Place Portland/Ore. Date , 193

19. UNDERTAKER D. A. L. Harrison
(Address) Jerome/Idaho

20. FILED 6/8, 1932 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to June 7, 1932

I last saw her alive on June 7, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Sclerosed	
Kidney	
Secondary Pneumonia	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79410

PLACE OF DEATH

County of Jerome Idaho

City of Jerome Idaho Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME William John Lichley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15-1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER

13. NAME Virgil J. Lichley

14. BIRTHPLACE (city or town) (State or country) Madison Iowa

MOTHER

15. MAIDEN NAME Nellie Williams

16. BIRTHPLACE (city or town) (State or country) Windom Kansas

17. INFORMENT (Address) Virgil J. Lichley

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem. Date 6/10, 1932

19. UNDERTAKER W. A. L. Harrison
(Address) Jerome, Ida.

20. FILED 6/8, 1932 C. E. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1932

22. I HEREBY CERTIFY, That I attended deceased from (
, 193, to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned by	
falling into irrigation	
Canal	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Zeller, M. D.

(Address) Jerome Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79411

PLACE OF DEATH
County of Jerome / Idaho
City of " "

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unnamed Moore 162

(a) Residence. No. Dorothy Rae St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8-1932

7. AGE Years Months Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER
13. NAME Wm V Moore
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Adelaid Brooks
16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMENT (Address) Wm V Moore

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Date June 14 1932

19. UNDERTAKER (Address) D. A. L. Herisson Jerome / Idaho

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932, to June 13, 1932
I last saw her alive on June 13, 1932; death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorium	
Etiology unknown.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. P. Zeller, M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79412

County of Jerome / Ida
City of [illegible]

Registration District No.
Primary Registration District No. 18
Local Registrar's No. 78

(No. 75)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Perry L Dodd

(a) Residence. No. Rundell Hospital
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 18-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morrison Ill
(State or country)

FATHER

13. NAME Samuel Dodd

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Robers

16. BIRTHPLACE (city or town)
(State or country) New Jersey

17. INFORMENT Arthur Dodd
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Cemetery Date May 13, 1932

19. UNDERTAKER D. A. Heinsman
(Address) Jerome Idaho

20. FILED 5/13, 1932 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1932, to May 10, 1932

I last saw him alive on May 9, 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis	
following extraction of upper teeth	

Other contributory causes of importance:

Chronic Cystitis from Chronic Urethral Strictures

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida.

RECEIVED JUN 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79413

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No.
Local Registrar's No.
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Henrietta Hardwick

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William D Hardwick

6. DATE OF BIRTH (month, day and year) Oct 3 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill

PARENTS
10. NAME OF FATHER Zackariah Rhodes
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER Martha Hutchison
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant Wm N Hardwick
(Address) Jerome Idaho.

15. Filed 6/10, 1932 Chas F. Zellers Inc. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 21, 1932
that I last saw h~~er~~ alive on May 20, 1932
and that death occurred, on the date stated above, at 9:20 a.m.
The CAUSE OF DEATH* was as follows:
Cardiac failure
Senility
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. F. Zeller, M. D.
5/23, 1932 (Address) Jerome Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Jerome Cem	May 23, 1932
20. Undertaker	Address
J B Wiley	Jerome Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79414

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 67

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Hove.

(a) Residence. No. D'Alene Home for the Aged. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

45

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1853 2 16

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dont-Know

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Dont-Know

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Millie Rockne

18. BURIAL, CREMATION, OR REMOVAL Place D'Alene Date 6-1, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address) D'Alene.

20. FILED 5-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to May 28, 1932
I last saw him alive on May 11, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Splenic Flexure of Colon	?

Other contributory causes of importance:

Chronic Nephritis	

Name of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. M. Custer, M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79415

County of Kootenai
City of Coeur d'Alene
Registration District No. 20
Primary Registration District No. 1050
Local Registrar's No. 69

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Miller Dunlap

(a) Residence (Usual place of abode) No. 404 - 9th St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Robert Chas. Dunlap

6. DATE OF BIRTH (month, day, and year): 1863 - 9 - 15

7. AGE — Years: 68 | Months: 8 | Days: 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): Nearly 3 yr.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: W^m McMeekin
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Mary Wright
16. BIRTHPLACE (city or town) (State or country): Perth Canada

17. INFORMENT (Address): Mrs. Cathryn Faulkner, Coeur d'Alene, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place C. d'Alene Ida. Date 5-27, 1932

19. UNDERTAKER: Cassedy Funeral Home
(Address) C d'Alene

20. FILED 5-29, 1932 H. J. Sturgis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-25 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-28-, 1932, to 5-25-, 1932
I last saw her alive on 5-25-, 1932: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. H. Tench, M.D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79416

PLACE OF DEATH

County of Kootenai
City of Coeur d' Alene
Registration District No.
Primary Registration District No.
Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Bert- Baughman 44

(a) Residence. No. 416 - 13th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Cora Pearl Baughman

6. DATE OF BIRTH (month, day, and year) 1884 2-11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1931. | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME E. M. Baughman

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Alice Rogers

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs Bert Baughman Coeur d' Alene, Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Coeur d'alene Date 4-13, 1932

19. UNDERTAKER Casady Funeral Home (Address) Coeur d'alene

20. FILED 5/29, 1932 H. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1931, to May, 1932

I last saw him alive on May 10, 1932; death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach Liver and Intestines	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) Harold J. Sturgess, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79417

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 31
Primary Registration District No. 1050
Local Registrar's No. 72

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Brickert 49

(a) Residence. No. 609 Empire St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Gretta Brickert

6. DATE OF BIRTH (month, day, and year) 1858-4-1

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Dont-Know

FATHER

13. NAME Elisa Brickert

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Mary J. Rowland

16. BIRTHPLACE (city or town) (State or country) Dont-Know

17. INFORMENT Thomas Brickert
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Coeur d'Alene Ida Date 6-2, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida

20. FILED 5-29, 1932 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-31 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to 5-31, 1932
I last saw him alive on 5-30, 1932: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. H. Teed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79418

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 66

(No. 4a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Rogers

(a) Residence. No. 728 Foss Way St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1866 5-29

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932 - 5-9

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER

13. NAME Wm King

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kerrin

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Verna Thompson Waterloom S.D.

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Date 5-14, 1932

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida

20. FILED 5/29, 1932 H. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932 to May 11, 1932
I last saw her alive on May 11 1932 death is said to have occurred on the date stated above, at 1.30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	May 11th

Other contributory causes of importance:

Hypertension	
Acute Cholecystitis	

Name of operation none Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury —, 193
Where did injury occur? At residence
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. L. Sloan, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1932

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79419

Registration District No. 30
Primary Registration District No. 1056
Local Registrar's No. 65

(No. Lakeside Hospital) 449
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John O. Hennelly

(a) Residence. No. 1112 C.D.A. St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Winnifred

6. DATE OF BIRTH (month, day, and year) 12-25-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Murrow

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) John P. Hennelly Coeur d'Alene

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Thomas Cathedral - CDA, Date 5-23, 1932

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene, Ida.

20. FILED 5-24, 1932 L. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-21-1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 21, 1932

I last saw him alive on May 20, 1932, death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harvey L. Sturgess, M. D.

(Address) CDA Idaho

RECEIVED JUN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79420

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elise Hjelmstad

(a) Residence. No. C.D.A. Homes For Aged St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12-22-1857

7. AGE: Years 74 | Months 5 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc — Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) C.D.A. Homes For Aged

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
Place Spokane Date 5-31, 1932

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 5-31, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1932-5-29

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932, to May 29, 1932
I last saw her alive on April 30, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Degenerative Myocarditis	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O M Husted M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1932

PLACE OF DEATH
County of Kootenai
City of Worley R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79421

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 74

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME M. Margaret Shoufler

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of W. R. Shoufler

6. DATE OF BIRTH (month, day, and year) Mch -19-1879

7. AGE Years 53 Months 1 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 25 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Olean Ind.

FATHER
13. NAME Earnst J. Steude
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Kovaltd
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) W. R. Shoufler Worley Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Worley Date May 8, 1932

19. UNDERTAKER (Address) H. G. Jacquin Fairfield Ida.

20. FILED 5-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5 - 5 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28th, 1932, to May 4th, 1932.
I last saw her alive on May 4th, 1932; death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	April 28th

Other contributory causes of importance: Neurasthenia

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Stillness Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) J. C. Herrington M. D.
(Address) Worley, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

REGISTRATION PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79422

County of Kootenai
City of Rathdrum
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 70

(No. 18)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Murphy

(a) Residence. No. Kootenai County Hospital St. Rathdrum Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Don't-Know.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 38 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Helen Brown Matron Rathdrum Ida

18. BURIAL, CREMATION, OR REMOVAL Place Rathdrum Date 5-26, 1932

19. UNDERTAKER Casey & Funeral Home (Address) Rathdrum Ida

20. FILED 5-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932 to May 24, 1932

I last saw him alive on May 24, 1932; death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Tick fever	5/10/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Murphy, M. D.

(Address) Rathdrum, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79423

PLACE OF DEATH

County of Kootenai

City of Rathdrum

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 71

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Jas. Oscar Stevens

(a) Residence. No. St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barbara Stevens

6. DATE OF BIRTH (month, day and year) 1874 10-15

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	7	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) New Boston
(State or country) Mo.

PARENTS

10. NAME OF FATHER F. B. Stevens

11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER Martha Cantwell

13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or County)

14. Informant Mrs Barbara Stevens
(Address) Rathdrum Ida.

15. Filed 5-19, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 17. 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10. 1932 to May 17. 1932
that I last saw him alive on May 16. 1932
and that death occurred, on the date stated above, at 7.00 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Rocky Mountain Tick fever

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Frank Wemyss, M. D.
5/18, 1932 (Address) Rathdrum, Idaho

19. Place of Burial, Cremation, or Removal: Pine Grove Cem. Rathdrum — Date of Burial: 5-19 1932

20. Undertaker: Cassedy Funeral Home — Address: Rathdrum Ida

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79424

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 63 - 41

(No. Caeur d'Alene Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Perly P. Johnston

(a) Residence. No. C. d. A. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1858 - 10 - 15

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME Frank —

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT George Johnston (Address) Coeur d'Alene

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 5/14, 1932

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene

20. FILED 5/29, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5 - 12 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 12, 1932

I last saw him alive on May 12, 1932; death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia from gangrene of leg	May 7

Other contributory causes of importance:

Diabetes - nephritis.	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alexander Barclay, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1932

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 79425

Local Registrar's No. 76

(No. 18)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola May Howell

(a) Residence. No. (Usual place of abode) Rathdrum Idaho St.

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1930 - 1 - 26

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3 -	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rathdrum Ida.

FATHER

13. NAME Fred Howell

14. BIRTHPLACE (city or town) (State or country) Rathdrum Idaho

MOTHER

15. MAIDEN NAME Rose Hutchins

16. BIRTHPLACE (city or town) (State or country) New Brunswick Canada

17. INFORMENT (Address) Mrs Rose Howell

18. BURIAL, CREMATION, OR REMOVAL Place Rathdrum Date 5-22, 1932

19. UNDERTAKER (Address) Garrett Funeral Home Rathdrum Ida.

20. FILED 5-29, 1932 S. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-9-, 1932, to 5-19, 1932

I last saw her alive on 5-18, 1932: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mt. Spotted fever	5-5-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Teed, M. D.

(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1932

PLACE OF DEATH

County of Shoshone

City of Worley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79426

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 65

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Slattery

(a) Residence. (No. Worley Ida R.D. #1 St.)
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dont Know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Dr. J. Herringtee Worley, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Rathdrum Date 5-11, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene, Ida.

20. FILED 5/29, 1932 N. J. Stuger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-8 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1931, to May 7, 1932

I last saw him alive on May 7, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Some time between Sunday, May 8th 1932. at 2 o'clock and Monday found about 10 3° A.M. May 9-1932 by Joe Hansen of Worley Ida	

Other contributory causes of importance:

Who went to his home with some groceries. Gun shot Wound. 32 Calibre. Stevens rifle. shot in fore head.

Name of operation ..... Date of .....

What test confirmed diagnosis? Statements Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. Herringtee, M. D.

(Address) J. J. Worley, Ida.

RECEIVED JUN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79427

PLACE OF DEATH
County of Kootenai
City of Worley, Idaho
(5 miles from Worley)

Registration District No.
Primary Registration District No. 31
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 7

161a

2. FULL NAME Joseph Parr

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Indian
5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Febr. 9, 1932

7. AGE Years Months Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Reserve near Worley, Idaho

PARENTS

10. NAME OF FATHER Robert Parr
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oregon
12. MAIDEN NAME OF MOTHER Josette Nozer
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Coeur d'Alene Reserve

14. Informant Josette Parr
(Address) Worley, Idaho

15. Filed May 26, 1932 John Post Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Febr. (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows: Not known.
No doctor
Lived only one week
Premature Birth
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Robert Larr, Undertaker D.
, 19 (Address) Worley, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Worley, Idaho
Date of Burial Febr. 17 1932

20. Undertaker Charles Ellenwood
Address Worley, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79429

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.) 90

2. FULL NAME Alma Clara Boots

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Merton Boots

6. DATE OF BIRTH (month, day, and year) 1855-6-15

7. AGE Years 76 Months 11 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct. 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER
13. NAME Benj. Pound
14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER
15. MAIDEN NAME Parmelia B. Norton
16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMENT (Address) J.B. Mansfield

18. BURIAL, CREMATION, OR REMOVAL Place Hampton, Iowa Date 5-19, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Harrison, Idaho

20. FILED May 16, 1932 H.W. Shryock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1932, to May 14, 1932
I last saw her alive on May 14, 193..: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart lesions — (multiple) — mitral etc —	about Dec 15 1931
Other contributory causes of importance:	
Senility —	—

Name of operation None Date of —
What test confirmed diagnosis? A Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) H.W. Shryock, M. D.
(Address) Harrison

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79430

PLACE OF DEATH

County of Kootenai
City of Spirit Lake

CERTIFICATE OF DEATH

Registration District No. 45
Primary Registration District No. ~~[illegible]~~ — Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Thomas C. Hooker
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Trapp Hooker

6. DATE OF BIRTH (month, day and year) May. 10, 1873

7. AGE Years 58 Months 10 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Prop. of Summer Resort
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) San Antonino Texas

PARENTS

10. NAME OF FATHER Do not know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) " " "
12. MAIDEN NAME OF MOTHER Do not know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) " " "

14. Informant (Address) Mrs Edna Hooker Spirit Lake Idaho

15. Filed Apr 6, 1932 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. (Month) 4 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932 to Apr. 4, 1932
that I last saw him alive on Apr. 4, 1932
and that death occurred, on the date stated above, at 11 30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Uremia, Arteriosclerosis, Chr. Myocarditis c̄ Valvular Leakage
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage — on Mar. 27, 1932 (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? 0
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) John W. Schiari, M. D.
Apr. 6, 1932 (Address) Spirit Lake Idaho

19. Place of Burial, Cremation, or Removal Fairmont Cemetery Spokane, Wn. Date of Burial 4-6 1932

20. Undertaker Cassedy Funeral Home Address Rathdrum

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 79431

Local Registrar's No. 26

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11-9

2. FULL NAME Elizabeth Patchin Monnett

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of A.A. Monnett

6. DATE OF BIRTH (month, day, and year) Mar. 31, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	##	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Schoolteacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Moscow Public Schools

10. Date deceased last worked at this occupation (month and year) Jan. 1932

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Viola, Minn.

FATHER

13. NAME James Patchin

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Aliza Spear

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) Mrs. G.R. Dole Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dayton, Wash. Date 4/21, 1932

19. UNDERTAKER (Address)

20. FILED 5/14, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/19/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 193 1, to April 19, 193 2
I last saw her alive on April 18, 193 2; death is said to have occurred on the date stated above, at 12:20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza- ~~pneumonia~~	
Other contributory causes of importance:	
Acute parenchymatis	
nephritis and anemia.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Chas. L. Gritman, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 79432

Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

579

2. FULL NAME Nellie M. Reeder

(a) Residence. No. 824 S. Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Scott E. Reeder

6. DATE OF BIRTH (month, day, and year) June 8, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisa County Iowa

FATHER

13. NAME Abraham Pratt

14. BIRTHPLACE (city or town) (State or country) ## Pa.

MOTHER

15. MAIDEN NAME Mary Schaefer

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) S.E. Reeder Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Ida. Date 4/10, 1932

19. UNDERTAKER H.R. Short

(Address) Moscow, Idaho

20. FILED 5/14, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/7/32 193

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932 to April 6, 1932

I last saw h alive on April 6, 1932: death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1890
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Hgn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Cotton, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 79433

Local Registrar's No. 27

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry W. Hartwig

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wood cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) April 29, 32

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Not known
(State or country)

FATHER

13. NAME "

14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT ....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date ..., 193..

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 5/14, 193.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/29/32 193..

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.., to ..., 193..

I last saw h... alive on ..., 193..: death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dropped dead	
while working	
Myocarditis	
Other contributory causes of importance:	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ..., 193..

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) H.R. Short Coroner, M.D.

(Address) Moscow Ida.

RECEIVED MAY 23 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79434

PLACE OF DEATH

County of Latah

City of Bovill

Registration District No. 66

Primary Registration District No. 2148

Local Registrar's No.

(No.) 1009

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Jean Todd

(a) Residence. No. Bovill St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Mch. 28, 1931

7. AGE Years | Months 10 | Days 16 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bovill, Ida.

PARENTS

10. NAME OF FATHER Ralph Morris Todd

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Troy, Ida.

12. MAIDEN NAME OF MOTHER Marie Sumer Gagelow

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kendrick, Ida.

14. Informant

(Address)

15. Filed Feb. 13, 1932. E. B. Flasher Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Babe not seen by me alive

Cause; Probable Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. G. Potter, M. D.

, 19 (Address) Elk River, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Moscow, Ida. | Date of Burial: Feb. 15 1932

20. Undertaker: None | Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79435

RECEIVED JUN 6 1932

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Latah
City of Kendrick
Registration District No. 63
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Thornton
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 24, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	2	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm
(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

PARENTS
10. NAME OF FATHER James Thornton
11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)
12. MAIDEN NAME OF MOTHER Mary Coffer
13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or County)

14. Informant Mrs. Joseph Thornton
(Address)

15. Filed May 24 1932 B. F. Neabit
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 23, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 8:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina pectoris
Instant (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Chronic myocarditis
(duration) ? yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) D A Chrisman M. D.
May 24, 1932. (Address) Kendrick, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Leland	5-25 1932
20. Undertaker John J Picked	Address Troy, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79436

PLACE OF DEATH
County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No. 41
(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hedwig Maryann Schmidt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 25. 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Huron
(State or country) S.D.

FATHER

13. NAME W.J.Schmidt

14. BIRTHPLACE (city or town) Winona
(State or country) Minn.

MOTHER

15. MAIDEN NAME Katherine Kobierowski

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT H.E.Schmidt
(Address) Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Idaho Date June 8, 1932

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash

20. FILED June 8, 1932 J.W. Thompson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3d, 1932, to June 6th, 1932
I last saw her alive on June 5th, 1932: death is said to have occurred on the date stated above, at 7.58 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Hemolyticus Septicemia	June 3d

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) J.W. Thompson, M. D.
(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 1937

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79437

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Everet Lee Hubbard

(a) Residence. No. Palouse St. Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 29 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Palouse Wash.

FATHER

13. NAME Ernest Hubbard

14. BIRTHPLACE (city or town) (State or country) Wes-conn

MOTHER

15. MAIDEN NAME Daisy Edna Fisher

16. BIRTHPLACE (city or town) (State or country) Everett Wash

17. INFORMENT (Address) Ernest Hubbard Palouse Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Date May 31st, 1932

19. UNDERTAKER Parrents
(Address) Palouse Wash.

20. FILED May 31st, 1932 J.W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29th, 1932, to May 29th, 1932

I last saw him alive on May 29, 1932 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Insanition.	
Other contributory causes of importance:	
Premature birth	

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J.W. Thompson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79438

PLACE OF DEATH
County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.) 1612
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest. Leroy. Hubbard.

(a) Residence. No. Palouse. R D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male-	W	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 29th 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	/

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Palouse. Wash.

FATHER

13. NAME Ernest. Hubbard.
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Daisy. Edna. Foshie.
16. BIRTHPLACE (city or town) (State or country) Coeur D'Alene. Idaho.

17. INFORMENT (Address) Ernest. Hubbard. Palouse Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch. Date June 3rd 1932.

19. UNDERTAKER Parents (Address) Palouse. Wash.

20. FILED June 2nd, 1932. J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ~~May~~ June 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29th, 1932, to June 1st, 1932
I last saw ~~him~~ alive on May 30th, 1932: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition.	
Other contributory causes of importance:	
Premature Birth.	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Jos. Thompson, M. D.
(Address) Potlatch.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE

State File No. 79439

Local Registrar's No.

(No. 169)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie Wery Severson

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Pete Severson

6. DATE OF BIRTH (month, day, and year) June 7, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Jacob Wery

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Louise Bigler

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Pete Severson Troy, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 5/5, 1932

19. UNDERTAKER H. B. Short (Address) Moscow Ida.

20. FILED June 5, 1932 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4 · 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Drowning	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.....

(Signed) H. B. Short M.D.

(Address) Moscow, Ida.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79440

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 30

(No. County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Harmon Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMENT (Address) County Home for 4 years Moscow

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER H. R. Short Mortuary
(Address)

20. FILED 6-3, 193.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/23/32 193..

22. I HEREBY CERTIFY, That I attended deceased from Aug 1929, 193.., to May 22, 1932.
I last saw h[illegible] alive on May 22, 1932: death is said to have occurred on the date stated above, at 1:10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gradual mental & physical decline, Comatose condition for 4 days preceding death	
Other contributory causes of importance: High Blood Pressure	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. M. Leitch, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79441

PLACE OF DEATH
County of Latah Registration District No. 64
City of Troy Primary Registration District No. 2144 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs Betsey Olson
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS
10. NAME OF FATHER Johan Fredin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Ole Bohman
(Address) Troy Ida

15. Filed June 5, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 1st 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 29 1932 to June 1st 1932
that I last saw her alive on May 16 1932
and that death occurred, on the date stated above, at 2 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic cystitis

(duration) 6 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Jas. G. Meyer M. D.
June 4th 1932 (Address) Troy, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Little Bear Ridge	June 5 1932
20. Undertaker	**Address**
John Pickerd	Troy Ida

RECEIVED JUN 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79442

PLACE OF DEATH

County of Latah
City of Troy
Registration District No. 64
Primary Registration District No. 2144
(No.)
Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

151C

2. FULL NAME Anna Fisk

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Troy Idaho

PARENTS

10 NAME OF FATHER Glen Fisk
11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa
12 MAIDEN NAME OF MOTHER Olga Frisk
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Minnesota

14 Informant Glen Fisk
(Address) Troy Ida

15 Filed June 13, 1932 Lucy M Pickerd Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 11 (Day) 1932 (Year)

I HEREBY CERTIFY, That I attended deceased from June 8th, 1932, to June 11, 1932, that I last saw her alive on June 11, 1932, and that death occurred, on the date stated above, at 11:47 m.

The CAUSE OF DEATH was as follows:
Congenital Malformation
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Chas. G. Meyer M. D.
June 12, 1932. (Address) Troy, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Westdale near Troy	June 13 1932
20. Undertaker	Address
John J. Pickerd	Troy Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79443

PLACE OF DEATH
County of Latah
City of Potlatch

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME William H. Duff

(a) Residence. No. Harvard Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 22. 1845

7. AGE: Years 86 | Months 6 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Platt Co
(State or country) Mo.

FATHER
13. NAME Lewis Duff
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMENT William A. Duff
(Address) Freewater Oregon

18. BURIAL, CREMATION, OR REMOVAL
Place Woodfell Date May 16, 1932

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED May 16th, 1932 Dr J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to May 14th, 193..
I last saw him alive on May 14th, 193..: death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile gangrene of the foot -	

Other contributory causes of importance:

Name of operation amputation of foot Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W. Thompson, M. D.
(Address) Potlatch

RECEIVED JUN [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79444

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

133

2. FULL NAME Allen Ramstedt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ramstedt

6. DATE OF BIRTH (month, day, and year) Nov. 23, 1835

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
96	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Building Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Carl F. Ramstedt

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Victor Ramstedt Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 6/2, 1932

19. UNDERTAKER W. R. Short Mortuary
(Address)

20. FILED 6-7, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/31/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932, to May 31, 1932

I last saw him alive on May 30, 1932: death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis, acute.	

Other contributory causes of importance:

Prostitis	

Name of operation None Date of

What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Moscow Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79445

PLACE OF DEATH
County of Latah
City of Kendrick

Registration District No. 63
Primary Registration District No. 63
(No. 131)
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Wilson

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Alexander Wilson

6. DATE OF BIRTH (month, day and year): Feb 20 - 1869

7. AGE

Years	Months	Days	If LESS than 1 day,
63	2	15	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Sacramento, Cal.

PARENTS

10. NAME OF FATHER: John S. Burns
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: Catherine Kirk
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Orkney Islands

14. Informant: Alexander Wilson
(Address): Kendrick Idaho

15. Filed May 5, 1932 B. A. Merkt. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to May 3, 1932
that I last saw her alive on May 3, 1932
and that death occurred, on the date stated above, at 7:00 A. m.
The CAUSE OF DEATH* was as follows:

Uremia
Hypertension
arteriosclerosis and mitral regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Blood. ex. & Lab.
(Signed) D. A. Chidsey M. D.
May 7, 1932 (Address) Kendrick Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kendrick Cemetery	May 8 1932
20. Undertaker	Address
John J. Pickerd	Troy, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79446

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosalia Katherine Olsen

117

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clifford Olsen

6. DATE OF BIRTH (month, day, and year) June 25, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Genesee Idaho

FATHER

13. NAME Joe N. Hasfurther

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Elizabeth Grieser

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMENT (Address) J. N. Hasfurther Genesee, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Genesee Date , 193

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 6/3, 193 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26 193 2

22. I HEREBY CERTIFY, That I attended deceased from October 6th, 193 1, to May 26, 193 2

I last saw her alive on May 26, 193 2; death is said to have occurred on the date stated above, at 10:10 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative appendicitis	
Other contributory causes of importance:	
Empyema and General Septicemia.	

Name of operation Appendectomy Date of 10/10/31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Numman, M. D.

(Address) Moscow, Idaho.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79447

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1011

2. FULL NAME Nellie Fay Weinman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Henry Weinman Jr.

6. DATE OF BIRTH (month, day, and year): April 21, 1896

7. AGE: Years 36 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Canton N.Car.

FATHER
13. NAME: Columbus P. Willis
14. BIRTHPLACE (city or town) (State or country): N.Car.

MOTHER
15. MAIDEN NAME: Nancy Murrey
16. BIRTHPLACE (city or town) (State or country): N. Car.

17. INFORMENT (Address): C.P. Willis Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow Date: 5/26, 1932

19. UNDERTAKER (Address): H.R. Short Moscow, Idaho

20. FILED 6/3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1932, to May 24, 1932
I last saw her alive on May 24, 1932: death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis + Cholangitis	Called Apr 30 '32
Confinement	May 13, 32
Right Sided Pneumonia	May 19, 32

Other contributory causes of importance:
Toxemia

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79448

PLACE OF DEATH
County of Latan
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 28

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Wesley Ivan Osborn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1895

7. AGE: Years 36 | Months 5 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cherryvale Kansas

FATHER
13. NAME John Wesley Osborn
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Altha E. Mountain
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) J.W. Osborn Cherryvale, Kan.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 5/12, 1932

19. UNDERTAKER (Address) H.R. Short Moscow, Ida.

20. FILED 6/3, 1932 J. Harry Embord Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932, to May 6, 1932
I last saw him alive on May 6, 1932: death is said to have occurred on the date stated above, at 1.10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Dont Know	

Other contributory causes of importance:
Relapse from apparent recovery

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) F.M. Leitch, M.D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79449

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nels August Nelson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. Nelson

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wheat Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5/10/32

11. Total time (years) spent in this occupation 45 Years

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Nels Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Fred Nelson Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 5/30, 1932

19. UNDERTAKER (Address) H. R. Short Moscow Idaho

20. FILED 6/3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/26/32 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to May 26, 1932
I last saw him alive on May 26, 1932, death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 16th
Other contributory causes of importance:	
Edema of Lungs	May 16th

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1932
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. E. Magee, M. D.
(Address) Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79450

PLACE OF DEATH

County of Latah Registration District No. 64

City of Troy Primary Registration District No. 2144 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

91 F

2. **FULL NAME** Mary Elinor Harris

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant
(Address)

15. Filed June 27, 1932 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to May 25, 1932
that I last saw her alive on May 15, 1932
and that death occurred, on the date stated above, at 2 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchial pneumonia
Hypostasis
Apo-plexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) A. Emma Young M. D.
5/27, 1932 (Address) Moscow, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Westdale cemetary	May 26 1932
20. Undertaker	Address
John J. Pickerd	Troy Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1932

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 79451

Local Registrar's No.

(No. 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orvell Cisco Simons

(a) Residence. No. Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Simons

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lemhi County

FATHER

13. NAME Delos Simons

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Lucretis Hill

16. BIRTHPLACE (city or town) (State or country) Portland Oregon

17. INFORMENT (Address) Helen Simons Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 5/16th, 1932

19. UNDERTAKER Ann C. Jacobs (Address) Salmon, Idaho

20. FILED 6/9, 1932 Chas E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to May 3, 1932

I last saw him alive on May 3, 1932; death is said to have occurred on the date stated above, at 7-50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide by means of blow on head with iron wielding Bar Thrown with club	
Other contributory causes of importance: Cerebral Hemorrhage	

Name of operation Post mortem Date of May 4th

What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 5/3, 1932

Where did injury occur? May 3 16 Miles N E Salmon
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Blow on head

Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) P. S. Wright, M. D.

(Address) Salmon

RECEIVED JUN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79452

PLACE OF DEATH
County of Lewis
City of Nezperce, R.F.D. Registration District No. 6B
Primary Registration District No. 2129 Local Registrar's No. 3
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Lenore Maynard.,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 24 1931.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
One	Three	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME Chester Dan Maynard

14. BIRTHPLACE (city or town) (State or country) Prosser, Wash.

MOTHER

15. MAIDEN NAME Zella Lenore Jameson

16. BIRTHPLACE (city or town) (State or country) Nezperce, Idaho.

17. INFORMENT (Address) Edna Smith Craigmont Ida

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date 5-19, 1932

19. UNDERTAKER Craigmont Mtr. (Address) Craigmont Ida

20. FILED 5/18, 1932 P. E. Dunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to May 18, 1932

I last saw her alive on May 18, 1932. death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Broncho-Pneumonia)	May 12
Broncho-Pneumonia	May 12

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. E. Dunn M. D.

(Address) Craigmont Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Salem

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79453

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cyrus Richard James Harris

(a) Residence. No. Rexburg, Ida. R.F.D. #2. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 9th 1858

7. AGE Years 73. Months 4 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Farmer.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Left time

12. BIRTHPLACE (city or town) (State or country) Plus Tarrac Utah.

FATHER

13. NAME George Henry Abbot Harris

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Ann Eliza Burraston

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) G. W. Harris Rexburg, Ida. R.F.D. #2.

18. BURIAL, CREMATION, OR REMOVAL
Place Sugar City Date ....., 193

19. UNDERTAKER (Address) Vern J. Keller.

20. FILED May 5th, 1932 J. Wyoming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1932, to May, 1932

I last saw him alive on May 3, 1932; death is said to have occurred on the date stated above, at 10:18 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Hypertension
Walking across floor
& fell dead instantly

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. B. Rigby, M. D.

(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79454

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 21
(No. L. F. Rich Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Weimer
(a) Residence. No. Sugar City Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

124

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Child
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 6 Months 2 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Martin Weimer
14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER
15. MAIDEN NAME Molly Dross
16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMENT (Address) Martin Weimer

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Cemetery Date 5/22, 1932

19. UNDERTAKER (Address) Russel R. Flamm Rexburg Idaho.

20. FILED 5/22, 1932 J. Wyoming Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/20 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to May 20, 1932
I last saw him alive on May 20, 1932: death is said to have occurred on the date stated above, at 2 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of liver	1 week
Other contributory causes of importance:	
Cholangitis	
Cause undetermined.	May 1-1932

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Louis L. Rich, M. D.
(Address) Rexburg Idaho

5/21/32

1 over

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Sugar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

State File No. 79455

Local Registrar's No. 19

(No.) 161 E

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Garn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16 1932

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or few min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sugar City Ida

FATHER

13. NAME Henry Frank Garn

14. BIRTHPLACE (city or town) (State or country) Moody Creek Idaho

MOTHER

15. MAIDEN NAME Norma Peterson

16. BIRTHPLACE (city or town) (State or country) Sugar City Ida

17. INFORMENT (Address) J A Allison MD

18. BURIAL, CREMATION, OR REMOVAL Place Teton Date May 16, 1932

19. UNDERTAKER None
(Address)

20. FILED 5/19, 1932 J Wyoming
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ May 16, 1932, to —, 193..

I last saw h[illegible] alive on May 16, 1932 death is said to have occurred on the date stated above, at 11:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Birth injury - Dystocia due to rigid Cervix.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J A Allison M. D.

(Address) St. Anthony Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUN 6 1932

DO NOT WRITE IN THIS SPACE

State File No. 79457

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Minidoka Registration District No. 19

City of Rupert Primary Registration District No. 2015 Local Registrar's No. 21

(No. 196 If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Hendricks Blacker

(a) Residence. No. (Rupert, Ida.) St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Leroy K. Blacker

6. DATE OF BIRTH (month, day and year) Sept. 20-1904

7. AGE Years 27 Months 7 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Marysville, Idaho

PARENTS

10. NAME OF FATHER J. J. Hendricks

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Richmond Utah

12. MAIDEN NAME OF MOTHER Mary Ray.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Paradise, Utah

14. Informant J. J. Hendricks (Address) Pocatello Ida.

15. Filed 6-1-, 1932 E. O. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1931, to May 6 1932 that I last saw her alive on May 6 1932 and that death occurred, on the date stated above, at 2:10 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Pre-puerperal cervical ulcer (duration) yrs. 5 mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Symtoms. Bloodcount etc

(Signed) E. O. Elmore M. D.

5-1-, 1932 (Address) Rupert Ida

19. Place of Burial, Cremation, or Removal Rupert, Idaho Date of Burial May 9 1932

20. Undertaker Rayne & Kimball Address Burley

Vern B. McCulloch #266

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79458

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.

(No. 1707 11th, Avenue.) 740
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willis Arnold.

(a) Residence. No. St. Culdesac, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 29th, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70.	0.	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kenton, Ohio.

FATHER

13. NAME Samuel Arnold.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Elizabeth Saxton.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. E. Arnold Culdesac, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date 5/26/32, 193

19. UNDERTAKER Brower-Mann Company, (Address) Lewiston, Idaho.

20. FILED 5-26, 1932 J. M. Lyle Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23rd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to May 23, 1932.
I last saw him alive on May 20 1932; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	about Apr 10 32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W. O. Clark, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79459

Registration District No. 16

Primary Registration District No. 1009

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME George W. Welker.

(a) Residence. No. 1613 Carson Avenue. xxx
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 28th, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72.	5.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer. Sheriff.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Topeka, Kansas.

FATHER

13. NAME Paul Welker,

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Elizabeth Ann Lyon.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. Geo. W. Welker, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 2nd, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 6-2, 1932 J. M. Lyle By L. L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31st, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932, to May 31, 1932

I last saw him alive on May 31, 1932 death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	1928

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Repeated [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

State File No. 79460

Local Registrar's No. 45

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry B Timmons

(a) Residence. No. Rubens Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Timmons

6. DATE OF BIRTH (month, day, and year) Mar 11 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation 35yrs

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Stephen Timmons

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Jennie Erickson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Vinal Leeper Culdesac Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rubens Idaho Date 5/16/32, 193

19. UNDERTAKER (Address) Vassar Mortuary Inc lewiston Idaho

20. FILED 5-16, 1932 J. M. Lyle Registrar. By MSS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-14-32 193

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on May 14, 1932 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ileum	Feb 1932
with Perforation	
& Generalized Peritonitis	
Other contributory causes of importance:	

Name of operation Laparotomy Date of 5/5/32

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. J. Hennessy, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79461

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 46
Primary Registration District No. 1009
Local Registrar's No.
(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James McGreevy

(a) Residence. No. Pomeroy Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 29 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 35yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Hugh McGreevy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Otto Rimmelspacher lewiston Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Pomeroy Wash Date 5/7/32, 193
19. UNDERTAKER Vassar Mortuary Inc. (Address) Lewiston Idaho
20. FILED 5-6, 1932 J. M. Lyle Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/4/32 193

22. I HEREBY CERTIFY, That I attended deceased from 4-30, 1932, to 5-4-32, 1932
I last saw h[illegible] alive on 5-4-, 1932: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1930
Acute Myocarditis	April 15 1932
Acute dilatation	May 3-1932

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79462

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mahala McCarty.

(a) Residence. No. St. Pomeroy, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27th, 1864

7. AGE: 68. Years | Months: 1. | Days: 13. | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME Not known.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) C. M. Vassar, Pomeroy, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Pomeroy, Wash. Date , 193

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 5-12, 1932 J. M. Lyle By NB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to May 10, 1932

I last saw her alive on May 10, 1932: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1932
arteriosclerosis general	1932
Chronic interstitial nephritis	1932

Other contributory causes of importance:

Suppression urine + uremia	1932

Name of operation none Date of

What test confirmed diagnosis? albumin + casts Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Braddock, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1932
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79463

County of Nex Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME James Carl Chandler

(a) Residence. No. Golden Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 30 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Graingeville Idaho

FATHER

13. NAME Oscar Chandler

14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER

15. MAIDEN NAME Ethel Henderson

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Oscar Chandler Golden Idaho

18. BURIAL, CREMATION, OR REMOVAL Graingeville
Place Graingeville Ida Date 4/25/32 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) lewiston Idaho

20. FILED 5-25, 1932 J. M. Lyle Registrar.
By NB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/22/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 20th, 193 2, to May 22nd, 193 2
I last saw him alive on May 22, 193 2; death is said to have occurred on the date stated above, at 9 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
+ Empyema	

Other contributory causes of importance:

Name of operation Rib resection Date of May 22nd 32
What test confirmed diagnosis? Aspiration Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. C. Carson, M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79464

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Grace Sheridan Thomas
(a) Residence. No. 1420 -9th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept-13-1899

7. AGE: Years 32 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store
10. Date deceased last worked at this occupation (month and year) 4/13/32
11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (city or town) (State or country) Kendrick Idaho Idaho

FATHER
13. NAME Devitt Thomas
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Minnie Sheridan
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Devitt Thomas Moscow Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 5/8/32 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED 5-8-, 1932 J. M. Lyle Registrar. By L. L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/6/32 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1931, to May 6, 1932
I last saw her alive on May 6, 1932: death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymph Odema of legs	1930
Phlebitis stump	1932
R. Leg	

Other contributory causes of importance:

Pulmonary Embolism	May 6 1932

Name of operation Drainage - legs Date of Apr 18-32
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. J. Broadwick, M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RE[illegible] JUN 9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79465

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. 1433-11th Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacobine Halverson

(a) Residence. No. 1433-11th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): M

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Hallor Halverson

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 65 | Months 7 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Not Obtainable
14. BIRTHPLACE (city or town) (State or country) Denamrk

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Phil Halverson

18. BURIAL, CREMATION, OR REMOVAL Place Genesse Idaho Date 5/11/32 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED 5-11-, 1932 J. M. Lyle Registrar. By L. L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/9/32 193

22. I HEREBY CERTIFY, That I attended deceased from Mch 10, 1932, to May 9, 1932
I last saw her alive on May 8, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolus	5/1/32
Other contributory causes of importance:	
Arteriosclerosis	1930

Name of operation None Date of
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. B. Stockslager, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 9b

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE
State File No. 79466

Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME John Harvey White.

(a) Residence. No. St. Sweetwater, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 7th, 1893.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39.	2.	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME J. M. White.

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Catherine T. Britton.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) E. M. White Sweetwater, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date May 20th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 5-20, 1932 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to May 18, 1932.

I last saw him alive on May 17, 1932: death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Base of Skull	May 17-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 17, 1932

Where did injury occur? Lapwai Creek
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Struck by automobile

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible], M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79467

PLACE OF DEATH

County of Nez Perce,

City of Near Peck.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maxwell Dunville. 1P2

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24th, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24.	0.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. River driver.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Quebec,
(State or country) Ontario, Canada.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) Not known.
(State or country)

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) Not known.
(State or country)

17. INFORMENT Jack Kelly
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date May 31st, 1932

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 5-10-, 1932 J. M. Lyle
Registrar.
By L. L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
accidental	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accd Date of injury May 8, 1932
Where did injury occur? Nez Perce County Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Drowning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwd Brower, M.D.
(Address) Lewiston, Idaho. Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79469

PLACE OF DEATH
County of Oneida
City of Malad
Registration District No. 26
Primary Registration District No. 7069
Local Registrar's No. 15

(No. 155)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Janice Thomas

(a) Residence. No. Malad 2 da St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 1st 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME D. LeRoy Thomas

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Mattie Price

16. BIRTHPLACE (city or town) Malad
(State or country) Idaho

17. INFORMENT D. LeRoy Thomas
(Address)

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date May 9, 1932

19. UNDERTAKER J. Berry Kerns
(Address) Malad Idaho

20. FILED 5/31, 1932 J. M. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 7, 1932
I last saw her alive on May 6, 1932: death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	April 29.
Sepsis	May 3
Meningitis	May 6
(Not epidemic)	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1932
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) V. Q. Garst, M. D.
(Address) May 9, 1932

RECEIVED JUN 2 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79470

Registration District No. 107
Primary Registration District No. 2185
Local Registrar's No. 1

(No.) 75
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Blanch Dokher

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 4-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME John Halstead

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Carr

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) John Dokher Homedale

18. BURIAL, CREMATION, OR REMOVAL Place Wilder Date May 31, 1932

19. UNDERTAKER C. V. Peckham (Address) Caldwell

20. FILED June 1st, 1932 F. A. Marsh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 29, 1932

I last saw her alive on May 27, 1932 death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia right side	
Other contributory causes of importance:	
Diabetes	

Name of operation None Date of X

What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury, 193..

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. A. Marsh, M. D.

(Address) Homedale, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUN 6 1932

DO NOT WRITE IN THIS SPACE

State File No. 79471

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Payette

City of New Plymouth Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 24

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME A. E. Hoyt

(a) Residence. No. New Plymouth Idaho St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Hoyt

6. DATE OF BIRTH (month, day and year) Sept 15, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	?	31	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10. NAME OF FATHER A. S. Hoyt

11. BIRTHPLACE OF FATHER (city or town) (State or Country) [illegible]

12. MAIDEN NAME OF MOTHER Amanda Neer

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ill.

14. Informant (Address) Mrs Louisa Hoyt New Plymouth Ida

15. Filed May 8, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to May 6, 1932

that I last saw him alive on May 5, 1932

and that death occurred, on the date stated above, at 7.20 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Gastric Carcenoma

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. C. Paxton, M. D.

May 10, 1932 (Address) Fruitland Ida

19. Place of Burial, Cremation, or Removal: New Plymouth Ida — Date of Burial: May 8 1932

20. Undertaker: H. L. Peterson — Address: Ontario Ore.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79472

PLACE OF DEATH
County of Payette
City of New Plymouth Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME William Dubanko

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Dubanko

6. DATE OF BIRTH (month, day, and year): July 28-1845

7. AGE: Years 87 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Frank Dubanko

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Idaho Date June 1st 1932

19. UNDERTAKER C. C. Adkisson
(Address)

20. FILED May 31, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 193?, to May 28, 1932. I last saw him alive on May 28, 1932; death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6 mos ago

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. C. Adkisson M. D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79473

PLACE OF DEATH
County of Payette
City of New Plymouth

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 25

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James Smith

6. DATE OF BIRTH (month, day, and year): Dec 30-1881

7. AGE: Years 50 | Months 4 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: John Pearson
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): James Smith, New Plymouth Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Plymouth Ida. Date: 5-8-1932

19. UNDERTAKER (Address): Glenn C. Landon, Payette, Idaho.

20. FILED: May 10, 1932 J. C. Woodward, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932, to May 6, 1932
I last saw her alive on May 6, 1932: death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	6 mos ago

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. W. Keller, M. D.
(Address) Payette, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79474

PLACE OF DEATH

County of Fayette

City of Fayetland

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adolph B Eldridge

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Olive Eldridge

6. DATE OF BIRTH (month, day, and year): Sept 23 185[illegible]

7. AGE: Years 76 | Months 6 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Elmrod Eldridge

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Frances Doyer

16. BIRTHPLACE (city or town) (State or country): N Y

17. INFORMENT (Address): Mrs Olive Eldridge

18. BURIAL, CREMATION, OR REMOVAL Place: Fayette Date: May 31, 193[illegible]

19. UNDERTAKER (Address): J C Woodward Fayette Ida

20. FILED May 8, 193[illegible] J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 29 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from May 10, 193[illegible], to May 29, 193[illegible]

I saw him alive on May 29, 193[illegible]; death is said to have occurred on the date stated above, at midnite

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	May 10, 1932
Other contributory causes of importance:	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Merrill R. [illegible], M. D.

(Address) Fayette Ida

RECEIVED JUN 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79475

PLACE OF DEATH
County of Power
City of American Falls

Registration District No. 29
Primary Registration District No. 2072
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Karl Herman Lehman

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Lehman

6. DATE OF BIRTH (month, day, and year) May 5, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franke, Germany

FATHER

13. NAME Godib Lehman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) A. H. Lehman

18. BURIAL, CREMATION, OR REMOVAL Place American Falls Date May 27, 1932

19. UNDERTAKER (Address) A. V. Davis Am. Falls, Ida.

20. FILED May 27, 1932 Geneva Nott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1932, to 5-24, 1932

I last saw h[e] alive on 5-24, 1932; death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage (Hemiplegia)	

Other contributory causes of importance:

Pulmonary Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. L. Logan, M. D.

(Address) American Falls,

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79476

PLACE OF DEATH
County of Power
City of Am. Falls

Registration District No. 25
Primary Registration District No. 2075
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

95

2. FULL NAME Emma E. Tyler

(a) Residence. No. Rockland, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Marvin Tyler

6. DATE OF BIRTH (month, day, and year): Oct. 31, 1879

7. AGE: Years 52, Months 6, Days 29; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Cottonwood, Utah.

FATHER
13. NAME: Edward Hunter
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Mary Anne Spillett
16. BIRTHPLACE (city or town) (State or country): CottonWood, Utah

17. INFORMENT (Address): Marvin Tyler

18. BURIAL, CREMATION, OR REMOVAL Place: Rockland, Idaho Date: May 30, 1932

19. UNDERTAKER (Address): H. L. Davis

20. FILED May 30, 193 Gwenen Nolk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to May 28, 1932
I last saw her alive on May 28, 1932: death is said to have occurred on the date stated above, at 8½ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hematemesis.	'32
Bleeding from duodenal ulcer.	May 26
proved by autopsy	

Other contributory causes of importance:
operated for gangrenous appendix May 24th, 1932

Name of operation: Appendectomy Date of 5/24/32
What test confirmed diagnosis: Operation Was there an autopsy: Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. F. Schief M. D.
(Address) Amer. Falls. Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO RECEIVED JUN 3 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79477

PLACE OF DEATH
County of Power
City of American Falls

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 17

(No.) 101a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth E Eckle

(a) Residence. No. Rockland St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: George Eckle

6. DATE OF BIRTH (month, day, and year): Sept 24, 1865

7. AGE: Years 68 | Months 8 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Louisana

FATHER
13. NAME: William Chaander
14. BIRTHPLACE (city or town) (State or country): New Orlains La.

MOTHER
15. MAIDEN NAME: Victora Green
16. BIRTHPLACE (city or town) (State or country): StevenTown, New York

17. INFORMENT (Address): Lildie Nelson

18. BURIAL, CREMATION, OR REMOVAL
Place Rockland Idaho Date May 31, 1932

19. UNDERTAKER (Address): H L Davis

20. FILED May 31, 1932 Gunnin Nolt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1932, to 5-30, 1932
I last saw her alive on 5-30, 1932: death is said to have occurred on the date stated above, at 12.20a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:
[illegible]

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79478

PLACE OF DEATH

County of Shoshone
City of Mullan

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 40
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. **FULL NAME** Andrew Tuomala
(a) Residence. No. Mullan, Ida St. Mullan Ida
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Gustava Tuomala

6. DATE OF BIRTH (month, day and year) Oct 31 - 1881

7. AGE Years 50 Months 6 Days 14 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Lead Mining
(c) Name of employer Gus Larson

9. BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10. NAME OF FATHER Matt Tuomala
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Finland
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Finland

14. Informant (Address) Mrs Gustava Tuomala Mullan, Ida

15. Filed May 18, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar - 1932, to May 15, 1932
that I last saw him alive on May 14, 1932
and that death occurred, on the date stated above, at 5 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary T. B.

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Mine
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [signature], M. D.
May 15, 1932 (Address) Mullan Ida

19. Place of Burial, ~~Cremation~~, or ~~Removal~~ Mullan, Idaho — Date of Burial May 18 1932

20. Undertaker J. A. Bever Nurd Lund. Co. — Address Wallace, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79479

PLACE OF DEATH
County of Shoshone
City of Wallace, Idaho
Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 42
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

201

2. FULL NAME Clyde Henry Buckles
(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ollie B. Buckles

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1889

7. AGE Years 43 Months 4 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. timberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mine
10. Date deceased last worked at this occupation (month and year) May, 1932
11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (city or town) (State or country) Joplin, Missouri

FATHER
13. NAME Alex Buckles
14. BIRTHPLACE (city or town) (State or country) no inf.

MOTHER
15. MAIDEN NAME ~~[illegible]~~ no inf.
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Ollie B. Buckles 222 E. Cameron

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg, Ida. Date May 19, 1932

19. UNDERTAKER (Address) H.B. Thornhill, undertaker Kellogg, Idaho

20. FILED May 19, 1932 P. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to May 16, 1932
I last saw him alive on May 16, 1932; death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of rt lung following traumatic fracture of 3 + 4 ribs rt.	

Other contributory causes of importance:
Pneumonia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-12, 1932
Where did injury occur? Sunshine Mine (Specify city or town, county, and State) Shoshone Co. Idaho
Specify whether injury occurred in industry, in home, or in public place. Sunshine Mine
Manner of injury Struck by rock
Nature of injury Fractured ribs

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Mining accident
(Signed) Paul M. Ellis, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79480

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 38
(No. County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank W. Rose 201

(a) Residence. No. Wallace Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Anna Rose

6. DATE OF BIRTH (month, day, and year) Dec 22 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grants Lurg Kentucky

FATHER

13. NAME No Inf.

14. BIRTHPLACE (city or town) (State or country) No Inf.

MOTHER

15. MAIDEN NAME No Inf.

16. BIRTHPLACE (city or town) (State or country) No Inf.

17. INFORMENT (Address) County Infirmary Supt Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date May 12 1932

19. UNDERTAKER Marshall Company (Address) Wallace Idaho

20. FILED May 12, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1931, to May 9, 1932

I last saw him alive on May 7, 1932: death is said to have occurred on the date stated above, at 2 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Neck Femur	2 mos
Cerebral Apoplexy	years
Fall on floor causing fracture.	
Other contributory causes of importance:	
Arteriosclerosis	years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James R Dean, M. D.

(Address) Wallace Idaho

RECEIVED JUN 9 1932

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79481

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

152

2. FULL NAME Nellie Francis Patterson

(a) Residence. No. 224 St. Flume Ave
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: H. H. Patterson

6. DATE OF BIRTH (month, day, and year): Nov 23, 1887

7. AGE: Years 44 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: L. R. Selsor

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: Emma Walker

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193...

19. UNDERTAKER (Address): H. B. Thornhill, Kellogg Ida

20. FILED June 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Drowned when fell in So Fork Ida River

Date of onset

Other contributory causes of importance: acute alcoholism

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ....., 193..

Where did injury occur? Public Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. along Public Highway

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Mowery Corbett

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79482

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

165

2. FULL NAME William Boni

(a) Residence. No. 424 S. Division St. Kellogg, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed or divorced HUSBAND of (or) WIFE of: Louise Boni

6. DATE OF BIRTH (month, day, and year): May 7-1891

7. AGE: 43 Years | Months: - | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Groceries
10. Date deceased last worked at this occupation (month and year): April 30, 1932
11. Total time (years) spent in this occupation: 20 years

12. BIRTHPLACE (city or town) (State or country): Navelli Italy

FATHER
13. NAME: No Inf.
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: No Inf.
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Robert Duvall Kellogg, Ida. Box 434

18. BURIAL, CREMATION, OR REMOVAL
Place: Spokane, Wn. Date: May 13, 1932

19. UNDERTAKER (Address): H. B. Thornhill Kellogg, Ida.

20. FILED: June 1, 1932 Mrs. Hilen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 12, 1932
I last saw him alive on May 12, 1932: death is said to have occurred on the date stated above, at 8:55A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lysol Poisoning	5-9-32
Anuria	48 hours
Uremia	24 hours

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5-9, 1932
Where did injury occur? Kellogg, Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Lysol, suicidal intent.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 13 1932

DO NOT WRITE IN THIS SPACE
State File No. 79483

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 35
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

165

2. **FULL NAME** Silvia O. Skoog
(a) Residence. No. Mullan, Idaho St. Mullan, Ida.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Skoog.

6. DATE OF BIRTH (month, day and year) Nov-1-1899

7. AGE Years 32 Months 8 Days 0 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS
10. NAME OF FATHER C. A. Hall
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Elna Christensen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant (Address) Mrs Rose Ashton. Mullan, Ida.

15. Filed May 4, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 1 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw her alive on ....., 19....
and that death occurred, on the date stated above, at 4 30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carbolic acid
Poisoning Suicidal
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) alcoholism
(duration) Several yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) A. C. Mowery Corner
(Address) Wallace Ida
5/7, 1932

19. Place of Burial, ~~Cremation~~, or ~~Removal~~ Wallace, Ida. Date of Burial May 4 1932

20. Undertaker J. A. Bever Ward and Co. Address Wallace, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1937 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79484

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 36

(No. 1610)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Manthos

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg Ida
(State or country)

FATHER
13. NAME Tony Manthos
14. BIRTHPLACE (city or town) Greece
(State or country)

MOTHER
15. MAIDEN NAME Rose Franks
16. BIRTHPLACE (city or town) Kellogg Ida
(State or country)

17. INFORMENT Rose Manthos
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Kellogg Date June 5, 1937

19. UNDERTAKER H. B. Thornfeldt
(Address) Kellogg Ida

20. FILED June 4, 1937 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937 to June 2nd, 1937
I last saw him alive on June 1st, 1937; death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79485

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1592

2. FULL NAME Baby anderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male ~~White~~
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or 3 10 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg
(State or country) Idaho

FATHER
13. NAME alfe H. anderson
14. BIRTHPLACE (city or town) N. Dakota
(State or country)

MOTHER
15. MAIDEN NAME Vanessa Green
16. BIRTHPLACE (city or town) Kellogg
(State or country) Idaho

17. INFORMENT a. H. anderson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date May 4, 1932

19. UNDERTAKER Harold Thanskill
(Address) Kellogg Ida

20. FILED June 1, 1932 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~[illegible]~~	
Hydrocephalus,	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) T. R. Mason, M. D.
(Address) Kellogg, Ida.

RECEIVED JUN 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79486

PLACE OF DEATH
County of Shoshone
City of Avery

Registration District No. 127
Primary Registration District No. 2400
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Lou Garrity 18

(a) Residence. No. ..... St. Avery - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? ~~yrs.~~ mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 17 - 1929

7. AGE 3 Years | 11 Months | 1 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Avery - Idaho

FATHER
13. NAME Wm J. P. Garrity
14. BIRTHPLACE (city or town) (State or country) St. Paul Minn.

MOTHER
15. MAIDEN NAME Naomi Clark
16. BIRTHPLACE (city or town) (State or country) Alberton Mont.

17. INFORMENT (Address) Clarence Clark & G. Garrity

18. BURIAL, CREMATION, OR REMOVAL
Place Missoula Date May 20, 1932

19. UNDERTAKER (Address) Merrill Mortuary, Inc. Missoula, Mont.

20. FILED May 19, 1932 C Busey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 18, 1932
I last saw her alive on May 17, 1932: death is said to have occurred on the date stated above, at 3.20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	May 7/32

Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C Busey M.D.
(Address) Avery Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79488

PLACE OF DEATH
County of Shoshone
City of Burke

CERTIFICATE OF DEATH
Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 41
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Clement Hall 74a
(a) Residence. No. Wallace St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed
6. DATE OF BIRTH (month, day and year) Sept 14 - 1858
7. AGE Years 73 Months 7 Days 26 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS
10. NAME OF FATHER Edwin Clement
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER Tintha Chase
13. BIRTHPLACE OF MOTHER (city or town) (State or County) N. Y.

14. Informant (Address) Mr Ed. Hall Burke, Idaho
15. Filed May 22, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 15 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 1930, to May 10, 1932
that I last saw her alive on May 14, 1932
and that death occurred, on the date stated above, at 12:10 A.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterial Hypertension with arteriosclerosis of vessel
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? none
(Signed) Det Mowery M. D.
5/16, 1932 (Address) Wallace Ida

19. Place of Burial, Cremation, or Removal Pitcher Oklahoma
Date of Burial May 22 1932
20. Undertaker J. A. Bever Ward Und Co.
Address Wallace, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUN 13 1932

DO NOT WRITE IN THIS SPACE

State File No. 79489

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 44

(No. Co Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jonathan Hoal

(a) Residence. No. Wallace St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 34 yrs. mos. ds. How long in U. S. if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner.
(b) General nature of industry, business, or establishment in which employed (or employer) Lead Mining.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Not known.

14. Informant (Address) Co Hospital Records. Wallace Ida

15. Filed May 21, 1932 C. L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1927, to May 20, 1932

that I last saw him alive on May 19, 1932

and that death occurred, on the date stated above, at 5 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

.....(duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

.....(duration) 4 yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

5/20/32 (Signed) James K Brown, M. D.

19..... (Address) Wallace

19. Place of Burial, Cremation, or ~~Removal~~ Wallace Ida — Date of Burial May 21 1932

20. Undertaker J. T. Bower Undertaking Co — Address Wallace, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79490

PLACE OF DEATH

County of Shoshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 43
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Williams
(a) Residence. No. Wallace, Ida. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Williams

6. DATE OF BIRTH (month, day and year) June 1 - 1871

7. AGE Years 60 Months 11 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Grants Pass Ore

PARENTS

10. NAME OF FATHER Wm Miller
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo.
12. MAIDEN NAME OF MOTHER — Miller
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ore

14. Informant (Address) Mrs Roy Morris Wallace, Ida

15. Filed May 22 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1928, to May 19, 1932
that I last saw her alive on May 19, 19..
and that death occurred, on the date stated above, at 11-15 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis acute
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Carcinoma Liver
(duration) Several yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Dismowery, M. D.
5/20 1932 (Address) Wallace Ida

19. Place of Burial, Cremation, or Removal Wallace, Idaho
Date of Burial May 22 1932

20. Undertaker J. A. Bower - Ward Und Co
Address Wallace, Ida

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79491

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 11011 Local Registrar's No. 36
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Hammer
(a) Residence. No. Rathdrum Idaho St. Rathdrum, Idaho.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Hammer.

6. DATE OF BIRTH (month, day and year) Sept 16 - 1868

7. AGE 63 Years Months 7 Days 19 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS
10. NAME OF FATHER Joseph Gaa.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Catherine Wimmert
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany.

14. Informant (Address) Mrs Ester Foster Mullan Ida.

15. Filed May 7, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1932, to May 5, 1932
that I last saw her alive on May 5, 1932
and that death occurred, on the date stated above, at 12:20 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Myocarditis acute

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia
Bronchial Influenza (duration) yrs. mos. 14 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

5/6 (Signed) Dr. McMowery, M. D.
1932 (Address) Wallace Ida

19. Place of ~~Burial~~, Cremation, or ~~Removal~~ Rathdrum Ida. Date of Burial May 7 1932

20. Undertaker J. A. Beer Ward Mud. Co. Address Wallace, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79492

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 30

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Warner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Elizabeth Warner

6. DATE OF BIRTH (month, day, and year) Sept 26, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Millman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME William H. Warner

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Christine Johnson

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Floyd Mines Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date May 17, 1932

19. UNDERTAKER (Address) McThornhill Kellogg Ida

20. FILED June 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to May 15, 1932
I last saw him alive on May 15, 1932: death is said to have occurred on the date stated above, at 3:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6 mos.
Cardiac Decompensation	5-11-32
Other contributory causes of importance: Pneumoconiosis	10-15 yrs.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79493

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlotte Jane Burroughs

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 29, 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
9	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg, Idaho

FATHER

13. NAME J. R. Burroughs

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Bernice Roberts

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) J. R. Burroughs Star Route, Pine Creek Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Date , 193

19. UNDERTAKER M. C. Thornhill (Address) Kellogg Idaho

20. FILED June 1, 193 Miss. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH Mason

21. DATE OF DEATH (month, day, and year) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1932, to May 13, 1932
I last saw her alive on May 11, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis following Influenza,	

Other contributory causes of importance:

Had rheumatism 2 yrs ago,	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. R. Mason, M. D.
(Address) Kellogg, Ida.

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79494

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

143c

2. FULL NAME Beulah Maxine Dunkle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
fem.	wht.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Percy W. Dunkle.

6. DATE OF BIRTH (month, day, and year) Jan. 1-1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Thompson Falls Mont.

FATHER

13. NAME Samuel Edward Spratt

14. BIRTHPLACE (city or town) (State or country) Bardstown Ky.

MOTHER

15. MAIDEN NAME Edna Marie Aldrich

16. BIRTHPLACE (city or town) (State or country) Cedar Rapids Iowa

17. INFORMENT (Address) Mrs. Samuel Spratt

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Ida. Date May 30, 1932

19. UNDERTAKER (Address) R-L Hunt - Kellogg Ida.

20. FILED June 1, 1932 Mrs. Helen M. Bridle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1931, to May 25, 1932
I last saw her alive on May 25, 1932; death is said to have occurred on the date stated above, at 7:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia, convulsions	
elevated blood pressure albuminuria	one day

Other contributory causes of importance:
Pregnancy at term

Name of operation No Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harold T. Gudmundsen, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79495

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 101 W
Local Registrar's No. 37
(No. 1108 Canyon St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Alice La Rue Batts

(a) Residence. No. 1108 Canyon Ave. St. Wall
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

118 t

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John H. Batts

6. DATE OF BIRTH (month, day, and year) July 16, 1884

7. AGE: Years 47 | Months 9 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Cygne
(State or country) Lion Co. Kansas.

FATHER
13. NAME Benjamin Franklin La Rue
14. BIRTHPLACE (city or town) Dunksburg
(State or country) Pettis Co. Missouri

MOTHER
15. MAIDEN NAME Rosa E. McGuire
16. BIRTHPLACE (city or town) Dunksburg
(State or country) Pettis Co. Missouri

17. INFORMENT Mrs. Rosa Hughes
(Address) Greenacres, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Date May 16th 1932

19. UNDERTAKER Marstell Company
(Address) Wallace Idaho

20. FILED May 11, 1932 S. Stoxe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1932, to May 8, 1932
I last saw her alive on May 8, 1932: death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute intestinal obstruction	May 7
carcinoma of bladder	
metastasis to sigmoid	
colon	

Other contributory causes of importance:

Name of operation exploratory Date of Feb 29
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Pauline Ellis, M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79496

PLACE OF DEATH
County of Shoshone
City of Kingston
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 32

(No. 90) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jannett B Hunt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	Wh.	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas H. Hunt

6. DATE OF BIRTH (month, day, and year) August 24, 185

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Klean County Pennsylvania

FATHER
13. NAME Arthur H. Buchanan
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Adalin Foster
16. BIRTHPLACE (city or town) (State or country) Pen

17. INFORMENT (Address) Chas Hunt

18. BURIAL, CREMATION, OR REMOVAL Place Kingston Date May 27, 1932

19. UNDERTAKER W. B. Thornhill (Address) Kellogg Ida

20. FILED June 1, 1932 Mrs Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to April 26, 1932
I last saw her alive on April 26, 1932; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	7 mos
Other contributory causes of importance	
Myocardial Degeneration	4 years

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79497

PLACE OF DEATH

County of Shoshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 10-11
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 39

90

2. FULL NAME William Gray
(a) Residence. No. Near Wallace St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 60 Months Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Lead Mining
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Philadelphia

PARENTS

10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Not Known

14. Informant (Address) Friends Wallace

15. Filed May 13 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932, to May 9, 1932
that I last saw him alive on May 9, 1932
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Heart Block
Coronary Sclerosis
(duration) Several mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) Several yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) [signature], M. D.
5/12, 1932 (Address) Wallace Ida

19. Place of Burial, Cremation, or Removal Wallace, Ida
Date of Burial May 13 1932

20. Undertaker J. A. Bower Ward and Co.
Address Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 4 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79498

PLACE OF DEATH
County of Teton
City of Driggs
Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 9
(No. 201)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** William Lavin Freeman

(a) Residence. No. Driggs Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 11 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	7	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Driggs Idaho

PARENTS

10. NAME OF FATHER William Leslie Freeman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Moten Utah
12. MAIDEN NAME OF MOTHER Ann Jane Latimer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Nephi Utah

14. Informant William Leslie Freeman
(Address) Driggs Idaho

15. Filed 5-20-, 1937. Celia M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 18 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-18, 1932 to 5-18, 1932
that I last saw h[illegible] alive on 5-18-, 1932
and that death occurred, on the date stated above, at 6:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Fracture of the base of skull from accident (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) He was sitting on roof of grand stand and wind blew off roof causing him to fall on his head. (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) G. Parkinson, M. D.
5-19-, 1932 (Address) Driggs

19. Place of Burial, Cremation, or Removal	Date of Burial
Driggs Idaho	May 21- 1937
20. Undertaker	Address
Jack A Wood	Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79499

PLACE OF DEATH
County of Twin Falls
City of

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 102

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie Ellen Presnell

(a) Residence. No. Route # 2 St. Kimberly Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

7 4a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. R. Presnell

6. DATE OF BIRTH (month, day, and year) Sept 30-1862

7. AGE: Years 69, Months 7, Days 16, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Levi Hartley
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Sophia Estes
16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMENT (Address) W. R. Presnell Route # 2 Kimberly Ida

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date 5-17 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho

20. FILED 5/16, 1932 Elizabeth J. Smith Registrar. Act

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6th, 1932, to May 16th, 1932
I last saw her alive on May 9th, 1932: death is said to have occurred on the date stated above, at 9 13 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 6th 1932

Other contributory causes of importance:

Arterio Sclerosis	1920
Myo. carditis	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) John L. Coughlin, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUN 13 1932

DO NOT WRITE IN THIS SPACE
State File No. 79500

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 105
(No. Twin Falls Co. General Hospital) angles
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C M Bassford 74a

(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 23 / 1873

7. AGE: Years 60 Months — Days 18 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kans

FATHER
13. NAME M. C. Bassford
14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER
15. MAIDEN NAME Emma Overman
16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMENT (Address) Earl Bassford Filer

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date ..., 193

19. UNDERTAKER (Address) F. C. Drake Twin Falls

20. FILED 6-8, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7th, 1932, to May 11th, 1932
I last saw him alive on May 10th, 1932; death is said to have occurred on the date stated above, at 7:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5-7-32

Other contributory causes of importance:

arteriosclerosis	?

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John L. Loughlin, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 79591

Local Registrar's No. 99

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edson F. Stansell

(a) Residence. No. 241 - 3rd Ave S. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Horace J. Stansell

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Eleanor Ketchum

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) L. E. Stansell Buhl - Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Twin Falls Date 5-16, 1932

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Ida

20. FILED 5/16, 1932 Elizabeth D. Smith Registrar. ds

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/13/32 11:20 P.M. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1931, to May 13, 1932.

I last saw him alive on 5/13, 1932; death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	years ago.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Reaser, M. D.

(Address) Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79502

RECEIVED JUN 13 1932

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Twin Falls
City of Twin Falls — Registration District No. 37
Primary Registration District No. 2085 — Local Registrar's No. 108
(No.) Twin Falls Co. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jens Nielsen

(a) Residence. No. McCaleigh Idaho.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Myrea Nielsen

6. DATE OF BIRTH (month, day and year) Mar. 2nd 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Sabie Denmark

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant (Address) David G Moyer

15. Filed 5/28, 1932 — Elizabeth J. Smith, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 27, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1932 to May 27, 1932
that I last saw h[illegible] alive on May 27, 1932
and that death occurred, on the date stated above, at 10 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Mountain Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) J. M. Davis, M. D.
May 29, 1932 (Address) Twin Falls Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cem.	May 31 1932
20. Undertaker	Address
Payne & Kimball	Burley,

Vern B. McCulloch 260

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79503

RECEIVED JUN 13 1932

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 106

(No. County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Muier Heughan

(a) Residence. No. So. Main Twin Falls, Ida. St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March, 17Th-1839

7. AGE 93 Years 2 Months 7 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont know

14. Informant (Address) Jack Smith Twin Falls, Ida.

15. Filed 5/27, 1932 Elizabeth J. Smith Registrar. Act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 24Th. (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13th, 1932, to May 24, 1932 that I last saw him alive on May 24, 1932 and that death occurred, on the date stated above, at 4.15 am

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) several yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? Arrington Cabins, Twin Falls Ida

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) N. Flasser, M. D.

May 27, 1932 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal Twin Falls, Ida

Date of Burial May 19

20. Undertaker S.C. Phillips, Twin Falls, Ida.

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 13 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79504

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Filer Primary Registration District No. 2086 Local Registrar's No. 103

(No.) 41

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mary Frances Walker

(a) Residence. No. Filer St. 8-30 P m

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 31 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Wife
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10. NAME OF FATHER John S. Ankrell

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia

12. MAIDEN NAME OF MOTHER Yeager

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Virginia

14. Informant Mrs. Porter Polson
(Address)

15. Filed 5/19, 1932 Elizabeth J. Smith Registrar. acf

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 16, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1932, to May 16, 1932
that I last saw h[illegible] alive on April 16, 1932
and that death occurred, on the date stated above, at 8:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Septicaemia
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Fractured hip
Six years (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H. A. Dwight, M. D.
May 18, 1932 (Address) Filer

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	May 18 1932

20. Undertaker	Address
J. E. Duke	Twin Falls

STA__ __ __AHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 13 1932

DO NOT WRITE IN THIS SPACE
State File No. 79505

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 92
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Elaine Mae Tews,

(a) Residence. No. Kimberly Ida. Route #1 St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. 15 ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 20Th.1932

7. AGE	Years	Months	Days	If LESS than 1 day,
✓	✓		15	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho.

PARENTS

10. NAME OF FATHER Sylvester Tews,
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Neb.
12. MAIDEN NAME OF MOTHER Laura Canfield
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Neb.

14. Informant (Address) Sylvester Tews Kimberly Ida Route #1

15. Filed 5/7 1932 Elizabeth D. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 5Th. (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21 1932 to May 5th 1932
that I last saw her alive on May 4th 1932
and that death occurred, on the date stated above, at 6.30A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Sepsis from Staphylo coccus infection of right leg
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Hemorrhage & incoagulability of blood
(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of May 3rd
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) John N. Haggblom M. D.
5-6 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls, Cemetary	May 7Th. 1932

20. Undertaker S.C.Phillips, Twin Falls, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79506

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Terrence arden Gilmour

(a) Residence. No. 815 - No Broadway St. Burley Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Feb-11-1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	2	7 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burley Ida

FATHER

13. NAME Dale A Gilmour

14. BIRTHPLACE (city or town) (State or country) Dayton Wyo

MOTHER

15. MAIDEN NAME ~~Hatty~~ Heddy Klingspoon

16. BIRTHPLACE (city or town) (State or country) Morden Manitoba Canada

17. INFORMENT (Address) Riley Gilmour Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Burley Cemetery Date 4/30, 1932

19. UNDERTAKER (Address) Evans & Johnson J. C. Schmidt

20. FILED May 7, 1932 J. T. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-22, 1932, to 4-28, 1932

I last saw him alive on 4-28, 1932; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. [illegible] M. D.

(Address) Burley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79510

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 98

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

137

2. FULL NAME Della Shiffler

(a) Residence. No. Twin Falls County Gen'l Hospital Buhl, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of M.J.Shiffler

6. DATE OF BIRTH (month, day, and year) Sept.11th 1872

7. AGE: Years 59 | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME John Bucy
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Sarah Henderson
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) M.J.Shiffler Buhl, Ida.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Mackey, Ida. Date 5/16/1932

19. UNDERTAKER (Address) Evans & Johnson Twin Falls, L.J. Johnson

20. FILED 5/16, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931, to May 15, 1932
I last saw her alive on May 14, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cysts-Broad Ligament	May 1931

Other contributory causes of importance:

Pelvic Abscess	March 1932
Adhesion of Bowel	Oct 1931

Name of operation Drainage of pelvic abscess Lysis of Adhesions Date of May 14
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C. Russell Secured M. D.
(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79511

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 91

(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Thos Fisher Jr.

(a) Residence. No. Ash St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Fisher

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 50 | Months 2 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Plumber
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ill

FATHER
13. NAME: Thos Fisher
14. BIRTHPLACE (city or town) (State or country): N Y

MOTHER
15. MAIDEN NAME: Jennie Odell
16. BIRTHPLACE (city or town) (State or country): N Y

17. INFORMENT (Address): Jennie Fisher

18. BURIAL, CREMATION, OR REMOVAL
Place: Twin Falls Date: May 5, 1932

19. UNDERTAKER (Address): F. E. Drake, Twin Falls

20. FILED 5/5, 1932 Elizabeth J. Smith, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on May 2, 1932, to May 3, 1932
I last saw him alive on May 3, 1932: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of the lungs	5/2/32

Other contributory causes of importance:

Cardiac insufficiency	many years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79512

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 96

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaretta Huether

(a) Residence. No. 345 Quincy St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Ludwig Huether

6. DATE OF BIRTH (month, day, and year) Oct. 26, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Russia

FATHER
13. NAME John S Traub
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Barbara Beck
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Ludwig Huether, Twin Falls, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Cemetery Date 5-13, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Ida

20. FILED 5/11, 1932 Elizabeth Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932 to May 11, 1932
I last saw her alive on May 11, 1932; death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. E. Langenwalter, M. D.
(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79513

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 107

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas H. Irwin 92

(a) Residence. No. 3½ miles East of Twin Falls St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Bertha Irwin

6. DATE OF BIRTH (month, day, and year) Feb. 11-1859

7. AGE Years 73 Months 3 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ashland Ky.

FATHER
13. NAME Thomas Irwin
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. Bertha Irwin Kimberly, Ida. Route #1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 5-31, 1932

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls Ida.

20. FILED 5/28, 1932 Elizabeth J. Smith Registrar. acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932, to May 27, 1932
I last saw him alive on May 27, 1932 death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	5.25.32
Coronary Thrombosis	

Other contributory causes of importance:
Influenza winter of 1932

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) John H. Coughlin M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUN 13 1932

DO NOT WRITE IN THIS SPACE
State File No. 79514

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 97

(No. 918 Main) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Burt

(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 19 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Burt
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. A R Anderson Twin Falls

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Twin Falls Date May 12, 1932

19. UNDERTAKER F E Drake
(Address) Twin Falls

20. FILED 5/20, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29 1929 1932, to May 10, 1932
I last saw him alive on May 6, 1932: death is said to have occurred on the date stated above, at 4:30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) H Wilson, M. D.
(Address) Twin Falls, Idaho

STATE DAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 1 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79515

PLACE OF DEATH
County of Twin Falls
City of Twin Falls Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 100
(No. County Gen. Hosp. 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** William McQuillan
(a) Residence. No. Hansen Eda St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	✓	✓	✓

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant T. E. Linginfelter
(Address) Hansen Idaho.

15. Filed 5/20, 1932 Elizabeth J. Smith Registrar.
acs

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 13, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 13, 1932
that I last saw h— alive on May 13, 1932
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardio-vascular-Renal disease
many (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) J. M. Davis, M. D.
May 14, 1932 (Address) Kimberly Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Filer Idaho	May 16 1932
20. Undertaker	Address
S. C. Phillips.	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STA DAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JUN 13 1932

DO NOT WRITE IN THIS SPACE
State File No. 79516

PLACE OF DEATH
County of Twin Falls
City of Twin Fall

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 104
(No. Co. Gen Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfreda Bertha Faith
(a) Residence. No. 519 - 2nd ave West St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of San Faith

6. DATE OF BIRTH (month, day and year) Feb. 22 - 1885

7. AGE Years 47 Months 2 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Eureka Kansas

PARENTS
10. NAME OF FATHER J. J. Watson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) U. S. A.
12. MAIDEN NAME OF MOTHER Nancy Aspenall
13. BIRTHPLACE OF MOTHER (city or town) (State or County) U. S. A.

14. Informant San Faith
(Address) 519 - 2nd ave. West

15. Filed 5/20, 1932 Elizabeth J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

~~May - 18~~

16. DATE OF DEATH May (Month) 18 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about 3 mo., 19..
that I last saw her alive on May 18, 1932
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute dilatation of heart.
Operated for Chronic Appendicitis ~~adhesio~~ adhesions. Cystic Ovaries.
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Surgical shock
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of May 16-32
Was there an autopsy? No.
What test confirmed diagnosis? Examination & Symptoms
(Signed) Dr C Arnes M. D.
May 18, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal Twin Falls Idaho
Date of Burial May 21 1932

20. Undertaker S. C. Phillips
Address

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JUN 8 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 79517

Local Registrar's No. 13

Registration District No.

Primary Registration District No.

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Valley

City of McCall

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Ella Ohl Williams

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	

6. DATE OF BIRTH: August (Month) 10 (Day) 1870 (Year)

7. AGE: 61 Yrs. 10 Mos. ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Music Teacher
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Danville, Penn.

10. NAME OF Father: Amos M Ohl

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Martha Matilda Eyer

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John L. Williams
(Address) McCall Idaho

15. Filed May 31 1932 M. Gardner Ready Local Registrar

MEDICAL CERTIFICATE OF DEATH 49

16. DATE OF DEATH: May (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21 1932 to May 31 at 1932 that I last saw her alive on May 31 at 1932 and that death occurred on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma

Primary seat of disease. Carcinoma of uterus.

(Duration) 10 yrs. mos. ds.

Contributory (Secondary) Cardiac Insufficiency

(Duration) yrs. mos. 10 ds.

(Signed) Ulysses S. Craft M. D.

1932 (Address) McCall, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 33 yrs. mos. days. In the State 33 yrs. mos. ds.
Where was disease contracted if not at place of death? at place of death
Former or usual residence McCall

19. PLACE OF BURIAL OR REMOVAL: McCall — DATE OF BURIAL: June 2 1932

20. UNDERTAKER: A S Robb — ADDRESS: Essex Ida

RECEIVED JUN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79518

PLACE OF DEATH
County of Valley
City of Cascade
Registration District No.
Primary Registration District No.
Local Registrar's No. 15

(No. 22½) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles David Creason

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary Creason

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 Years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME ~~Unknown~~ David Creason

14. BIRTHPLACE (city or town) (State or country) Wellis

MOTHER

15. MAIDEN NAME Sarah Garrett

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs Mary Creason

18. BURIAL, CREMATION, OR REMOVAL
Place Cascade Date May 9 1932

19. UNDERTAKER
(Address) A D Ryle - Cascade Idaho

20. FILED May 10, 1932 M. Gardner Head
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to May 7, 1932.
I last saw him alive on May 7, 1932; death is said to have occurred on the date stated above, at 7 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4-30-32
Other contributory causes of importance: Bronchitis	4-21-32

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Acquired by exposure
(Signed) Roscoe E Ward M.D.
(Address) Cascade - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79519

PLACE OF DEATH
County of Valley
City of Cascade

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Mary Loveday Emery

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widow of John H Emery

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 75 Months 3 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Geo Tregaskis
14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER
15. MAIDEN NAME Mary Neal
16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMENT (Address) Adelma R Liming

18. BURIAL, CREMATION, OR REMOVAL Place Cascade Date May 29 1932

19. UNDERTAKER (Address) W D Robb Cascade Idaho

20. FILED May 28, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to May 27, 1932
I last saw her alive on May 26, 1932: death is said to have occurred on the date stated above, at 7 15/a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of abdominal aorta at bifurcation.	5-23-32

Other contributory causes of importance:
Senility

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Roscoe C Ward, M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79520

RECEIVED JUN 8 1932

PLACE OF DEATH
County of Valley
City of McCall

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mina Island 91b

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sepo Island
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: 62; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): —

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): William Rockels

18. BURIAL, CREMATION, OR REMOVAL. Place: Evergreen Cemetery Date: , 193

19. UNDERTAKER (Address): L. D. Reynolds

20. FILED May 13, 193 L. Gardner Mealey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/12 193 2

22. I HEREBY CERTIFY, That I attended deceased from on 5/7, 193 2, to , 193 ; I last saw h[illegible] alive on 5/7, 193 2; death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri-Sclerosis of long standing	gradual

Other contributory causes of importance:
General debility & age.

Name of operation: None Date of:
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Edwin Stinson, M. D.
(Address) McCall Ida.

RECEIVED JUN 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79521

PLACE OF DEATH

CERTIFICATE OF DEATH

County of .....
City of McCall Idaho

Registration District No. .....
Primary Registration District No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. .....

2. FULL NAME Ralph Wilber Burnside 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) April 16-1917

7 AGE: 15 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Donnelly Idaho

PARENTS
10 NAME OF FATHER Robt W Burnside
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baker Oregon
12 MAIDEN NAME OF MOTHER Ursley Beck
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Green Forest Ark

14 Informant R. W. Burnside
(Address)

15 Filed May 5, 1932 McGardner Ready Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 4 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased ~~from~~ 1 call on Apr. 20, 1932, + after death 5/4, 1932
that I last saw him alive on Apr. 20, 1932
and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:
Valvular Heart Disease
probably arising from severe focal infection of early child-hood.
(duration) 16 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Any sudden Exertion.
Instantaneous.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Indefinite.
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Steth. Examination
(Signed) Don S. Numbers, M. D.
5/4, 1932 (Address) McCall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: McCall Idaho
Date of Burial: May 6th 1932

20. Undertaker: A D Robb
Address: Cascade Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79522

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Lucius Ray Siron,

(a) Residence. No. 1214 Cleveland St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, and year) Aug 31-1909

7. AGE: Years 22 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bank clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Forest Illinois

FATHER
13. NAME Lucius M. Siron
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Maytie Brown
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) A.C. Garbis Caldwell, Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Madelia Minn Date 5/30 1932

19. UNDERTAKER (Address) C. V. Pickham Caldwell Idaho

20. FILED 5-30, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/29 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on May 29, 1932: death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basalar fracture of the skull	

Other contributory causes of importance:
Automobile accident

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/29/32
Where did injury occur? Midvale, Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public highway
Manner of injury Car ran off grade
Nature of injury Fracture of skull-base

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. Montgomery, M. D.
(Address) Caldwell Ida

RECEIVED JUL 14 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79523

PLACE OF DEATH
County of Washington. City of Cambridge. Registration District No. 88.
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allen Vane Green.

(a) Residence. No. Cambridge Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Irene H. Green deceased

6. DATE OF BIRTH (month, day, and year) Nov. 19 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Allen B. Green.

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Nancy Celby.

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Arnold Green. Cambridge Ida.

18. BURIAL, CREMATION, OR REMOVAL. Place Cambridge Ida. Date May 18, 1932

19. UNDERTAKER T. A. Hudelson
(Address) Cambridge Idaho

20. FILED JUL 13, 1932 GRACE I. WHITEMAN CAMBRIDGE, IDAHO
CAMBRIDGE, Idaho Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 16, 1932.
I last saw him alive on May. 16, 1932; death is said to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	May 1 '32
Coronary Occlusion.	May 16 '32
Other contributory causes of importance:	
Arteio sclerosis.	?

Name of operation None. Date of .....
What test confirmed diagnosis? Physical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hancher

RECEIVED JUN 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79524

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2010
Local Registrar's No. 19

(No. 31)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Treasure Maddox

(a) Residence. No. Thousand Springs Valley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ora Maddox

6. DATE OF BIRTH (month, day, and year) July 7. 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Lorin Leary
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Lydia Hollenbeck
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Ora Maddox Weiser & 2n

18. BURIAL, CREMATION, OR REMOVAL Place Mannis Grey Date 5-10-, 1932

19. UNDERTAKER L. C. Northam (Address) Weiser & Idaho

20. FILED 5-16, 1932 W. R. Hamilton Registrar.
E. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to May 8, 1932

I last saw h alive on May 8, 1932: death is said to have occurred on the date stated above, at 10:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	About 2 yrs ago
Other contributory causes of importance:	
Pulmonary Hemorrhage	May 7, 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyden Hancher, M. D.

(Address) Weiser - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

no.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79525

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 8 6
Primary Registration District No. 2112
Local Registrar's No. 21

(No. 41)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Wesley Slyter

(a) Residence. No. Weiser, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mary Slyter

6. DATE OF BIRTH (month, day, and year) May 7 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Daniel B. Slyter
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Rachel Collins
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Daniel B. Slyter Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 6-2-, 1932

19. UNDERTAKER L. L. Northam (Address) Weiser Idaho

20. FILED 6-7-, 1932 W. P. Hamilton Registrar.

E. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932, to May 31, 1932
I last saw him alive on May 31, 1932: death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic infection	
Other contributory causes of importance:	
appendicitis	

Name of operation Appendicostomy Date of May 23
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Marshall, M. D.
(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79526

PLACE OF DEATH
County of Washington
City of Weiser Ida

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No. Weiser Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Mrs Louisa Catherine Burch

(a) Residence. No. Mesa Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: American
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: D. W. Burch

6. DATE OF BIRTH (month, day, and year)

7. AGE 72 Years 1 Months 8 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri Madison Co

FATHER
13. NAME James Land
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Rebecca Hagwood
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Alice Standley La Grande Ore.

18. BURIAL, CREMATION, OR REMOVAL
Place Mesa Ida Date 5/15, 1932

19. UNDERTAKER (Address) J. A. Hudson Cambridge Ida

20. FILED June 15, 1932 Alvin S. Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932, to May 13, 1932
I last saw her alive on May 13 1932: death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	Affect May 8

Other contributory causes of importance:

Senility	—

Name of operation 0 Date of
What test confirmed diagnosis? Exam. Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury, 193
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alvin S. Thurston, M. D.
(Address) Council Idaho

RECEIVED JUN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79527

PLACE OF DEATH
County of Washington.
City of Midvale

Registration District No.
Primary Registration District No. Local Registrar's No. 91 F

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Ann Courtright.

(a) Residence. No. Midvale, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Major Courtright

6. DATE OF BIRTH (month, day, and year) May 6, 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --------

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation --------

12. BIRTHPLACE (city or town) Redbluff
(State or country) California

FATHER

13. NAME Josh Wilburn

14. BIRTHPLACE (city or town)
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Anna Harris

16. BIRTHPLACE (city or town) Sandwich Islands
(State or country)

17. INFORMENT Mrs Tom Shearer
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Midvale, Id. Date May 23, 1932

19. UNDERTAKER Huddleson
(Address) Cambridge, Idaho

20. FILED 5-24-32 193 R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, 193, to May 21, 1932, 193
I last saw him alive on May 18, 1932; death is said to have occurred on the date stated above, at 2.10 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Hypertension	Unknown
Nephritis	

Other contributory causes of importance:

Cerebral Haemmorrhage	

Name of operation None Date of ---
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ----- Date of injury ---, 193
Where did injury occur? ---------
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---------
Manner of injury ---------
Nature of injury ---------

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ---------
(Signed) J. C. Woodward, M. D.
(Address) Payette, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79528

PLACE OF DEATH

County of Washington

City of Weiser

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Tivola S. Hamstreet

(a) Residence. No. Weiser Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7

4. COLOR OR RACE wht

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jess Hamstreet

6. DATE OF BIRTH (month, day, and year) Mar 1-1891

7. AGE Years 41 Months 3 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME E. W. Swisher

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Laura Nash.

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs E. W. Swisher Weiser Ida

18. BURIAL, CREMATION, OR REMOVAL Place Boise Ore. Date 6-9-1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 6-8, 1932 W. R. Hamilton E. T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to June 7, 1932

I last saw her alive on June 6, 1932: death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus and Bladder	2 yrs ago

Other contributory causes of importance:

Name of operation Hysterectomy Date of 1.21

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Hamilton, M. D.

(Address) Weiser, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79529

PLACE OF DEATH

County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 20

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James R. Buck

(a) Residence. No. Cambridge Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Nesta Buck

6. DATE OF BIRTH (month, day, and year) Feb 24 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME John Buck
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Margaret Beard
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMENT (Address) Ralph Buck Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 5-23-, 1932

19. UNDERTAKER L. L. Northam
(Address) Weiser Idaho

20. FILED 6-7-, 1932 W. R. Hamilton Registrar.

E. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21- 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to May 21, 1932
I last saw ~~him~~ alive on May 21, 1932: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	
Senility	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. B. Marshall, M. D.
(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 1 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79530.

PLACE OF DEATH
County of Wash
City of Midvale

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-a

2. FULL NAME Joseph Walter Hill.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 26, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Apr. 24
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow Idaho. Latah Co.

FATHER
13. NAME George W. P. Hill
14. BIRTHPLACE (city or town) (State or country) Nevada

MOTHER
15. MAIDEN NAME Martha A. Hudsam
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Blanche (Hill) Young Payette, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Midvale Date 4-27, 1932

19. UNDERTAKER (Address) J. A. Henderson Cambridge

20. FILED 5-7-, 1932. DR. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April-24-1932

22. I HEREBY CERTIFY, That I attended deceased from April-24-, 1932, to April-24, 1932.
I last saw him alive on April-24-, 1932; death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	4-24-32

Other contributory causes of importance:
Violent exertion.
Cardiac Strain.

Name of operation None. Date of None.
What test confirmed diagnosis? Absent reflexes. Facial Paralysis. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify None.
(Signed) M. Whiteman, M. D.
(Address) Cambridge-Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79531

PLACE OF DEATH
County of Washington
City of Midvale

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Colson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Maried

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband

6. DATE OF BIRTH (month, day, and year): Sept 30-1865

7. AGE: Years 67 Months 6 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: James Colson
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Margaret Taylor
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMENT (Address): Clara Colson

18. BURIAL, CREMATION, OR REMOVAL
Place: Midvale Date: 4/14, 193

19. UNDERTAKER (Address): J. Hudelson, Cambridge

20. FILED: 4-20-32, 193 J. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/12 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1932, 1932
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. F. Hurst D.C., M.D.
(Address) Cambridge

RECEIVED MAY 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79532

PLACE OF DEATH
County of Washington
City of Cambridge

Registration District No.
Primary Registration District No.
Local Registrar's No. 131

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Henry Meier

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widdower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 12 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
##	78	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Germany

FATHER
13. NAME Henry Meier
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs J L Widner Midvale Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Nebraska Date Feb 11, 1932

19. UNDERTAKER (Address) J A Hudelson Cambridge

20. FILED 4/20/32 1932 DR. R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 6 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-6-32, 193, to 2-6-32, 193
I last saw him alive on 2-6-32, 193: death is said to have occurred on the date stated above, at 11:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Suppression of urine	

Other contributory causes of importance:
Prostatic Hypertrophy
Renal - Disease.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify no
(Signed) R T Whiteman M. D.
(Address) Cambridge Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 28 1932 79533

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79533

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 344

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Neil B. Mackenzie

(a) Residence. No. Riverview Apts St. Cwnter St West
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jessie Mackenzie

6. DATE OF BIRTH (month, day, and year) 11/28/1884

7. AGE Years 47 Months 6 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Attendant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Acetllene Generator
10. Date deceased last worked at this occupation (month and year) 6/932
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME William Mackenzie
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Annie Bealon
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Jessie Mackenzie

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date June 12 1932

19. UNDERTAKER (Address) McHan Undertaking Co Pocatello

20. FILED 6/11/32 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1932, to 6-9, 1932

I last saw him alive on 6/9, 1932 ~~a~~ death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree burn over 8/10 of surface of body	

Other contributory causes of importance:
accidently fell into sludge pit of acetylene generating plant - O.S.L. Ry. Shops -

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry -
Manner of injury Fell in Sludge Pit
Nature of injury 2-& 3rd " Burn of body -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J R Hamm, M. D.
(Address) Pocatello

79534

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79534

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 180
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Barrio 165
(a) Residence. No. 1011 - Borah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Frank Barrio

6. DATE OF BIRTH (month, day, and year) Sept-22-1885

7. AGE Years 46 Months 8 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME — Davis
14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER
15. MAIDEN NAME Dout Knou
16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMENT (Address) Frank Barrio 1011 Borah Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mt Vernon Mo. 6-25, 1932

19. UNDERTAKER (Address) Schreiber O'McCann Boise Ida

20. FILED 6-21, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 5-30 P.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Suicide by taking Carbolic Acid. internaly.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Truman Dragoo Deputy Coroner M.D.
(Address) Boise Idaho, Ada County

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

79535

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79535

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 191

(No. 6th and Washington.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Joseph Richard Cornell.

(a) Residence. No. 6th and Washington. St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Cornell.

6. DATE OF BIRTH (month, day, and year) August 28-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Owner of Meat
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Market.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan.

FATHER
13. NAME David Cornell.
14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER
15. MAIDEN NAME Hannah Wills.
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Dick Cornell. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 7/1/32, 193
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.
20. FILED 7-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/30/32 193

22. "I HEREBY CERTIFY, That I attended deceased from not at all, 193, 193
I last saw him alive on 6/30, 193. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis ?	

Other contributory causes of importance:
Arterio Sclerosis
Hyper Tension

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. J. Coats, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

ECEIVED JUL 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79536 79536

PLACE OF DEATH
County of Ada
~~City~~ of Boise Dist
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 53
(No. South West of Boise)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Lena Schubert

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of P. L. Schubert.

6. DATE OF BIRTH (month, day, and year) 5-26-1863

7. AGE: Years 69 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME J. L. Boss.
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) P. L. Schubert

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Date June 30 1932

19. UNDERTAKER (Address) W. S. Mattes Meridian

20. FILED 7-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1930, to June 28, 1932
I last saw her alive on June 15, 1932; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease.	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A. B. Bosch, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79537

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 346

(No. Lynn Brothers Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward Goddard

(a) Residence. No. 414 South Main St. St. 749
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Husband of Ellen Trahant

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1895.

7. AGE: Years 37 | Months 6 | Days 19 | If LESS than 1 day, ... hrs. or, ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Intermountain Produce Co.
10. Date deceased last worked at this occupation (month and year) June 1932.
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Plain City, Utah.

FATHER
13. NAME Ellis Goddard
14. BIRTHPLACE (city or town) (State or country) Plain City, Utah.

MOTHER
15. MAIDEN NAME Mary Jane Senior
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Ellis Goddard Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date June 18, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 17, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 15, 1932
I last saw he alive on June 15, 1932 death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemmorrhage	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193..
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) [signature], M. D.
6-17-32 (Address) Pocatello, Idaho.

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 795 79538

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 52

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Franklin Rodgers

(a) Residence. No. 1 Mile South of Boise St. 167
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabelle Rodgers

6. DATE OF BIRTH (month, day, and year) Dec. 15-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	6	10,	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Post Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER
13. NAME James T. Rodgers
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Melsena Pritchett
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) Charles Rodgers RS-Boise Idaho
18. BURIAL, CREMATION, OR REMOVAL Dry Creek Cemetery June 29 32
19. UNDERTAKER (Address) Summers & Trefz Boise Idaho
20. FILED 6-27, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6-25 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ June 25, 1932, to , 193 , last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Suicide, Inhaled Cholofoam, — Date of onset

Other contributory causes of importance:
Del Heart

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E Summers Coroner
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79539

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 15
(No. Boathouse, St. Joe River)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Cottingham

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Nellie Cottingham

6. DATE OF BIRTH (month, day, and year) May 17 - 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Loggs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) Centerville
(State or country) Oregon

FATHER

13. NAME James Cottingham

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Nellie Cottingham
(Address) St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date 6/20, 1932

19. UNDERTAKER Fred Mitchell
(Address) St Maries

20. FILED 7-1, 1932 Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-17 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to 6-17, 1932
I last saw ~~him~~ alive on 6-16, 1932; death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1931 to 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Dyn. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Owen D. Peet M.D.
(Address) St Maries, Ida

FORM V. S. No. 5-2 M. 1-1 RECEIVED JUL 5 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 79540

Local Registrar's No.

1. PLACE OF DEATH

County of Gem

City of Ola

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No. 6

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Cody Canady

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word)

6. DATE OF BIRTH: Nov (Month) 9 (Day) 1898 (Year)

7. AGE: 33 Yrs. Mos. ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Former
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Ola Idaho

10. NAME OF Father: R. C. Canady

11. BIRTHPLACE OF FATHER (State or Country): Albany Mo.

12. MAIDEN NAME OF MOTHER: Mable Murdock

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. C. Canady
(Address) Denver Colo

15.
Filed 6-22 1932 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19, to 19, that I last saw h alive on 19, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Auto Accident —
Head Crushed —

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Yuba Coroner ~~M. D.~~
6-18 1932 (Address) Emmett Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ola Idaho

DATE OF BURIAL: 6-22 1932

20. UNDERTAKER: Paul L. Case

ADDRESS: Caldwell Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79541

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. ~~1006~~ 7
Primary Registration District No. 1006
Local Registrar's No. 70

(No.) 165
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Franklin Eckert

(a) Residence. No. Nampa ~~Main~~ St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 8-25-1895
7. AGE: Years ~~35~~ 36; Months 10; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME Charley Eckert
14. BIRTHPLACE (city or town) (State or country) Butte Co. California

MOTHER
15. MAIDEN NAME Mary L. Cory
16. BIRTHPLACE (city or town) (State or country) Butte Co. California

17. INFORMENT (Address) Margie Powell Boise, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 7-7, 1932
19. UNDERTAKER (Address) Schreiber & McCann Boise Ida
20. FILED 7-9-, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows: Date of onset
Suicide:- by taking strychnine.
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) G. V. Peckham Coroner
(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of King Hill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35
Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE
State File No. 79542

Local Registrar's No. 73

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marjory Pearl Batt

(a) Residence. No. King Hill Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of E Clyde Batt

6. DATE OF BIRTH (month, day, and year) Jan. 18, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Porter

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Bonney

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) E Clyde Batt

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Glenns Ferry Cem Date June 28 1932

19. UNDERTAKER J. C. Zacher
(Address) Mountain Home Ida

20. FILED June 28, 1932 Mrs. Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/26/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to June 26, 1932

I last saw her alive on June 26, 1932: death is said to have occurred on the date stated above, at 1:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myelitis	

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193..

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) J. W. Davies, M.D.

(Address) Glenns Ferry Ida

RECEIVED JUL 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79543

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Victor A. Donaldson

749

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Jennie Casey. Mt. Home Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Home Date 6-1-, 1932

19. UNDERTAKER (Address) G. S. Zacher Mt. Home Ida.

20. FILED June 30, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-22-, 1932, to 5-30-, 1932
I last saw him alive on 5-30-, 1932: death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-22-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F. E. Evans, M.D.
(Address) Mountain Home Ida.

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79544

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2022 Local Registrar's No. 101

(No. 35)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jeremiah Wayne Shock

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-14-1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME J. Shock

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Pearl Rapney Mt. Home Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Home Date 6-28 1932

19. UNDERTAKER G. C. Zaugg
(Address) Mt. Home Ida

20. FILED June 30, 1932 A. H. Andrus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-26 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to 6-26, 1932
I last saw him alive on 6-20, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	6-20-32
Enlarged Prostate	3 yrs ago

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. E. Evans, M. D.
(Address) Mountain Home Ida

N. B.—Without information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. — THIS IS A PERMANENT RECORD. Every item of

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7545

Registration District No. 34
Primary Registration District No. 2223 Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Boyer 97

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: C. E. Boyer.

6. DATE OF BIRTH (month, day, and year): 7-28-1875

7. AGE: Years 66 | Months 9 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Knapp
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Edna Bath Mt. Home Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Home Date: 5-1, 1932
19. UNDERTAKER (Address): G. S. Zaiser Mt. Home Ida
20. FILED: June 30, 1932 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-29-, 1932, to 4-29-, 1932
I last saw her alive on 4-29-, 1932: death is said to have occurred on the date stated above, at 5.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-29-32
Chronic Interstetial Nephritis	3 yrs ago

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. E. Evans M. D.
(Address) Mt. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 19546

Local Registrar's No. 39

744

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Seni Marie Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Jensen Dec.

6. DATE OF BIRTH (month, day, and year) June 7 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Houhewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Jensen Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Annie Mary Jenden

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Hans Jensen Minkcreek

18. BURIAL, CREMATION, OR REMOVAL
Place Minkcreek Idaho Date June 17 193 2

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED July 8, 193 2 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 193 1, to 6-15, 193 2

I last saw h alive on 6-15, 193 2 death is said to have occurred on the date stated above, at 5:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	6-14-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. P. Bailey, M. D.

(Address) .....

RECEIVED JUL 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79547

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2/9
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Joseph Erastus Winger

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Catherine Rowland

6. DATE OF BIRTH (month, day, and year) June 6 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unionville
(State or country) Missouri

FATHER
13. NAME Noah M Winger
14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER
15. MAIDEN NAME Lavina Yates
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMENT Samuel C Winger
(Address) Preston

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Idaho Date June 12, 1932

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Idaho.

20. FILED July 8, 1932 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1929, to 6-9, 1932
I last saw him alive on 6-9, 1932; death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1918
Diabetic Coma	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. L. Cutler, M. D.
(Address) .....

RECEIVED JUL 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 79548

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 9

2. FULL NAME Eldon Nelson Radford

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21 1932

7. AGE: Years | Months | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER
13. NAME Luther Radford
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Mary Nelson
16. BIRTHPLACE (city or town) (State or country) Riverdale Idaho

17. INFORMENT (Address) Luther Radford Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date June 4, 32

19. UNDERTAKER (Address) .....

20. FILED July 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to June 2, 1932
I last saw h.. alive on June 2, 1932; death is said to have occurred on the date stated above, at 10.30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 21, 1932
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Orson L. Daines, M. D.
(Address) Preston Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79550

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME (Not named) Jenkins

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St Anthony Ida

FATHER

13. NAME Glen Jenkins

14. BIRTHPLACE (city or town) (State or country) Fremont Co Ida

MOTHER

15. MAIDEN NAME Rosebosough

16. BIRTHPLACE (city or town) (State or country) St Anthony Ida

17. INFORMENT (Address) Glen Jenkins

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date 28, 1932

19. UNDERTAKER (Address) Hansen

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932, to June 28, 1932

I last saw her alive on June 27, 1932 + death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. R. West M. D., M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1932

PLACE OF DEATH
County of FREMONT
City of ASHTON

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 102
Primary Registration District No. 6

DO NOT WRITE IN THIS SPACE
State File No. 29551

Local Registrar's No. 101

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME CLARA AGUSTA WATTS

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of JOHN WATTS

6. DATE OF BIRTH (month, day, and year) DEC. 24th 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) PLYMOUTH (State or country) N.H.

MOTHER FATHER

13. NAME OSGOOD PAGE

14. BIRTHPLACE (city or town) CONCORD (State or country) N.H.

15. MAIDEN NAME NANCY BOYTON

16. BIRTHPLACE (city or town) (State or country) N.H.

17. INFORMENT (Address) MRS. W. P. SWANSTRUM ASHTON IDA.

18. BURIAL, CREMATION, OR REMOVAL Place PAGEVILLE MONT Date 7-2, 1932

19. UNDERTAKER Lewis Kuhn (Address) ASHTON IDA

20. FILED 7-11, 1932 Lewis Kuhn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-30-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-29, 1932, to 6-30, 1932

I last saw he alive on 6-30, 1932 death is said to have occurred on the date stated above, at 1205 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) E. L. [illegible], M. D.

(Address) Ashton Idaho

RECEIVED JUL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79552

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 A

2. FULL NAME Cleston Eugene Terry

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Kathrine Terry

6. DATE OF BIRTH (month, day, and year) Feb. 18 1883

7. AGE Years 49 Months 4 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodbine
(State or country) Iowa

FATHER
13. NAME Alvin C. Terry
14. BIRTHPLACE (city or town) Mass
(State or country)

MOTHER
15. MAIDEN NAME Butler
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT Mrs C. E. Terry
(Address) St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date June 30 1932

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932, to June 28, 1932
I last saw him alive on June 27, 1932; death is said to have occurred on the date stated above, at 12 15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 28/32

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. M. Kelly, M. D.
(Address) St. Anthony Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79553

PLACE OF DEATH
County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No.

(No.) 749
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ALFRED R THORNE

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): SINGLE

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) JUNE 27th 1869

7. AGE: Years 72 | Months 11 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. LABORER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GAS STATION
10. Date deceased last worked at this occupation (month and year) 6/2/32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) SALT LAKE CITY UTAH

FATHER
13. NAME ALFRED THORNE
14. BIRTHPLACE (city or town) (State or country) ENGLAND

MOTHER
15. MAIDEN NAME ELIZEBETH POOLE
16. BIRTHPLACE (city or town) (State or country) IOWA

17. INFORMENT (Address) L. STEELE ASHTON IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place PARKER IDAHO Date 6/4, 1932

19. UNDERTAKER (Address) LEWIS KISER ASHTON IDAHO

20. FILED 6/3, 1932 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/2 1932

22. I HEREBY CERTIFY, That I attended deceased from Isohme, 193, to Isohme, 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows: Apoplexy
Was Bad when seen

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Stargis, M. D.
(Address) Ashton Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79554

PLACE OF DEATH

County of Ada

City of Emmett Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

5 D

2. FULL NAME Kenneth La Vere Dewey

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 11 - 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	4	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

PARENTS

10. NAME OF FATHER John C. Dewey 3rd

11. BIRTHPLACE OF FATHER (city or town) Fairview
(State or Country) Nebraska

12. MAIDEN NAME OF MOTHER Minnie Bork

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) .....

14. Informant J. Cecil Dewey
(Address) Emmett Idaho

15. Filed 5/3, 1932 J. K. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 2, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
May 1, 1932, to May 2nd, 1932
that I last saw him alive on May 1, 1932
and that death occurred, on the date stated above, at 7 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATUPE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Tumor of brain
..... (duration) 2 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Laboratory

(Signed) J. K. Reynolds M. D.
5/3, 1932 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: 5/5 1932

20. Undertaker: O. D. Buckman — Address: Emmett Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79555

Local Registrar's No. 164

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 6
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Riley Fuller

(a) Residence. No. Emmett Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 13 - 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Erie N. Y

PARENTS

10. NAME OF FATHER Hiram Fuller
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Sophia Stoddard
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant J E Fuller
(Address) Emmett Idaho

15. Filed 6/18, 1932 J K Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 16 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1932, to June 15, 1932
that I last saw him alive on June 15, 1932
and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:
General Debility

(duration) yrs. 3 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) T. A. Benjamin, M. D.
6/18, 1932 (Address) Emmett Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	6/18 1932
20. Undertaker	Address
C D Buckmaster	Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79556

PLACE OF DEATH
County of Gooding
City of "

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 189

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Eugene Abernathey

(a) Residence. No. Gooding St. Ida St. R.F.D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Abernathey

6. DATE OF BIRTH (month, day, and year) 5-3-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6-28-32

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Ira W. Abernathey

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Stella Abernathey

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Date 6-30, 1932

19. UNDERTAKER A. E. Thompson (Address) Gooding Ida

20. FILED 6-30, 1932 J A Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-28- 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death	
Cause unknown	

Other contributory causes of importance:

No illness precedul death

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J A Cromwell, M. D.

(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79558

PLACE OF DEATH
County of Gooding
City of " "

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 188

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Osborn

(a) Residence. No. Gooding Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

45

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 2-14

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME R. S. Osborn

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Rose Long.

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) R. S. Osborn Gooding Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding, Date 6-25, 1932

19. UNDERTAKER A. E. Thompson
(Address) Gooding Idaho

20. FILED 6/30, 1932 J. A. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-23- 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1932, to 6-23-, 1932
I last saw her alive on 6-23-, 1932; death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Colon & Kidney,	?
Other contributory causes of importance: abdominal adhesions & peritonitis.	June 12

Name of operation Left Nephrectomy Date of 6/22
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. A. Cromwell, M. D.
(Address) Gooding Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79559

PLACE OF DEATH
County of Gooding
City of Wendell

Registration District No.
Primary Registration District No. 18 Local Registrar's No.
(No. St Valentines Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 V

2. FULL NAME John Oscar Lee
(a) Residence. No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Fannie L. Lee
6. DATE OF BIRTH (month, day, and year): Sept 2-1876
7. AGE: Years 55 Months 10 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mail Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): June 16 - 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mo

FATHER
13. NAME: Benjamin F Lee
14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER
15. MAIDEN NAME: Goss
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): Mrs Fannie Lee Jerome
18. BURIAL, CREMATION, OR REMOVAL Place: Jerome Cem Date: July 7, 1932
19. UNDERTAKER (Address): J R Wiley Jerome Idaho
20. FILED: 7/5, 1932 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 4 1932
22. I HEREBY CERTIFY, That I attended deceased from June 21, 1932, to July 4, 1932
I last saw him alive on July 4, 1932; death is said to have occurred on the date stated above, at 5:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	
following ruptured	
Gastric Ulcer	

Other contributory causes of importance:

Repair Ulcer, Colostomy
Name of operation Date June 21st
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Zeller, M. D.
(Address) Jerome, Idaho

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL 5 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 79560
Registered No. 11

1. PLACE OF DEATH
County of Idaho
City of Cottonwood (No. Our Lady of Consolation St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Polly J. Farris

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: May 24 1877 (Month) (Day) (Year)

7. AGE: 55 Yrs. 2 Mos. 5 ds.
IF LESS than 1 day how many..... hrs. or.....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business or establishment in which employed (or employer): Highway work.

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Gilbert Herman Farris

11. BIRTHPLACE OF FATHER (State or Country): unknown.

12. MAIDEN NAME OF MOTHER: Katherine Polite

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Major Thomas Farris
(Address) Orangeville Ida.

15. Filed May 31 1932 W. F. Orr Local Registrar
F.B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26 1932, to April 29 1932, that I last saw h[illegible] alive on April 29 1932, and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:
Fractured skull, Laceration of brain tissue. Accidental, from fall of 15 ft. height.
(Duration) Yrs. mos. 3 ds.

Contributory (Secondary) —
(Duration) yrs. mos. ds.

(Signed) Wesley F. Orr, M. D.
5/30 1932 (Address) Cottonwood

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. 3 days. In the State yrs. mos. days
Where was disease contracted if not at place of death? Accident at White Bird
Former or usual residence Orangeville Ida.

19. PLACE OF BURIAL OR REMOVAL: Orangeville Ida. DATE OF BURIAL: 5/31 1932

20. UNDERTAKER: Hancock Orangeville ADDRESS: Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED JUL 5 1932

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 205

Primary Registration District No. 2183

(No. Our Lady of Consolation St.)

File No. 79561

Registered No. 13

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Settie S. McMahon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: A.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Nov. (Month) 23 (Day) 1897 (Year)

7. AGE: 34 Yrs. 7 Mos. 2 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Black River Falls, Wisc

10. NAME OF FATHER: A. S. Davis

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Clara Halbert

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank McMahon

(Address) Kamiah, Idaho.

15. Filed June 25 1932

W. F. Orr
I.B. Local Registrar

MEDICAL CERTIFICATE OF DEATH

126

16. DATE OF DEATH: June (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24 - 11 P.M. 1932, to June 25 - 8:30 a.m. 1932 that I last saw her alive on June 25 1932 and that death occurred on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:

General peritonitis due to perforated appendicitis proven by Post mortem.

(Duration) ..... Yrs. ..... mos. 8 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.

6/25 1932 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death — yrs. — mos. 1 days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? Kamiah, Ida.

Former or usual residence Kamiah, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Cottonwood, Ida.

DATE OF BURIAL: 6-28 1932

20. UNDERTAKER: Glenn Ailor

ADDRESS: Cottonwood, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 79562
Registered No. 12

1. PLACE OF DEATH
County of Idaho
City of Cottonwood
(No. Our Lady of Consolation St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Theresia M. Sauer
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed

6. DATE OF BIRTH: January (Month) 15 (Day) 1879 (Year)

7. AGE: 52 Yrs. 11 Mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At. Home
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Joseph Hoffman

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Margaret Pak.

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph C. Sauer
(Address) Cottonwood, Ida.

15. Filed June 21 1932 W. F. Orr I.B. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

1189

16. DATE OF DEATH: June (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2 1932 to June 20 1932 that I last saw her alive on June 20 1932 and that death occurred on the date stated above, at 3 A M.

The CAUSE OF DEATH* was as follows:
Thrombo-Phlebitis following operation for strangulated femoral hernia on June 2nd '32
(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary) Hernia of standing for 5 years.
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.
6/21 1932 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood, Ida. DATE OF BURIAL: 6-22 1932

20. UNDERTAKER: A. H. Nau ADDRESS: Cottonwood Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of John Days

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79563

Registration District No. 183

Primary Registration District No. 2181

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine M. Cleary

(a) Residence. No. John Day St. 105
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. ~~If married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ ~~(or) WIFE of~~ Widowed

6. DATE OF BIRTH (month, day, and year) Aug 14 - 1845

7. AGE: 86 Years | Months: 8 | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Hanover Germany

FATHER

13. NAME Beckroge

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Adelaide Lanningham Grangeville Idaho

18. BURIAL, CREMATION, OR REMOVAL Place John Day Date 4-6, 1932

19. UNDERTAKER (Address) Hancock Mfg. Co. Grangeville Idaho

20. FILED 7-1-, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14? 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1925, to Apr 4, 1932

I last saw her alive on Apr 4, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic asthma	
chronic nephritis & myocarditis	

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Weber M.D.

(Address) Grangeville Idaho

RECEIVED JUL 5 1932

PLACE OF DEATH
County of Idaho
City of Elk City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79564

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maxwell Ray Felts

117

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 7 - 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
44.	44	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Maxwell Felts
14. BIRTHPLACE (city or town) (State or country) Maxwell Calif

MOTHER
15. MAIDEN NAME Lilian Buck
16. BIRTHPLACE (city or town) (State or country) Independence Mo.

17. INFORMENT (Address) Mrs Felts

18. BURIAL, CREMATION, OR REMOVAL Place His Ranch Elk City Date May 8, 1932

19. UNDERTAKER (Address) none

20. FILED 7-1-, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH (May 6?)

21. DATE OF DEATH (month, day, and year) May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 6, 1932
I last saw him alive on May 6, 1932: death is said to have occurred on the date stated above, at 5 58 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	
appendectomy	

Other contributory causes of importance:

Name of operation appendectomy Date of May 1-32
What test confirmed diagnosis? pus. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) J. F. Weber, M. D.
(Address) Grangeville

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 29566

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 17

PLACE OF DEATH

County of Idaho

City of Harpster

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jermiah Odle Paul. 31

(a) Residence. No. Harpster St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alta Paul.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton Washington

FATHER

13. NAME Gabriel Paul.

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Martha Ann Evans

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) John Henry Paul Harpster

18. BURIAL, CREMATION, OR REMOVAL Place Harpster Date 5-26, 1932

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville, Ida.

20. FILED 7-1-, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-24 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932, to , 193

I last saw ~~him~~ alive on Feb 16, 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1927

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) B. Chipman, M. D.

(Address) Grangeville, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79567

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 16

(No. Our Lady of Consolation)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Lyle Twilegar

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 27, 1908

7. AGE Years 24 Months 9 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12 mo

12. BIRTHPLACE (city or town) (State or country) Idaho State

FATHER
13. NAME Roy Twilegar
14. BIRTHPLACE (city or town) (State or country) Mine

MOTHER
15. MAIDEN NAME Minnie Chambers
16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMENT (Address) Roy Twilegar Regina

18. BURIAL, CREMATION, OR REMOVAL
Place John Day Date March 20, 1932

19. UNDERTAKER (Address) C. A. Hancock Grangeville Ida.

20. FILED 6-30, 1932 H. F. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-18- 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1932, to 3-17-, 1932
I last saw him alive on 3-17-, 1932: death is said to have occurred on the date stated above, at 59 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Albuminuria	
Other contributory causes of importance:	
Acute Parenchymatous Nephritis	1-15-32

Name of operation ..... Date of .....
What test confirmed diagnosis? Myopathic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) B. Chipman, M. D.
(Address) Grangeville Ida.

RECEIVED JUL 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79568

PLACE OF DEATH
County of Jefferson
City of Menan

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 34

(No. 78)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis Hawker Gray.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 17 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 13, 1914

7. AGE	Years	Months	Days	If LESS than 1 day,
	17	11	1	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho.

PARENTS

10. NAME OF FATHER George J. Gray.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Rose Elizabeth Hawker.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant George J. Gray
(Address) Menan, Idaho.

15. Filed 6-17, 1932 C. B. Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 14 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1931, to ....., 19....
that I last saw him alive on May 10, 1932
and that death occurred, on the date stated above, at 8 P m.
The CAUSE OF DEATH* was as follows:
Epilepsy - chronic Valv.
Heart-disease -
(duration) 24 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Ralph Jones, M. D.
6-17, 1932 (Address) Roberts

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	6/17/32 19

20. Undertaker C. B. Eckersell
Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED JUL 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79569

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 32

PLACE OF DEATH

County of Jefferson
City of Rigby
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

42

2. FULL NAME Joseph Wilford Jones.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Harriet Alice Jones.

6. DATE OF BIRTH (month, day and year) August 27 1863

7. AGE	Years	Months	Days	If LESS than 1 day,
	68	9m	18	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Thomas E. Jones.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.
12. MAIDEN NAME OF MOTHER Jane Nelson.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant C. W. Jones
(Address) Rigby, Idaho.

15. Filed 6-16, 1932 C. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 13 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 13, 1932, that I last saw him alive on June 13, 1932, and that death occurred, on the date stated above, at 4:50 P. m.

The CAUSE OF DEATH* was as follows:
Coronary Occlusion Embolism.
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Hypertension, arteriosclerosis
(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed ~~diagnosis~~?
(Signed) H. R. West, M. D.
6/14, 1932. (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewisville, Idaho.	6/16/32

20. Undertaker J. B. Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY; PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79570

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 36

PLACE OF DEATH

County of Jefferson
City of Annis
(No.) 179
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Olson.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
(or) WIFE of Sareene Olson.

6. DATE OF BIRTH (month, day and year) Dec. 10, 1842

7. AGE	Years	Months	Days	If LESS than 1 day,
	89	6	27	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER Pete Peterson.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sewden
12. MAIDEN NAME OF MOTHER Nellie Mickle.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant Mrs. Lorin Tanner.
(Address) Lorenzo, R. #1

15. Filed 6-30, 1932 C. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 27. 1932.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to June 27, 1932, that I last saw her alive on June 27, 1932, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:
Chr. Myocarditis.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Hypertension.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) W. R. West, M. D.
6/29, 1932, (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	6/30/32 19

20. Undertaker C. B. Eckersell
Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUL 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79571

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 35

PLACE OF DEATH
County of Jefferson
City of Rigby
(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Ann Stauffer.

(a) Residence. No. St.
(If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Widowed

5a. If married, widowed, or divorced
(or) WIFE of Edward H. Stauffer.

6. DATE OF BIRTH (month, day and year) April 16 1850

7. AGE	Years	Months	Days	If LESS than 1 day,
	82	2	6	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10. NAME OF FATHER John Jones.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant T. J. Stauffer
(Address) Rigby, Idaho. R. #3

15. Filed 6-23, 1932 A. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 22 (Day) 1932 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932 to June 22, 1932
that I last saw her alive on June 22, 1932
and that death occurred, on the date stated above, at 10:17 A m.
The CAUSE OF DEATH* was as follows:
Old age
General Debilidence of all physical forces.
(I shall give no further diagnosis, for there is none)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Years
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. A. Anderson, M. D.
, 19 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Shelton, Idaho	6-25 1932

20. Undertaker	Address
A. B. Eckersell	Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO

RECEIVED JUN 18 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 7957

PLACE OF DEATH

County of ~~Bonneville~~

City of Rigby R.F.D. 2 Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Willard Morrow

(a) Residence. No. Rigby R.F.D. 2 St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. 2½ days. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	2 hrs. 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby R.F.D. 2

PARENTS

10. NAME OF FATHER Arthur J. Morrow

11. BIRTHPLACE OF FATHER (city or town) (State or Country) ~~Rigby R.F.D.~~ Tremonton Utah.

12. MAIDEN NAME OF MOTHER Cora Etta Moore

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Bonneville Co. Idaho.

14. Informant Violet Moore.
(Address)

15. Filed 6/3, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 2, 1932, that I last saw him alive on June 2, 1932, and that death occurred, on the date stated above, at 11:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage due to birth injury during version and extraction for disproportion between pelvis and fetal head (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) W. R. Abbott, M. D.
June 2, 1932 (Address) Rigby Ida.

19. Place of Burial, Cremation, or Removal: Shelton Bros. Date of Burial: June 3 1932

20. Undertaker: None Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 5 1932

DO NOT WRITE IN THIS SPACE

State File No. 79574

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 20

Primary Registration District No. 1050

Local Registrar's No. 87

1869

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin E. Bullard

(a) Residence. No. Belgrave - Star Route St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Bullard

6. DATE OF BIRTH (month, day, and year) 1871-4-29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) — U.S.

MOTHER

15. MAIDEN NAME Greenwell

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMENT (Address) Mrs Emma Bullard Belgrave Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem. Date 6-30, 1932

19. UNDERTAKER Mooney Mortuary (Address) CDA

20. FILED 6-29, 1932 W. J. Stringer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-28 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932, to June 28, 1932

I last saw him alive on June 28, 1932: death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6-28 1932

Where did injury occur? Belgrave Kootenai Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Crushed between wagon + tree

Nature of injury Crushed abdomen + Pelvis

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C H Teed, M. D.

(Address) Coeur d'Alene Ida

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7957

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 30
Primary Registration District No. 1030
Local Registrar's No. 91

(No.) 170
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Dewush

(a) Residence. No. Spirit Lake St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Millworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Panhandle Lumber Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) —
(State or country)

FATHER

13. NAME —

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMENT W. B. Mooney Coeur d'Alene Ida.
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 7-2, 1932

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene Ida

20. FILED 6-30, 1932 W. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Gun Shot Wound Head	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. B. Mooney Coroner M.D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79576

PLACE OF DEATH
County of Kootenai
City of

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 82

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Napoleon Webster

(a) Residence. No. Boy Scout Camp St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): unknown

7. AGE: About 71 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Caretaker
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Boy Scout Camp
10. Date deceased last worked at this occupation (month and year) June 6, 1932
11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (city or town) (State or country) U. S.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Wm Soper Coeur d'Alene Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date June 10, 1932

19. UNDERTAKER (Address) Mooney + Mortuary Coeur d'Alene Ida

20. FILED 6-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning Club Dock, Coeur d'Alene Lake, Coeur d'Alene.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature] Mooney Prowse, ~~M.D.~~

(Address) Coeur d'Alene Ida

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79577

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 97

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Warren G. Henderson

(a) Residence. No. Near Ford - Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Emma Henderson

6. DATE OF BIRTH (month, day, and year) March

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Mr Henderson

14. BIRTHPLACE (city or town) (State or country) not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Emma Henderson Ford, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. C.D.A. Date 6-9, 1932

19. UNDERTAKER Cassady Funeral Home (Address) Coeur d'Alene - Idaho.

20. FILED 6-9, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-7 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 6, 1932
I last saw h. alive on June 6, 1932: death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	
Ch. Myocarditis	

Name of operation Date of
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Warren G. Sturges, M. D.
(Address) C D A Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79578

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 83

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101 K

2. FULL NAME Charles E. Cleveland

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Ealizabeth Cleveland

6. DATE OF BIRTH (month, day, and year) 1870. Feb 24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insu Agent,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Warrensburg Mo.

FATHER

13. NAME Mr Cleveland

14. BIRTHPLACE (city or town) (State or country) not Known

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMENT (Address) Mrs Elizabeth Cleveland

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Harrison Date June 13, 1932 Burial.

19. UNDERTAKER (Address) Cassidy Funeral Home Coeur

20. FILED 6 - 29, 1932 W. J. Sturgeo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to June 10, 1932
I last saw him alive on June 10, 1932; death is said to have occurred on the date stated above, at 11.30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Debility	
Anaemia,	
Cachexia	
Other contributory causes of importance:	

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Owen D. Clark, M. D.
(Address) St Maries Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 5 1932

DO NOT WRITE IN THIS SPACE
State File No. 79579

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 85

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Walker Farr

1004

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) OCT - 13 - 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Belfast Ireland

FATHER

13. NAME Thomas Walker

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Just

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Minnie Farr Rathdrum

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rathdrum Date 6 - 23, 1932

19. UNDERTAKER Mueller Mortuary (Address) C. D. A.

20. FILED 6-29, 1932 W. D. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 21 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 21, 1932
I last saw her alive on June 20, 1932: death is said to have occurred on the date stated above, at 2.10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute general Bronchio-Pneumonia	

Other contributory causes of importance:
Old Age (86)

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Frank Walker, M. D.
(Address) Rathdrum, Idaho

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79580

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 80

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Lena J. Hoffslund

(a) Residence. No. 1104 North Fourth St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/12 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME B. J. Skogstad
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Lena Landa
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) B. J. Skogstad Coeur d'Alene Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Fort Cemetery Date 6/19, 1932
19. UNDERTAKER (Address) Moores Mortuary Coeur d'Alene Ida
20. FILED 6-29, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 17 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932 to June 17, 1932
I last saw h alive on , 1932 : death is said to have occurred on the date stated above, at 5:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
She was Christian Scientist	
Had been sick 2 hrs. When I saw her. Had general anasarca.	
Presumed Cause of death was Valvular Disease of Heart.	
Other contributory causes of importance:	
Don't Know.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1932
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) John Ellwood, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79581

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 81

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Nelson

(a) Residence. No. CD Alene Home for the Aged St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1859-11-2

7. AGE Years 72 Months 7 Days 19 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Millie Rockne

18. BURIAL, CREMATION, OR REMOVAL Place Forest - CD Alene Date 6-23, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home CD Alene Ida.

20. FILED 6-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-21 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932 to June 21, 1932
I last saw him alive on June 6, 1932; death is said to have occurred on the date stated above, at 5:30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O. M. Hustel, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

McCauley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79582

PLACE OF DEATH
County of Kootenai
~~City of~~ Alan Tracts

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hulda-Almeda Kellogg Prodger

(a) Residence. No. Alan Tracts St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

749

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Frederick H. Prodger (1927)

6. DATE OF BIRTH (month, day, and year) 11-6-1856

7. AGE: Years 75 | Months 7 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bloomington Illinois

FATHER
13. NAME Justus Kellogg
14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMENT (Address) Raymond Prodger Alan Tracts

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place C.D.A. Forest Date 6, 1932

19. UNDERTAKER (Address) Moon Mortuary C.D.A.

20. FILED 6-30, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-30 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to June 30, 1932
I last saw her alive on June 29, 1932. death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage (apoplexy)	Jun 25-32

Other contributory causes of importance: Arthritis 3 yrs duration

Name of operation — Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F. L. McCauley M.D.
(Address) Post Falls, Ida.

RECEIVED JUL 5 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF ~~DEATH~~
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79583

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

889

2. FULL NAME Homer C Hugus

(a) Residence. No. 1314 No Fourth St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Hugus

6. DATE OF BIRTH (month, day, and year) Mch 20 1848

7. AGE Years 84 Months 2 Days 20 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Former
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 20 yrs
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mary Hugus Coeur d'Alene Id

18. BURIAL, CREMATION, ~~OR REMOVAL~~ Place Forest Cemetery Date 6-12, 1932

19. UNDERTAKER (Address) Moon Mortuary Coeur d'Alene Id

20. FILED 6-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 3:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probly Vascular	
Heart Disease	
(Death Sudden)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) R. A. Dooney Coroner, M.D.
(Address) Coeur d'Alene Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 193[illegible]

PLACE OF DEATH
County of Kootenai
City of Cebta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 79584

Local Registrar's No. 88

(No. 749)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. E. Walker.

(a) Residence. No. No number or name St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jennie Walker

6. DATE OF BIRTH (month, day, and year) 1847 - 2 - 14

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill. Earl Twp

FATHER
13. NAME Robt Walker
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Mary Waltrup
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) W. E. Walker Spokane. Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Forest - CdAlene Date 6-25-, 193 2

19. UNDERTAKER W. E. Walker Assisted Funeral Home
(Address) Spokane Wash. CdAlene

20. FILED 6-29, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ..., 193 0, to June 23, 193 2
I last saw h~~i~~m alive on June 22, 193 2, death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis Evidence. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harold J. Sturgess, M. D.
(Address) CdAlene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19585

PLACE OF DEATH
County of Kootenai
City of Gibbs

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Magnolia Innis

(a) Residence. No. 1913 - Melrose St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jas. K. Innis

6. DATE OF BIRTH (month, day, and year) 1874-4-9

7. AGE Years 58 Months 2 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) Feb. 1932
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Williamsport - Penn.

FATHER
13. NAME Phayne Schaffer
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Mary Cline
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Gladys Olsen Ridgefield Wn

18. BURIAL, CREMATION, OR REMOVAL Place CD Alene Date 6-19, 1932

19. UNDERTAKER (Address) Carsey Funeral Home CD Alene Ida

20. FILED 6-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-14 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to 6-14-, 1932
I last saw her alive on 6-14-, 1932; death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

Name of operation Hysterectomy Date of May 26 1932
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. H. Teed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79586

PLACE OF DEATH

County of Kootenai
City of ~~Hayden~~ Hayden Lake

Registration District No. 30
Primary Registration District No. 1150
Local Registrar's No. 79

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillie E Hackett

31

(a) Residence. No. Spokane Wash St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of W. A. Hackett

6. DATE OF BIRTH (month, day, and year) June 16 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Carl Nelson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Christen Cinderson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) W. A. Hackett

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Date 6-12, 1932

19. UNDERTAKER Casady Funeral Home (Address) Coeur d'Alene Idaho

20. FILED 6-29, 1932 N. J. Sturgis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1932, to 6-9, 1932

I last saw her alive on 6-9, 1932 death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harvey J. Sturgis, M. D.

(Address) Cda Idaho

Teed,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79587

PLACE OF DEATH
County of Kootenai
City of C. D. A.

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 90

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Hill Peone

31

(a) Residence. No. 412 S. 10th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced (or) WIFE of Gilbert

6. DATE OF BIRTH (month, day, and year) 1874 - 4 - 23

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER

13. NAME Ed. Hill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine —

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Gilbert Peone

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place C.D.A. St. Thomas Date 7-1 32

19. UNDERTAKER Mountain Mortuary
(Address) C.D.A.

20. FILED 6-30, 1932 N. J. Sturgess
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 28 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18th, 1932, to June 28, 1932

I last saw her alive on June 28, 1932: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) E. A. Teed, M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 2 1932

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79588

Registration District No. 65

Primary Registration District No. 2143

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Clyde

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 22, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME Alexander Clyde

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie B. Graham

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs. H. Moody Moscow

18. BURIAL, CREMATION, OR REMOVAL Place Freeze Date 6/22, 1932

19. UNDERTAKER (Address) H. R. Short Moscow

20. FILED June 20, 1932 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/20/32 193

22. I HEREBY CERTIFY, That I attended deceased from July 13th, 1931, to June 19th, 1932

I last saw him alive on June 19, 1932: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brigats disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Adair, M. D.

(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79589

PLACE OF DEATH
County of Latah
City of Helmer

Registration District No. 66
Primary Registration District No. 2148
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Michael Dillman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Mae Dillman

6. DATE OF BIRTH (month, day, and year) Jan. 18, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME John Dillman

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. C.M. Town Moscow

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 6/15, 1932

19. UNDERTAKER F.R. Short
(Address) Moscow

20. FILED June 16, 1932 E. B. Flasher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F.R. Short Coroner, M. D.
(Address) Moscow

RECEIVED JUL 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79590

PLACE OF DEATH
County of Latah
City of Moscow (rural)

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Mathilde Pauline Anderson

(a) Residence. No. ..... St. 90
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: C.P. Anderson

6. DATE OF BIRTH (month, day, and year): Jan. 16, 1846

7. AGE: Years 86, Months 5, Days 7, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Helsengborg Sweden

FATHER
13. NAME: John Schumacker
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Margaret Pummer
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Mrs. E.L. Dawson Genesee, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Genesee Date: 6/25, 1932

19. UNDERTAKER (Address): H.R. Short Moscow

20. FILED 7-8-, 1932 Harry Enhorst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/23/32 193

22. I HEREBY CERTIFY, That I attended deceased from Summer of 1923, to one visit, 193
I last saw her alive on in 1923, 193 : death is said to have occurred on the date stated above, at 8:30 A.m. June 23, 32
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease as reported to me.	

Other contributory causes of importance:

Name of operation: no Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 13 1932

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 7591

Local Registrar's No. 41

(No. 689)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjiman George Varner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 8/ 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow Idaho

FATHER

13. NAME Geo. Therman Varner

14. BIRTHPLACE (city or town) (State or country) Chic

MOTHER

15. MAIDEN NAME Mabel Burch

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMENT (Address) G.T. Varner Moscow

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 6/26, 1932

19. UNDERTAKER H. R. Short (Address) Moscow, Idaho

20. FILED 7-8-, 1932 J. Harry Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/25/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 25, 1932

I last saw him alive on June 22 1932 death is said to have occurred on the date stated above, at 3:4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute endocarditis	
Other contributory causes of importance:	
acute arthritis	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) J. Harry Emhouse, M. D.

(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7959

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 38

(No. 489)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Edith Fisher

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Emil Fisher

6. DATE OF BIRTH (month, day, and year) Feb. 3, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oakwood Ill.

FATHER

13. NAME Joseph McBroom

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Elizabeth Shawkercss

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT Emil Fisher
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 6/22, 1932

19. UNDERTAKER F. R. Short
(Address) Moscow

20. FILED 7-8-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 29, 1932, 193.., to June 18, 193 2
I last saw her alive on June 18, 1932 death is said to have occurred on the date stated above, at 7:44 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ENDOCARDITIS	
Other contributory causes of importance:	
ARTHRITIS	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Chas. L. Gritman, M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19593

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011

Local Registrar's No. 37

(No. 84)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Greenwood Headley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of E. R. Headley

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Loami, Ill.

FATHER

13. NAME James W. Greenwood

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Margaret Baker

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) E. R. Headley, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Ida. Date June 19, 1932

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 7-8-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1931, to May, 1932
I last saw her alive on May 1, 1932: death is said to have occurred on the date stated above, at 2:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Degeneration or softening of Spinal cord and Anaemia	
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) W. A. Lucas, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79594

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 9

2. FULL NAME John Dunbar

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Rachiel Dunbar

6. DATE OF BIRTH (month, day, and year): Nov. 3, 1853

7. AGE: Years 78 | Months 7 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: William Dunbar

14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER

15. MAIDEN NAME: Sarah Buckhalter

16. BIRTHPLACE (city or town) (State or country): Ind.

17. INFORMENT (Address): Mrs. John Dunbar, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow Date: 6/21/32

19. UNDERTAKER (Address): G. R. Short, Moscow, Ida.

20. FILED 7-8-, 1932 Jo Lairy Emmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6/19 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13th, 1932, to June 18, 1932

I last saw him alive on June 18, 1932: death is said to have occurred on the date stated above, at 7 h. m.

The principal cause of death and related causes of importance were as follows: Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. A. Adair, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79595

PLACE OF DEATH

County of Latah

City of Moscow (Viola) Registration District No. 6/1

Primary Registration District No. 10/1 Local Registrar's No. 36

(No. 14a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Rich

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 14, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Viola
(State or country) Idaho

FATHER

13. NAME Walter J. Rich

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Ester Alice Vermer

16. BIRTHPLACE (city or town)
(State or country) Minn.

17. INFORMENT
(Address) J. B. Gammon Viola, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Viola Date 6/16, 1932

19. UNDERTAKER W. R. Short
(Address) Moscow Ida.

20. FILED 7-8-, 1932 Johnny Emhouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to June 15, 1932

I last saw him alive on June 14, 1932 death is said to have occurred on the date stated above, at 6: Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage in new born.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. O. Armstrong, M. D.

(Address) Moscow, Ida. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79596

PLACE OF DEATH

County of Latah Registration District No. 61
City of Moscow Primary Registration District No. 1011 Local Registrar's No. 35
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Minnie Grey Labor
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Jewel
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Labor

6. DATE OF BIRTH (month, day and year) April 22 1892

7. AGE Years 40. Months 1 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10. NAME OF FATHER J J Grosslose
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia
12. MAIDEN NAME OF MOTHER Susan A Kimberling
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Virginia

14. Informant (Address) Lester Labor Troy Ida

15. Filed 7-8, 1932 Jean Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 9th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1932, to June 9th, 1932
that I last saw her alive on June 9, 1932
and that death occurred, on the date stated above, at 10 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary Embolis

..... (duration) ..... yrs. ..... mos. ..... ds. minutes

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of May 31st
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H Magee M. D.
June 9, 1932 (Address) Moscow

19. Place of ~~Burial, Cremation, or Removal~~ Removal Troy Ida Date of Burial June 12 1932

20. Undertaker John J Pickard Address Troy Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79597

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 161 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Still Born~~ not named

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, ~~or Divorced (write the word)~~

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salmon Ida

FATHER
13. NAME: Don Fullmer
14. BIRTHPLACE (city or town) (State or country): Blackfoot Ida

MOTHER
15. MAIDEN NAME: Lida Curtis
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMENT (Address): Don Fullmer, Salmon, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address): Wm C Doebler, Salmon Ida

20. FILED 7/9, 1932 Wm C Bellamy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-17th 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1932, to 5/17, 1932
I last saw him alive on 5/17, 1932: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (1/2 mo) cause unknown	

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Chas. F. Hammer, M. D.
(Address) Sec

RECEIVED JUL 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79598

PLACE OF DEATH
County of Lemhi
City of ~~Salmon~~ Lendoy.

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Collins

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 78 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Cemby Date 6/11, 1932

19. UNDERTAKER Wm C Doebler
(Address) Salmon, Idaho.

20. FILED 7/9, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-10" 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1932, to 6/10, 1932
I last saw him alive on 6/4, 1932: death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of old age	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) F S Wright, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 47
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 79600

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Alfred Owens

(a) Residence. No. Salmon, Idaho. St. Main Street
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Alice J. Owens

6. DATE OF BIRTH (month, day, and year) Apr. 23, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc second hand store

10. Date deceased last worked at this occupation (month and year) Apr. 1932

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Peoria, Illinois.

FATHER

13. NAME Frank Owens

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMENT (Address) Alice J. Owens, Salmon, Idaho,

18. BURIAL, CREMATION, OR REMOVAL Place Salmon, Ida. Date , 193

19. UNDERTAKER Wm C. Doebler (Address) Salmon, Idaho.

20. FILED 7/9, 193 2 Chas C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6th 193 2

22. I HEREBY CERTIFY, That I attended deceased from May 3, 193 2, to May 6, 193 2
I last saw him alive on May 6, 193 2: death is said to have occurred on the date stated above, at 7.30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 3

Other contributory causes of importance:

Arteria sclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas F Hammer, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Leadore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79601

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander L. Widdowsen

(a) Residence. No. Leadore, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Widdowsen

6. DATE OF BIRTH (month, day, and year) July 7" 1863

7. AGE Years 68 Months 9 Days 9 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Quartz Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME Thomas Widdowsen
14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER
15. MAIDEN NAME Gene Lydak
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) Mrs Elizabeth A. Widdowsen Leadore, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address) Wm C. Hoehler Salmon, Ida

20. FILED 7/9, 1932 Chas C. Billamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-16" 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1932, to June 16, 1932
I last saw him alive on May 29, 1932: death is said to have occurred on the date stated above, at 7-A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic fibroid Physis phthisis	Several years
Other contributory causes of importance: Angina Pectoris and Myocarditis	May 1932

None

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Hearing
(Signed) C. Bratton M. D.
(Address) Salmon, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79603

PLACE OF DEATH
County of Lewis
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

88

2. FULL NAME Christopher C. Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha A.

6. DATE OF BIRTH (month, day and year) 6-30-1861

7. AGE Years 70 Months 10 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Diversified
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oregon

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) U. S.
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) U. S.

14. Informant Irven Johnson
(Address) Moscow, Idaho

15. Filed 7/28, 1932 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 27 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1932, to May 27, 1932
that I last saw him alive on May 27, 1932
and that death occurred, on the date stated above, at 1:45 P m.
The CAUSE OF DEATH* was as follows:
Myocarditis (Heart)

..... (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) [signature], M. D.
May 27, 1932 (Address) Kamiah - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Moscow
Date of Burial 5/31 1932

20. Undertaker W. A. Shaw
Address Orofino
Shep, Sed

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79604

PLACE OF DEATH
County of Lewis
City of Kamiah

Registration District No. 4-9
Primary Registration District No. 2127

Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

24

2. FULL NAME Barbara Mae Wheeler

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | COLOR OR RACE Indian | 5. Single, Married, Widowed, or Divorced (write the word) S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 9-27-1931

7. AGE | Years | Months 7 mo | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

PARENTS

10. NAME OF FATHER Oscar Wheeler
11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)
12. MAIDEN NAME OF MOTHER Annette Hill
13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Annette Hill Wheeler
(Address) Kamiah

15. Filed 5/9, 1932 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 9 1932
March (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1932, to May 9, 1932
that I last saw h[illegible] alive on May 9, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

T. B. Meningitis

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) ..... yrs. 2 mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) [signature], M. D.
May 10, 1932 (Address) Kamiah

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Indian Cemetery #2	5-10 1932
20. Undertaker	Address
H. Funeral Home	Kamiah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, and should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79605

PLACE OF DEATH
County of Lewis
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cynthia A. Simmons 88

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Richard Simmons

6. DATE OF BIRTH (month, day and year) 12-8-1845

7. AGE Years 86 Months 4 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Va.

PARENTS
10. NAME OF FATHER Benj. M. Baker
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Katherine Farnsworth
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant Jennie A. Simmons
(Address) Kamiah - Idaho.

15. Filed 6-25, 1932 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 23 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec., 1931, to April, 19
that I last saw her alive on April - 23, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Mitral Insufficiency
(duration) ? yrs. mos. ds.
CONTRIBUTORY (Secondary) Nephritis
(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) A. S. Bryan, M. D.
April 24, 1932 (Address) Kamiah

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Frazer Lolo Cemy. Apr 25 1932

20. Undertaker Address

Shaw

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79606

PLACE OF DEATH
County of Lewis
City of Craigmont

Registration District No. 60
Primary Registration District No. 429
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161 a

2. FULL NAME Baby Dugger

(a) Residence. No. ..... St. Craigmont Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 13 - 1932

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Craigmont Idaho

FATHER
13. NAME Sydney Clarence Dugger
14. BIRTHPLACE (city or town) (State or country) Troy Idaho

MOTHER
15. MAIDEN NAME Norma Fern Holmes
16. BIRTHPLACE (city or town) (State or country) Craigmont Idaho

17. INFORMENT (Address) K. H. Collins M. D. Craigmont Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 6/[illegible], 1932

19. UNDERTAKER (Address) Sydney Clarence Dugger

20. FILED 6/29, 1932 R. E. Dunlap Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 13, 1932
I last saw him alive on June 13, 1932; death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6½ mos.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) K. H. Collins M. D.
(Address) Craigmont Idaho

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

1302

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 79607

Registered No. 168

1. PLACE OF DEATH.

Registration District No. 47

Primary Registration District No.

County of Lewis

City of Nezperce Idaho

(No. , St.)

If death occurs away from usual residence, give facts called for under special information. Route 2

2. FULL NAME Arlene Jeannette Lehr

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH. Oct (Month) 29 (Day) 1928 (Year)

7. AGE: 3 Yrs. 7 Mos. 16 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nezperce Idaho

10. NAME OF FATHER: Philip Lehr

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary A Bowers

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Lehr

(Address) Nezperce Idaho

15. Filed July 5 1932 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12 — 1932, to June 14 — 1932 that I last saw h[illegible] alive on June 14 — 1932 and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Burns. playing with matches clothing caught fire

(Duration) — Yrs. — mos. 2 ds.

Contributory (Secondary)

— (Duration — yrs. — mos. — ds.

(Signed) Dr. H. C. Cooper M. D.

19 (Address) Nezperce Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nezperce Public Cemetery — DATE OF BURIAL: June 16 1932

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SRRS. 24653

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Lewis
City of Winchester Idaho

Registration District No. 47
Primary Registration District No.
(No. St.)

File No. 187
Registered No. 9608

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Laura May Hunter

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6. DATE OF BIRTH. May (Month) 3 (Day) 1908 (Year)

7. AGE 24 Yrs. 0 Mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)... At home

9. BIRTHPLACE (State or Country) Assotin

10. NAME OF FATHER J. H. Prentice

11. BIRTHPLACE OF FATHER (State or Country) Ontario Can.

12. MAIDEN NAME OF MOTHER Emma Dammarell

13. BIRTHPLACE OF MOTHER (State or Country) Prince Edward Co. Can

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Guy Vernon Hunter
(Address) Winchester Ido

15. Filed May 24 1932 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

14

16. DATE OF DEATH May (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓ 191 , to ✓ 191 , that I last saw h alive on ✓ 191 , and that death occured on the date stated above, at ✓ M.

The CAUSE OF DEATH* was as follows:
Convulsions due to 7 months pregnancy no cause known did not have a Dr. till after death (Duration) ~~Yrs.~~ About mos. 12 hrs.

Contributory (Secondary) Coroner
(Duration yrs. mos. ds.
(Signed) Albert Huff
19 (Address) Nyspere Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Golden Ridge Cemetery Winchester
DATE OF BURIAL: May 24 1932

20. ~~UNDERTAKER~~ A. G. Ernst
ADDRESS: Kamiah Idaho

SYMS - YORK CO., PTRS. & BDRS. 24854

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED JUL 1 1932

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 79009

Registered No. 166

Registration District No. 47

Primary Registration District No. .....

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information. Room 1

2. FULL NAME Hattie Johnson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH. July (Month) 8 (Day) 1871 (Year)

7. AGE: 60 Yrs. 10 Mos. 13 ds.

IF LESS than 1 day how many.....hrs. or .....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Long

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Tanner

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Dwight E Johnson
(Address) Nezperce, Ida

15. Filed June 29 1932 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h.....alive on ..... 191...,
and that death occured on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Long Illness Following Paralysis or Stroke about 3 yrs duration No Doctor for one a year. Heart failure

.....(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary): None

.....(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert Huff M.D.
19..... (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Nezperce Public Cemetery	May 24 1932
20. UNDERTAKER	ADDRESS
Albert Huff	Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & STRS. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79610

PLACE OF DEATH

County of Madison
City of Sugar

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 27
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas F. Smith,
(a) Residence. No. Sugar City, Ida St. 1889
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) —
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant
6. DATE OF BIRTH (month, day and year) Oct 8th 1930
7. AGE Years 1. Months 8 Days 5 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Sugar City. Madison.

PARENTS

10. NAME OF FATHER Ben Smith.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Richmond. Utah
12. MAIDEN NAME OF MOTHER Blanche Burnham
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Richmond. Utah.

14. Informant (Address) Ben Smith. Sugar City Ida.
15. Filed July 3, 1932 J Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH 4.47 p.m.

16. DATE OF DEATH July (Month) 3rd (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fractured Skull and Broken Neck, (Accidental.) run over by Park Special train #36 - on July 3rd 1932. (duration) yrs. mos. ds.
~~CONTRIBUTORY~~ (Secondary) at 4.42 P.M. 1/4 mile South west of Sugar City. (duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? Coroner Madison County
What test confirmed diagnosis?
(Signed) Vern J. Keller, ~~M.D.~~
, 19 (Address) Rexburg Ida.

19. Place of Burial, Cremation, or Removal Sugar City. Date of Burial July 6th 1932
20. Undertaker Vern J. Keller Address Rexburg

RECEIVED JUNE 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79612

PLACE OF DEATH
County of Madison
City of Sugar Route #1 Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 25
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes D. E. Simmons 179

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or ~~Divorced~~ (write the word.): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 7th 1867

7. AGE: Years 65 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Payson, Utah

PARENTS

10. NAME OF FATHER John M. Bellows
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo.
12. MAIDEN NAME OF MOTHER Marilla Plumb
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant Mrs Mose Bowers
(Address) Sugar City Route #1

15. Filed 6/13, 1932 J Rogers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11th, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan - 3, 1932, to June 11, 1932
that I last saw her alive on June 11, 1932
and that death occurred, on the date stated above, at 6 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(Brights disease)
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Chronic Bronchial asthma
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ---
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? ---
(Signed) M. D.
6-13, 1932 (Address)

19. Place of Burial, Cremation, or Removal: Burton Ida. Date of Burial: June 14 1932
20. Undertaker: Wm. J. Keller Address: Rexburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79613

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 23

(No.) 749

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Rosa Beck Kauer

(a) Residence. No. Rexburg # 1 St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word.): Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Earnest Fred. Kauer.

6. DATE OF BIRTH (month, day and year) March. 25-1890.

7. AGE Years: 42 Months: 2 Days: 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hall Wurttenberg Germany.

PARENTS

10. NAME OF FATHER John Beck.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Hausen Germany.

12. MAIDEN NAME OF MOTHER Wilhelmina Weber Beck.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Glashofen Wottenberg, Germany.

14. Informant (Address) Fred Kauer. Rexburg # 1

15. Filed 6/8, 1932 J Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 5th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1931, to June 5, 1932

that I last saw her alive on June 3, 1932

and that death occurred, on the date stated above, at 9 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardio-vascular-renal disease

(duration) 1 1/2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? symptoms & laboratory findings

(Signed) Lorin S Rich, M. D.

6-7-, 1932 (Address) Rexburg Idaho

19. Place of Burial, Cremation, or Removal: Burton Ida. Date of Burial: June. 8th 1932

20. Undertaker: Vern J. Keller Address: Rexburg Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79614

PLACE OF DEATH

County of Madison.
City of Rexburg
Registration District No. 100
Primary Registration District No. 218
Local Registrar's No. 24
(No. Rexburg General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Joseph Edward Morgan.

(a) Residence. No. / St. Lorenzo R. #1
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Nellie Morgan.

6. DATE OF BIRTH (month, day and year) Jan 25 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

PARENTS

10. NAME OF FATHER John Morgan.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.
12. MAIDEN NAME OF MOTHER Ann Gillett.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England.

14. Informant Mrs. J. E. Morgan.
(Address) Lorenzo, Idaho. R. #1

15. Filed 6/11, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 7, 1932
that I last saw him alive on June 7, 1932
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Prostate

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Lorenzo + Idaho
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [signature] M. D.
6-11, 1932 (Address) Rexburg Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	6/11/32 19
20. Undertaker [signature]	Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79615

PLACE OF DEATH

County of Madison

City of Rexburg.

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 26

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Robert Allen Middleton

(a) Residence. No. Rexburg Idaho St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Martha Ellen Middleton

6. DATE OF BIRTH (month, day and year) July 21st 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66.	11	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming.
(b) General nature of industry, business, or establishment in which employed (or employer) Himself
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ogden, Utah

PARENTS

10. NAME OF FATHER Charles F. Middleton

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Hancock County, Illinois

12. MAIDEN NAME OF MOTHER Martha C. Brasonig

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Adams County, Illinois

14. Informant (Address) Mrs. Rachel M. Jensen Rexburg Ida.

15. Filed July 3 1932 J. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 30 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from June 20 1932 to June 26 1932 that I last saw b~~eing~~ alive on June 26 1932 and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATUPE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

*Carcinoma Prostate
Contributory Intestinal trouble

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? Dec by
Did an operation precede death? Yes Date of Dr. Christie Salt Lake City
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical

(Signed) J. H. Ingram M. D.

July 1 1932 (Address) Rexburg

19. Place of Burial, Cremation, or Removal: Rexburg Idaho. Date of Burial: July 3rd 1932

20. Undertaker: Leon J. Keller Address: Rexburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL

DO NOT WRITE IN THIS SPACE
State File No. 7961 7

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 1BR 19
Primary Registration District No. 2015
Local Registrar's No. 23
(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Hans Anderson Sr.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 23 1839

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	93	1	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Anna Hansen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Ole Anderson
(Address) Rupert Idaho

15. Filed 7-6-, 1932 E. H. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 15, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Senility
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY
(Secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. H. Hennagy, M. D.
July 5, 1932 (Address) Rupert

19. Place of Burial, Cremation, or Removal	Date of Burial
Heyburn Cem	Mar 18 1932
20. Undertaker W. G. Goodman	Address Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 7 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79618

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Catriena L Studer

(a) Residence. No. St. 92

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 14 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	3	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10. NAME OF FATHER John Nikenhisen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Russia

12. MAIDEN NAME OF MOTHER Margaret Fisch

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Russia

14. Informant Antone Studer
(Address) Rupert Idaho

15. Filed 7-5-, 1932 Ed. E. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to Jan 14, 1932, that I last saw her alive on Jan 14, 1932, and that death occurred, on the date stated above, at 4:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Embolus. Following birth of Child & Removal of Sub mucous fibroid tumor 3rd yr of Blocking birth Cesarean Section

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) by

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-14-32

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Liland Frazier M. D.

, 19 (Address) Rupert Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Catholic Cem	Jan 28 1932
20. Undertaker	Address
W. A. Goodman	Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 7 1932

DO NOT WRITE IN THIS SPACE
State File No. 79619

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 24

PLACE OF DEATH
County of Minidoka
City of Rupert
(No.) 179
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George A. Dammel

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 22, 1850

7. AGE

Years	Months	Days	If LESS than 1 day,
82	6	17	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Russia

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Russia
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Russia

14. Informant Emanuel Dammel
(Address) Rupert Idaho

15. Filed 7-5-, 1932 Ett Elmore
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 9 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1932, to June 9, 1932
that I last saw him alive on June 9, 1932
and that death occurred, on the date stated above, at 4 a. m.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Urinary test
(Signed) J B Kendig, M. D.
July 5, 1932 (Address) Rupert

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emerigam Falls	June 12 1932

20. Undertaker W. G. Goodman Address Rupert Idaho

RECEIVED JUL 7 1932

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79621

PLACE OF DEATH
County of Minn
City of Paul

Registration District No. 17
Primary Registration District No. 2015
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18

2. FULL NAME Daniel Burke

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 12 1857

7. AGE: Years 75 | Months 0 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): New York

PARENTS

10. NAME OF FATHER: Timothy Burke
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: Mary McCarthy
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14. Informant: Clayton A Burke
(Address) Cody Wyoming

15. Filed 7-5, 1932 E H Elmore Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to May 20, 1932
that I last saw him alive on May 19, 1932
and that death occurred, on the date stated above, at 3 45 A m.
The CAUSE OF DEATH* was as follows:
Rocky mountain Spotted Fever
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary): age
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Symptoms + Spots
(Signed) E H Elmore, M. D.
7-5, 1932 (Address) Rupert, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Paul Idaho | Date of Burial 19

20. Undertaker: W A Goodman | Address: Rupert Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79622

PLACE OF DEATH
County of Minedoka
City of Rupert
Registration District No. 777
Primary Registration District No. 2196
Local Registrar's No. 335
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Christian Baggett 143
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James N Baggett
6. DATE OF BIRTH (month, day and year) Jan. 2-1907
7. AGE Years 25 Months 5 Days 9 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Utah
PARENTS
10. NAME OF FATHER Thomas W Holm
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Jennie M Nielson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah
14. Informant (Address) J. N. Baggett Burley Idaho
15. Filed 7-8-, 1932 F. H. Griffin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11, 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to June 11, 1932
that I last saw her alive on June 11, 1932
and that death occurred, on the date stated above, at 9:30 P.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Starvation, & dehydration
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Toxaemia of pregnancy
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G. Espe, M. D.
, 19 (Address)
19. Place of Burial, Cremation, or Removal Burley Ida
Date of Burial 6-14 1932
20. Undertaker D. C. Johnson
Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79623

PLACE OF DEATH
County of Minedoka
City of Rupert
Registration District No. ____
Primary Registration District No. 2176
Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leola S. Greco

(a) Residence. No. ____ St. ____
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Oct. 3-1932

7. AGE: Years 25 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Office Girl
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Richfield Ut

PARENTS
10. NAME OF FATHER: Peter S Greco
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Denmark
12. MAIDEN NAME OF MOTHER: Caroline Hanson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Utah

14. Informant (Address): Peter S Greco Burley Idaho

15. Filed ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 10 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-24, 1932, to 6-10-, 1932 that I last saw her alive on 6-10, 1932 and that death occurred, on the date stated above, at 3.10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mastoiditis ac. Supp. R.
Duration 17 da.
Contributory 1. Erysipelas - facial
(duration) ____ yrs. 7 mos. 17 ds.
CONTRIBUTORY (Secondary) 2. Pneumonia, lobar
Lilat (duration) ____ yrs. ____ mos. 3 ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? yes Date of 5-22-32
Was there an autopsy? no
What test confirmed diagnosis? ____
(Signed) Leland Fraser M. D.
____, 19____ (Address) ____

19. Place of Burial, Cremation, or Removal: Rochfield Ut. — Date of Burial: 6-15-32 19
20. Undertaker: H. E. Johnson — Address: Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO F.K.

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79624

PLACE OF DEATH

County of Madison Idaho

City of Jackson Rupert. R.F.D.

Registration District No. 19

Primary Registration District No. 2016

Local Registrar's No. 22

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara L. Crumley 57

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 18 1864

7. AGE Years 67 Months Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER Earnest Henry

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont Know

12. MAIDEN NAME OF MOTHER Louisa Sanders

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant (Address) Anna Schroder 3869 Sesonobia Denver Colo

15. Filed 7-5, 1932 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to April 1, 1932

that I last saw her alive on April 1, 1932

and that death occurred, on the date stated above, at 1:0 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Diabetes melitus

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertensive

(duration) X yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No Land laboratory

What test confirmed diagnosis? Clinical

(Signed) Fayre H. Knapp, M. D.

July 5, 1932 (Address) Rupert Ida

19. Place of Burial, Cremation, or Removal Rupert Ida. Date of Burial 19

20. Undertaker Ava Goodman Address Rupert Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79625

PLACE OF DEATH
County of Minidoka
City of Heyburn

Registration District No. 17
Primary Registration District No. 19
Local Registrar's No. 3-0
(No.) 80
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Paul Olsen
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) June 6-1932
7. AGE Years Months Days 23 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Heyburn Ida
PARENTS
10. NAME OF FATHER Paul Olsen.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Minesota
12. MAIDEN NAME OF MOTHER Mable Nelson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah.
14. Informant (Address) Mrs Mable Olsen Heyburn Ida
15. Filed 2-8, 1932 F. H. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 28, 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 28, 1932
that I last saw him alive on June 28, 1932
and that death occurred, on the date stated above, at 11 a. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Convulsion
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Whooping Cough
(duration) yrs. mos. 10 ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinic
(Signed) Hugh E. Dean, M. D.
, 19 (Address)
19. Place of Burial, Cremation, or Removal Burley Ida
Date of Burial 19
20. Undertaker D. E. Johnson
Address Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79626

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Near Gifford Ida

Registration District No. 92
Primary Registration District No. 2170
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Merlin Kelley

161a

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): June 1st 32

7. AGE — Years | Months | Days: 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Gifford Ida

FATHER

13. NAME: Clarence B. Kelley

14. BIRTHPLACE (city or town) (State or country): Gifford Ida

MOTHER

15. MAIDEN NAME: Jesse May Crawford

16. BIRTHPLACE (city or town) (State or country): Craig Mountain Ida

17. INFORMENT (Address): Clarence B. Kelley

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED 6-6, 1932 E. E. Watts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Birth June 1, 1932, to June 1, 1932
I last saw h[illegible] alive on June 1st, 1932; death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature and weak infant	

Other contributory causes of importance:

Heart Condition	
Blueness	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) Winchester, Ida

1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Near Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 79629

(No.) 170
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert S. Levy.

(a) Residence. No. St. New Yoyr City, N. Y.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single (?).

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Jack Bell Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place New York City, N.Y. Date 6/12/31. 193

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED July 1, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound in head	
Suicide	6/10/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/10, 1932

Where did injury occur? Near Lewiston Nez Perce Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at a farm house

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify E M Brower

(Signed) Coroner.

(Address) Lewiston, Idaho.

Dr McMahan

RECEIVED JUL 8 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE
State File No. 79630

Local Registrar's No.

(No. 0208-25th Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1610

2. FULL NAME Infant of Mr & Mrs Fred Seidel

(a) Residence. No. 1410-9th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 30 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston 1 Idaho

FATHER

13. NAME Fred Seidel

14. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

MOTHER

15. MAIDEN NAME Grace Sardan

16. BIRTHPLACE (city or town) (State or country) Melrose Idaho

17. INFORMENT (Address) Fred Seidel Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED July 5, 1932 J. M. Lake Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/28/32 193

22. I HEREBY CERTIFY, That I attended deceased from 6-30 -, 1932, to June, 1932
I last saw him alive on 6-30-, 1932: death is said to have occurred on the date stated above, at 3:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
5½ months gestation baby lived ½ hour.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. F. McMahan, M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of NezPerce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79631

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. Idaho Hotel, 605 Main Street)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillie Gordon Kester

(a) Residence. No. 605 Main Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Davis Kester Dec.

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 85 | Months 3 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bangor Maine

FATHER

13. NAME John Gordon

14. BIRTHPLACE (city or town) (State or country) Old Town Maine

MOTHER

15. MAIDEN NAME Harriett Bagley

16. BIRTHPLACE (city or town) (State or country) OldTown Maine

17. INFORMENT (Address) Geo. H Kester Lewiston Idaho

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Spokane Wash Date 6/16/32 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED July 1 1932 J. McLyle Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 32 193

22. I HEREBY CERTIFY, That I attended deceased from 6-10-32, 193, to 6-13-, 1932

I last saw her alive on 6-13-32, 193: death is said to have occurred on the date stated above, at 5. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. McMahan M. D.

(Address) Lewiston, Idaho

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79632

PLACE OF DEATH
County of Nexz Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Mrs Ester Ruth Copple
(a) Residence. No. 1121-10th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hugh W Copple
6. DATE OF BIRTH (month, day, and year) Sept21 1898
7. AGE Years 33 Months 6 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deary Idaho

FATHER
13. NAME JohnN Anderson
14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER
15. MAIDEN NAME AugustaMarie Dahlberg
16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMENT (Address) Hugh W Copple Lewiston Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Moscow Idaho Date 6/8/32, 193
19. UNDERTAKER (Address) Vassar Mortuary Inn Lewiston Idaho
20. FILED 6/27, 1932 J. M. Fryke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/6/32 193
22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1932, to June 6, 1932
I last saw her alive on June 6, 1932: death is said to have occurred on the date stated above, at 10.40A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	April 1st 1932

Other contributory causes of importance:

Name of operation Appendiceae abscess Blood culture Date of Mar 27/32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in ~~industry, in home,~~ or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Carsson, M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

D. Gaigno

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 79633

Local Registrar's No. N

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lydia Beall.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Indian.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thos. Beall.

6. DATE OF BIRTH (month, day, and year) 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Tom Beall. Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lapwai, Idaho. Date May 23rd, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED May, 1932 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No Medical Attendance	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Culdesac, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79636

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 16

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack Enoch.

(a) Residence. No. ..... St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 13th, 1932.

7. AGE Years: -----. Months: ----. Days: ----. If LESS than 1 day, 2 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME James R. Enoch.

14. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

MOTHER

15. MAIDEN NAME Rilla May.

16. BIRTHPLACE (city or town) (State or country) Carthige, Missouri.

17. INFORMENT (Address) J. R. Enoch. Clarkston, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 14th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED July 1, 1932 J. M. Lyle By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 14, 1932

I last saw him alive on June 13, 1932 death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Persistent Thymus	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79637

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Robert J Halsey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Ida.

FATHER

13. NAME Lonnie Halsey

14. BIRTHPLACE (city or town) (State or country) Grayson Co. Va.

MOTHER

15. MAIDEN NAME Lola Stingler

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Lonnie Halsey (Father)

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wash Date 6/27/32, 193

19. UNDERTAKER (Address) H.R.Merchant Clarkston, Wash.

20. FILED 5/27, 193 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1932, to June 26, 1932

I last saw him alive on June 26, 1932 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	6/26/32

Other contributory causes of importance: unknown

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 193

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) L B Stockslager, M. D.

(Address) Lewiston Ida

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79638

PLACE OF DEATH
County of Nez Perce.
City of Sweetwater.

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1614

2. FULL NAME Lila June White.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1st, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-----	-----	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sweetwater,
(State or country) Idaho.

FATHER

13. NAME J. L. White,

14. BIRTHPLACE (city or town) .....
(State or country) Oklahoma.

MOTHER

15. MAIDEN NAME Mildred Crawford,

16. BIRTHPLACE (city or town) Sweetwater,
(State or country) Idaho.

17. INFORMENT J. L. White
(Address) Sweetwater, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date June 3rd, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED June, 1932 George Gaagmard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2st, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 6 - 1 -, 1932, to 6 - 2 -, 1932
I last saw her alive on 6 - 2 -, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
7½ Months	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaagmard, M. D.
(Address) Culdesac, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 6 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7963 9

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 12

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Hames.

(a) Residence. No. ..... St. Waha, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 14th, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69.	6.	25.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arlington, Minnesota.

FATHER
13. NAME Nicholas Hames.
14. BIRTHPLACE (city or town) (State or country) Luxemburg.

MOTHER
15. MAIDEN NAME ----- Hillger.
16. BIRTHPLACE (city or town) (State or country) Luxemburg.

17. INFORMENT (Address) Mrs. A. Hames, Waha, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 19th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 6/24, 1932 J. M. Lyle Registrar.
By R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1932, to June 17th, 1932
I last saw h alive on Jan 17th, 1932; death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	

Other contributory causes of importance:

Carcinoma of liver	

Name of operation None Date of
What test confirmed diagnosis? Physical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O. C. Carrasco, M. D.
(Address) Lewiston, Idaho.

Dr Carrsow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7964

Registration District No. 9 6
Primary Registration District No. 10 0 9
Local Registrar's No. 128

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Tervooren

(a) Residence. No. St Joseph Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Commom Laboerer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geahart Tervooren

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Bern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) G. P. Tervooren Clarkston Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida, Date 6/29/32 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho

20. FILED July 5, 1932 J. M. Lysle Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1930, to June 25, 1932
I last saw him alive on June 25, 1932; death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	6/25/32
Other Parenchymatous Nephritis	2 yrs.

Other contributory causes of importance:

Name of operation ~ Date of
What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury, 193
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ~
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ~
(Signed) O. C. Carrsow, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 8 1932

DO NOT WRITE IN THIS SPACE
State File No. 19641

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 117

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillis Ann Kube

(a) Residence. No. Graingville Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 24 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Graingville Idaho

FATHER

13. NAME Harry E Kube

14. BIRTHPLACE (city or town) (State or country) South Dakota

MOTHER

15. MAIDEN NAME Violet Dahl

16. BIRTHPLACE (city or town) (State or country) Graingeville Idaho

17. INFORMENT (Address) Sister St Jospeh Hospital lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Graingville Date 6/16/32 193

19. UNDERTAKER Ailor Mortuary
(Address) Graingville, Idaho

20. FILED July 1, 1932 J. M. Lisle Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/15/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 193 2 to June 15, 193 2
I last saw her alive on 6/15, 193 2: death is said to have occurred on the date stated above, at 9.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	
Acute Appendicitis	

Other contributory causes of importance:

Appendectomy June 6th 32
Name of operation ..... Date of
What test confirmed diagnosis? Blood count & Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. E. Carsow, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Spalding.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 79642

Local Registrar's No. 5

(No. 118)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Hoosis Capsis.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Indian.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alpowa,
(State or country) Washington.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) Not known.
(State or country)

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) Not known.
(State or country)

17. INFORMENT Jones Frank
(Address) Spalding, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Spalding, Idaho. Date May 31st, 1932.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED May, 1932 George Yaeger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 27-, 1932, to May 30-, 1932
I last saw him alive on May 29, 1932, death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	May 27-32
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Yaeger, M. D.
(Address) Culdesac, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79643

PLACE OF DEATH
County of Nez Perce
near City of Lapwai Idaho

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. 117

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore Cloud

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1911

7. AGE Years 21 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

FATHER
13. NAME Benjamin Cloud
14. BIRTHPLACE (city or town) (State or country) Nez Perce Res. Idaho

MOTHER
15. MAIDEN NAME Woolarnaymanny
16. BIRTHPLACE (city or town) (State or country) Nez Perce Res. Idaho

17. INFORMENT (Address) Benjamin Cloud Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spalding Idaho Date 6-26, 1932

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston Idaho

20. FILED June, 1932 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1932, to 6-24, 1932
I last saw him alive on 6-24, 1932 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	3-24-32

Other contributory causes of importance:

Intestinal Perforation	6-3-32

Name of operation Appendectomy Date of 3-24-32
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Culdesac Idaho.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ... 1932

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79644

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. Whites Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Elsie Emalyne Ross.

(a) Residence. No. 1310 F. Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14th, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60.	2.	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME John Pagget.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Nancy Kirkpatrick.

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) Alex Ross Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date May 10th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED July 1, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 4-28-, 1932 to , 1932.

I last saw her live on 5-7-, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Mesenteric artery branch taking care ileum near Cecum. (Cause unknown)	
Other contributory causes of importance: General Peritonitis	5-3-32

Name of operation Resection of 2 feet of ileum Date of 4-30-32

What test confirmed diagnosis? Operative findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7965

PLACE OF DEATH
County of Nez Perce
City of Nez Perce Juliaetta Idaho
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph White

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian 4/4
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mabel George

6. DATE OF BIRTH (month, day, and year): 1900

7. AGE: Years 32 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER

13. NAME: Charles White
14. BIRTHPLACE (city or town) (State or country): Nez Perce Res. Idaho

MOTHER

15. MAIDEN NAME: Ejah La we min my
16. BIRTHPLACE (city or town) (State or country): Nez Perce Res. Idaho

17. INFORMENT (Address): Mrs James Mansell

18. BURIAL, CREMATION, OR REMOVAL Place: Lahwai Idaho Date: 6-30-1932

19. UNDERTAKER (Address)

20. FILED June, 1932 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6-29-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-2-, 1932, to 6-23-, 1932
I last saw him alive on 6-23-, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	6-1931
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George Gaignard, M. D.
(Address) Culdesac Idaho.

RECEIVED JUL 8 1937

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79646

PLACE OF DEATH
County of Nez Perce.
City of Webb.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Carlson.

GD

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Flora Carlson.

6. DATE OF BIRTH (month, day, and year) March 12th, 1876.

7. AGE Years: 56. Months: 2. Days: 24. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER
13. NAME Carl Carlson.
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME ------ Telene.
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Flora Carlson. Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 10th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED July 1, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 6, 1932.
I last saw him alive on June 6, 1932; death is said to have occurred on the date stated above, at 11:25 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Dilatation	

Other contributory causes of importance:

Myocarditis

Name of operation Date of
What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature], M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79647

PLACE OF DEATH

County of Nez Perce

City of near Culdesac Idaho

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME William Moody

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian 4/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME Andrew Moody

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Lucy Raymond

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Sam Williams
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Culdesac Mission Date ....., 193..

19. UNDERTAKER Brower-Wann
(Address) Lewiston Idaho.

20. FILED June ..., 1932 George Gaignard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5- 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9 -, 1932, to June 5 -, 1932

I last saw him alive on June 3 -, 1932: death is said to have occurred on the date stated above, at 11.95 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Culdesac Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79648

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 46
Primary Registration District No. 1009
Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Guy Peck Knight

(a) Residence. No. Cloverland, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 19, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 13, 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Cloverland, Wash.

FATHER
13. NAME John E Knight
14. BIRTHPLACE (city or town) (State or country) Ottawa, Canada

MOTHER
15. MAIDEN NAME Ida E. Landphear
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Charley Knight Cloverland, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Astin, Wash. Date 6/19/32 193

19. UNDERTAKER H.R. Merchant (Address) Clarkston, Wash.

20. FILED July 1, 1932 J. M. Fyfe Registrar. By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-11, 1932, to 6-17, 1932
I last saw h alive on 6-17, 1932 death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	
Other contributory causes of importance:	

Name of operation Appendectomy Date of 6-12-32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. McElvain, M. D.
(Address) Asotin Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79649

PLACE OF DEATH
County of Nez Perce.
City of Lapwai.

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Maynard Morris.

31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Indian.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 21st, 1930.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1.	6.	15.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho.

FATHER
13. NAME James Morris.
14. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Viola Spencer,
16. BIRTHPLACE (city or town) Kooskia,
(State or country) Idaho.

17. INFORMENT Viola Morris
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho. Date 5/7/32., 193

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May, 1932 George Goigniard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May. 6th., 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1932, to May 6, 1932.
I last saw him alive on May 1, 1932: death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	not known

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Phy. Exam Was there an autopsy? N.O

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
N.D. If so, specify

(Signed) Ralph M. Alley., M. D.
(Address) Lapwai, Idaho.

RECEIVED JUL 14 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79650

PLACE OF DEATH
County of Nez Perce.
City of Lapwai.

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

3

2. FULL NAME Annie Corbett Morris.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Indian.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER
13. NAME Felix Corbett.
14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER
15. MAIDEN NAME All ip ia.
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Sam Morris Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lapwai, Idaho. Date May 9th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED May, 1932 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1932, to May 8, 1932
I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:
no

Name of operation no Date of .....
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) C H Koenig, M.D.
(Address) Lapwai, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lapwai.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79651

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Vivian Bernice Weaskus.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Indian.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17th, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
------.	1.	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At hoem.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai, (State or country) Idaho.

FATHER

13. NAME George Weaskus,

14. BIRTHPLACE (city or town) Lapwai, (State or country) Idaho.

MOTHER

15. MAIDEN NAME Jennie Martin.

16. BIRTHPLACE (city or town) Kamiah, (State or country) Idaho.

17. INFORMENT Mrs. Geo. Weaskus (Address) Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Spalding, Idaho. Date May 31st, 1932.

19. UNDERTAKER Brower-Wann Company, (Address) Lewiston, Idaho.

20. FILED May, 1932 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to May 30, 1932

I last saw her alive on May 30, 1932: death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Impetigo Contagiosa	5-28-32

Other contributory causes of importance:

Septicemia

Name of operation no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Culdesac, Idaho.

RECEIVED JUL 14 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79652

PLACE OF DEATH
County of Lapwai,
~~City~~ of ~~Idaho.~~ Nez Perce Co

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11 a

2. FULL NAME Lucy Allen.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: Indian. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1862.

7. AGE: 70. Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Pee El Mathews.
14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Emma Pinkham Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Slickpoo Mission Date June 7th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 5-20-, 1932, to 6-5-, 1932
I last saw her alive on 6-5-, 1932 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	5-20-32
Other contributory causes of importance: Broncho-Pneumonia	5-25-32

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Culdesac, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Gaignard

PLACE OF DEATH

County of Nez Perce.

City of Lapwai.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 79653

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1 9

2. FULL NAME Melvin T. Allen.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Indian.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28th, 1925.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8.	11.	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho.

FATHER

13. NAME William Allen.

14. BIRTHPLACE (city or town) Pendleton,
(State or country) Oregon.

MOTHER

15. MAIDEN NAME Rena McCormick,

16. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho.

17. INFORMENT Wm Allen
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho. Date 5/25/32, 193..

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May, 1932. George Gaignard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 3 -, 1932, to May 24, 1932

I last saw him alive on May 24, 1932: death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4-2-32
Broncho-Pneumonia	4-5-32
Emphysema	

Other contributory causes of importance:

Name of operation Tra. Emphysema Date of 5-23-32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Culdesac, Idaho.

RECEIVED JUL 8 1932

Dr Clark.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79654

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 16

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Dewey James Lemm

(a) Residence. No. South 29th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME Wm Henry Lemm

14. BIRTHPLACE (city or town)
(State or country) Minn

MOTHER

15. MAIDEN NAME Mary Ann Jacobs

16. BIRTHPLACE (city or town) Uniontown Wash.
(State or country)

17. INFORMENT Wm Henry Lemm
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Idaho Date 6/29/32, 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED July 5, 1932 J. M. Kyle Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/28/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to June 28, 1932
I last saw him alive on June 27, 1932; death is said to have occurred on the date stated above, at 8:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	

Other contributory causes of importance:

Blue baby born with

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W O Clark M. D.
(Address) Juneau Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7965

PLACE OF DEATH
County of Nez Perce.
City of Webb.

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Nathaniel Tababoo.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Indian.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 6th, 1931.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1.	2.	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Webb.
(State or country) Idaho.

FATHER

13. NAME John Tababoo.

14. BIRTHPLACE (city or town) Webb.
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Elizabeth Broncheau.

16. BIRTHPLACE (city or town) Culdesac,
(State or country) Idaho.

17. INFORMENT Elizabeth Tababoo.
(Address) Webb, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Webb, Idaho. Date May 14th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May 17, 1932. George Faigmard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 5-6-32, 193..., to May 12, 1932
I last saw him alive on May 12, 1932; death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	5-6-32
Other contributory causes of importance: Broncho-Pneumonia	5-11-32

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) George Faigmard, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79656

PLACE OF DEATH
County of Nez Perce.
City of Near Lapwai.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 196

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward J. Sampson.

(a) Residence. No. ..... St. Near Spalding, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12th, 1912.

7. AGE Years: 19. Months: 8. Days: 22. If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Spalding, Idaho.

FATHER
13. NAME Thomas J. Sampson.
14. BIRTHPLACE (city or town) (State or country) Oregon.

MOTHER
15. MAIDEN NAME Mamie Rogers.
16. BIRTHPLACE (city or town) (State or country) Dayton, Washington.

17. INFORMENT (Address) Harry Sampson. Spalding, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 29th 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED July 1, 1932 J. M. Kyle By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocution	
Accidental	6-27-32

Other contributory causes of importance:
Moving Hay derrick
Guy line coming in
contact with Power line.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/27, 1932.
Where did injury occur? Near Lapwai, Nez Perce E. Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Haying
Nature of injury Electrocution

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Emil Brower Coroner.
(Address) Lewiston, Idaho.

RECEIVED JUL 6 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79657

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. Whites Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

40

2. FULL NAME Lewis E. Risher.

(a) Residence. No. 122 10th, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 1st, 1852

7. AGE Years: 79. Months: 7. Days: 1. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME ----- Risher.

14. BIRTHPLACE (city or town) (State or country) Pensylvania.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Mrs Dela W. Mathews Craigmont, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date May 4th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED July 1, 1932 F. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May - 2, 1932, to 5-2, 1932

I last saw him live on 5-2, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of heart	5-2-32

Other contributory causes of importance:

Myocarditis following Flu - 2 yrs prior.

Name of operation none Date of

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PRISON

PLACE OF DEATH
County of NezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79658

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

40

2. FULL NAME Albert Daniel Barnes

(a) Residence. No. 507-15th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 26-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Daniel Barnes

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Caroline Blum

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Mrs T.E.Westlake Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida. Date 6/29/32 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho

20. FILED July 5 193 2 J. M. Lysle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/28/32 193

22. I HEREBY CERTIFY, That I attended deceased from April 23, 193 2, to June 28, 193 2
I last saw h alive on June 28, 193 2; death is said to have occurred on the date stated above, at 3a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other contributory causes of importance:

Acute Nephritis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. E. Carson, M. D.
(Address) Lewiston Idaho

RECEIVED JUL 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7955.9

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

St Joseph Hospital
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Nickol

(a) Residence. No. Ferdinand Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

9V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 24 ~~Sept~~ 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wheat Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 21/32

11. Total time (years) spent in this occupation 20Yrs

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) Not Obtaiable

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Not Obtaiable

17. INFORMENT (Address) St Joseph Hospital Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wash Date 6-30, 1932

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED July 1, 1932 J. M. Hyde Registrar.
By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/22/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1932, to June 22, 1932
I last saw him alive on June 21, 1932; death is said to have occurred on the date stated above, at 5.15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W O Clark, M.D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9660

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 96
Primary Registration District No. 1004
Local Registrar's No.
(No. White's Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Sneen Coe.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 2nd, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46.	7.	18.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eu Claire.
(State or country) Wisconsin.

FATHER
13. NAME ------ Sneen.
14. BIRTHPLACE (city or town)
(State or country) Not known.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town)
(State or country) Not known.

17. INFORMENT Frank Coe.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date June 22nd, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 6/24, 1932. J. M. Doyle Registrar.
By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 20, 1932
I last saw h[illegible] alive on June 20, 1932, death is said to have occurred on the date stated above, at 4P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous appendicitis	June 13-32
General Peritonitis	
Other contributory causes of importance:	

Name of operation Appendectomy Date of 6-15-32
What test confirmed diagnosis? Operative findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE
State File No. 79661

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nevada L. Biddison

(a) Residence. No. 414- 4th St St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Amon Biddison

6. DATE OF BIRTH (month, day, and year) Oct. 24, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anxline Iowa.

FATHER

13. NAME William F. Fowler

14. BIRTHPLACE (city or town) (State or country) Summerfield, Ohio

MOTHER

15. MAIDEN NAME Eliza E. Steward

16. BIRTHPLACE (city or town) (State or country) Summerfield, Ohio

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Ida Date , 193

19. UNDERTAKER H.R. Merchant (Address) Clarkston, Wash.

20. FILED 5/27, 193 J. M. Fiske Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/26, 193

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	
Other contributory causes of importance:	
Phlebitis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Wm. A. Hahl, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79662

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Alvin P. Chamberlain.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 22nd, 1858.

7. AGE Years 74. Months 3. Days 5. If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) F. M. Chamberlain Clarkston, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 6/29/32, 193

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED July 1, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1932, to June 27, 1932

I last saw him alive on June 26, 1932: death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Sarcoma Gall Bladder

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Lewiston, Idaho.

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79663

PLACE OF DEATH
County of Ada
City of Boise, Idaho.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 166

(No. 1411 N. 18th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Rev. Clinton Daniel Day.

(a) Residence. No. 1411 N. 18th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Jessie Day.

6. DATE OF BIRTH (month, day, and year) August 21-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Minister.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex, England.

FATHER
13. NAME Thomas Day.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Mary Ann Smith.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Harold Day. Ontario, Oregon.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/6/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 6-6, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/4/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932, to June 4, 1932
I last saw him alive on June 4, 1932; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal Disease	

Other contributory causes of importance:

Hypertrophied Prostate Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. E. Dedman, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79664
178

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No.

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie Fackrell.

(a) Residence. No. I324. Idaho. Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

144

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of J. H. Fackrell.

6. DATE OF BIRTH (month, day, and year) Dec. I2. I895.

7. AGE Years 36 Months 6 Days 6 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise.
(State or country) Idaho.

FATHER
13. NAME Robert D. Bruno.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Fannie E. Draper.
16. BIRTHPLACE (city or town)
(State or country) Utah.

17. INFORMENT J. H. Fackrell.
(Address) I324 Idaho Street. Boise

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date June 2I 1932

19. UNDERTAKER Summers & Krebs
(Address) Boise Idaho

20. FILED 6-20, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June I8. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to June 18, 1932
I last saw her alive on June 18, 1932: death is said to have occurred on the date stated above, at 98 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre & post Partition Hemorrhage c̄ Shock.	

Other contributory causes of importance:
Manual Dilatation of Cervix c̄ Forceps Delivery Due to Hemorrhage.

Name of operation Manual Dilatation of cervix Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold T. Yokes, M. D.
(Address) 422 Eastman Bldg.

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79665

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 171

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Tularemia

2. FULL NAME Robert J. Archibald

(a) Residence. No. 916 Miller St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lin R. Archibald

6. DATE OF BIRTH (month, day, and year) Sept. 13-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheepman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Archibald

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs. Lin R. Archibald. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/12/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 6-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/10/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1932, to June 10th, 1932

I last saw him alive on June 9th, 1932: death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Gangrene of lungs following an attack of Tularemia

Date of onset

Other contributory causes of importance:

caused by tick bite

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Bank, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79666

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 181

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E. Frank Allumbaugh.

(a) Residence. No. 1314 E. 19th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, and year) Oct. 4-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Elijah Allumbaugh

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Rebbeca M. Morphew.

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) F. B. Allumbaugh. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/22/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 6-21, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/18/32 193

22. I HEREBY CERTIFY, That I attended deceased from 6-11-, 193x, to 6-18, 193x

I last saw h- alive on 6-17, 193x: death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	
Cardio Vascular Renal Disease.	
Other contributory causes of importance:	

Name of operation None Date of -

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193..

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. B. Rhodes, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79667

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 169

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Alexander Mc Kibbin.

92

(a) Residence. No. 1501. Hays Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine Mc Kibbin.

6. DATE OF BIRTH (month, day, and year) March. 14. 1886.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46.	2	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Druggist.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hailey Idaho.
(State or country)

FATHER

13. NAME Alexander Mc Kibbin.

14. BIRTHPLACE (city or town) .....
(State or country) Canada.

MOTHER

15. MAIDEN NAME Mary Leeper.

16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMENT Mrs. Katherine Mc Kibben.
(Address) 1501. Hays St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. June 93 10 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 6-9, 1932 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-7- 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-7, 1932, to 6-7, 1932

I last saw him alive on 6-7, 1932; death is said to have occurred on the date stated above, at 1.0P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-7-1932

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Summers, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79668

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 188

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Joseph Clinton Newell.

(a) Residence. No. 417 ½ South 11 th Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ruth Newell.

6. DATE OF BIRTH (month, day, and year) May. 11.1904.

7. AGE: 28. Years | Months: 1 | Days: 17. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME George Newell.
14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER
15. MAIDEN NAME Martha Smith.
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Mrs. Ruth Newell. 417 ½ S. 11. th Street.

18. BURIAL, CREMATION, OR REMOVAL Horseshoe Bend Idaho Date June. 30 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 6-29, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1931, to July 26, 1931
I last saw him alive on July 26, 1931: death is said to have occurred on the date stated above, at 11:9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	About Dec 1930.

Other contributory causes of importance:

Pulmonary hemorrhage	6-28-32

Name of operation None. Date of .....
What test confirmed diagnosis? Very studies Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) R. F. West, M. D.
(Address) Boise Idaho.

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79669

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 49
(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Mark Rodick

(a) Residence. No. 219 West 2nd South St. Salt Lake City, Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME M. M.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Price, Utah Date Shipped 6/17/32 93

19. UNDERTAKER (Address) McBratney Funeral Home Boise, Idaho

20. FILED 6-17, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1931 to June 14, 1932
I last saw him alive on June 14, 1932: death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, chr. active	
Other contributory causes of importance: Cerebral Thrombosis	

Name of operation Clinical findings Date of
What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. C. SMITH, M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79670

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 164

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Clara Elizabeth Beail

(a) Residence. No. R 7 D # 5 St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of H. D. Beail

6. DATE OF BIRTH (month, day, and year) Oct. 22nd 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	7	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Steven Vandry

14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER

15. MAIDEN NAME Elizabeth Suiter

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMENT H. D. Beail
(Address) R. 7 D # 5. Nampa

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Nampa Ida Date 6-7, 1932

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa Idaho

20. FILED 6-4, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 4½ 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, to June 4½, 1932
I last saw her alive on June 4½, 1932: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (Streptococci)	

Other contributory causes of importance:
following operation for Ovarian Cyst.

Name of operation Removal Date of June 1st 1932
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Booth M.D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Almond

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79671

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 187

(No. 911 Hays Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Serena Russum

(a) Residence. No. 911 Hays St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) March 26-1875

7. AGE Years	Months	Days	If LESS than ~~1 day, = hrs.~~ or min.
57	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Teacher.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME I. F. Russum.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Amanda Caldwell.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) H. A. Russum. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6-27-32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 6-27, 1932 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1929, to June 26, 1932

I last saw her alive on June 26, 1932: death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Type of Carcinoma of breast	1929
Spread to Generalized	
Ca	1932

Other contributary causes of importance: Arthritis Deformans.

and Neoplasm of Heart

Name of operation ~~None~~ Date of 1929

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. Almond, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 15072

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 · Local Registrar's No. 170

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME John Leake

(a) Residence. No. ..... St. Rockville, Ore
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Leake

6. DATE OF BIRTH (month, day, and year) June 9-1859

7. AGE Years 72 Months 11 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stock Raiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME William Leake

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Linnine

16. BIRTHPLACE (city or town) (State or country) Irland

17. INFORMENT (Address) Leo J. Leake Council Idaho

18. BURIAL, CREMATION, OR REMOVAL St. Johns Cemetery
Place Boise Ida Date 6-9, 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida

20. FILED 6-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to June 7, 1932

I last saw h..... alive on June 7, 1932 death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	

Other contributory causes of importance: none.

Name of operation Exploratory Section Date of 5/23/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James Stewart, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 29673

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 185

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin T. King.

(a) Residence. No. 1603 N. 19th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth King.

6. DATE OF BIRTH (month, day, and year) April 21-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland, Ohio.

FATHER
13. NAME Henry King.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Mary---------
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Grace Reed. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/26/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 6-25, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/24/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1932, to June 24, 1932
I last saw him alive on June 24, 1932, death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Left Hemiplegia	June 22 1932

Other contributory causes of importance:
Inanition & Senility

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. N. Bratton, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79674

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 176

(No. Hale Street, South Boise.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lucy Murray.

(a) Residence. No. Hale Street, South Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fred Murray

6. DATE OF BIRTH (month, day, and year) Oct. 16-1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Don't Know.

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs. Paul Boyenger. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/19/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 6-20, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/17/32 193

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to June 17, 1932

I last saw her alive on June 13, 1932: death is said to have occurred on the date stated above, at 11 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 13/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred Brady E. Jr. M.D.; M. D.

(Address) Boise, Idaho.

Boston 10 [illegible] JUL 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79675

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 182

(No. 1326 State Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Matilda A. Crichfield.

(a) Residence. No. 1326 State St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Robert J. Crichfield.

6. DATE OF BIRTH (month, day, and year): April 12-1855

7. AGE: Years 77, Months 2, Days 6, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Leon, Iowa.

FATHER
13. NAME: John Jordan
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: Artimicia Willis.
16. BIRTHPLACE (city or town) (State or country): Illinois.

17. INFORMENT (Address): Mrs. Edwin Herrington. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 6/19/32, 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 6-21, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/17/32, 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to June 17, 1932
I last saw her alive on June 15, 1932; death is said to have occurred on the date stated above, at 6:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio-sclerosis	Heart Know

Other contributory causes of importance:

Exaustion	June 7, 1932

Name of operation: none Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. N. Brayton, M. D.
(Address) Boise, Idaho.

JUL 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79676

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 190

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Victoria Marie La Salle

(a) Residence. No. 215 Warm Springs Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ovide La Salle

6. DATE OF BIRTH (month, day, and year): Aug. 3, 1857

7. AGE: 74 Years, Months: 10, Days: 23, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Michael, Province of Quebeck, Canada

FATHER

13. NAME: Louis Joseph Hebert

14. BIRTHPLACE (city or town) (State or country): St. Michel P.Q. Canada

MOTHER

15. MAIDEN NAME: Julia La Salle

16. BIRTHPLACE (city or town) (State or country): St. Michel, P.Q. Canada

17. INFORMENT (Address): A. L. La Salle, Great Falls Mont

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: St. Johns Cemetery, Boise, Ida Date: June 29, 1932

19. UNDERTAKER (Address): Schreiber & Wm. Cauer, Boise Ida

20. FILED 6-30, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to June 26, 1932

I last saw her alive on June 26, 1932 death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
+ Coma	

Other contributory causes of importance:

Coma
Senility
Arteriosclerosis

Name of operation Clinical Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) G. H. Wahl, M. D.

(Address) Boise Idaho

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79677

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 179

(No. 420 Washington St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74A

2. FULL NAME Bessie Priscilla Whitney

(a) Residence. No. 420 Washington St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eugene L. Whitney

6. DATE OF BIRTH (month, day, and year) Feb. 10 - 1862

7. AGE: Years 70 Months 4 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Iowa

FATHER

13. NAME William F. Braden
14. BIRTHPLACE (city or town) (State or country) Greensburg, Ind.

MOTHER

15. MAIDEN NAME Sarah Jane Taylor
16. BIRTHPLACE (city or town) (State or country) Columbus, Ind.

17. INFORMENT (Address) Helen Morrow

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 6-17, 1932 Morris Hill

19. UNDERTAKER (Address) Schreiber & Wm. Cann Boise, Ia

20. FILED 6-20, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/20/ 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1926 to June 15, 1932

I last saw h~~e~~ alive on June 15, 1932: death is said to have occurred on the date stated above, at 8 35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	6/11/32
Rheumatic Heart Disease (Mitral Stenosis)	
Other contributory causes of importance:	
Chronic Multiple Arthritis	1927

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Emil E. Lavaugh M. D.

(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79678

Registration District No.
Primary Registration District No. Local Registrar's No. 11

(No. 749)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Jane Mean

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John M. Mean

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 yrs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME John Moore
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Eliza Thornbrough
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT Mrs Mattie Potts
(Address) Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Meridian Ida Date 6/18, 1932

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED 6-18, 193 J F Neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1932, to Dec. 13, 1932
I last saw h~~er~~ alive on Dec 13, 1932 death is said to have occurred on the date stated above, at 1150 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J F Neal, M. D.
(Address) Meridian Idaho

RECEIVED JUL 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79679

PLACE OF DEATH
County of Ada
City of Near Boise
Altura & Ave
near Owyhee

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 165
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Anna Coughlin McKie

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of S. M. McKie

6. DATE OF BIRTH (month, day, and year) February 14-1878

7. AGE Years 57 Months 3 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minerville N.Y.

FATHER
13. NAME William Coughlin
14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER
15. MAIDEN NAME Mary Kehoe
16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMENT (Address) C. T. Coughlin Boise

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 6-6, 1932 St. Johns

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 6-6, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ Apr 24, 1931, to June 3, 1932

I last saw her alive on June 3, 1932; death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis & left hemiplegia	Apr 24 1931

Other contributory causes of importance:
Bilateral Femoral Thrombosis May 20 1932 and toxaemia

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) T. N. Braxton, M.D.
(Address) Boise, Idaho

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79680

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 174

(No. 205 Owyhee Blvd.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Hamm

(a) Residence. No. 205 Owyhee Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/29/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	0	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Groceryman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bryantsville, Ky.

FATHER
13. NAME John Hamm.
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Walter Hamm. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/12/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 6-14, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/10/32 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 193 1, to June 11, 193 2
I last saw h alive on June 11, 193 2; death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other contributory causes of importance: Ascites & Pleural effusion	
Repeated Aspiration Taken 5/31 6/3 6/9	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James A. Stewart, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79681

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 50
(No. N.W. of Eagle, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George L. Taylor

(a) Residence. No. N. W. of Eagle, Idaho. St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

749

PERSONAL AND STATISTICAL PARTICULARS

3.SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Alice Taylor.

6. DATE OF BIRTH (month, day, and year) Feb. 12-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamson County, Texas.

FATHER
13. NAME Daniel Taylor.
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Susan Elizabeth Wilson
16. BIRTHPLACE (city or town) (State or country) Alabama.

17. INFORMENT (Address) Mrs. G. L. Taylor. Eagle, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/21/32 193
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.
20. FILED 6-20, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/18/32 193
22. I HEREBY CERTIFY, That I attended deceased from April 12, 1932, to death, 193
I last saw him alive on 6-16, 1932; death is said to have occurred on the date stated above, at 1:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-13-32

Other contributory causes of importance:
Arteriosclerosis
Senility

Name of operation None. Date of
What test confirmed diagnosis? Phys. findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. F. Watt, M.D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1932

L

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79682

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 48

(No. Boise, Idaho Route #2.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Susie Allumbaugh. 57

(a) Residence. No. Boise, Idaho Route #2. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of James J. Allumbaugh

6. DATE OF BIRTH (month, day, and year) Dec. 16-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME Samuel Cottrell

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Gish.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Frank Allumbaugh. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Nora Springs, Ia. Date 6/12/32 193 Shipped

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 6-13, 1932 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/11/32 193

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 193 2 to 6/11, 193 2

I last saw h[illegible] alive on 6/10, 193 2; death is said to have occurred on the date stated above, at noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic diabetes	?
Marked Arterio Sclerosis	"
Gangrene of foot	"

Other contributory causes of importance:

diabetes

Name of operation None Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Coats, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79683

PLACE OF DEATH
County of Ada.
City of Boise

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 10

(No. 16 Miles north west of Boise.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Grover Beam. 40

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August.5.1923

7. AGE Years 8 Months 10 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario
(State or country) Oregon

FATHER
13. NAME Thomas M. Beam,
14. BIRTHPLACE (city or town) Ironside
(State or country) Oregon

MOTHER
15. MAIDEN NAME Myrtle Embody.
16. BIRTHPLACE (city or town) Dupiner.
(State or country) Mont.

17. INFORMENT Thomas M. Beam.
(Address) R.F.D.# 1. Meridian, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date June.15 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho

20. FILED 6-14, 193 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June.13. 1932

22. I HEREBY CERTIFY, That I attended deceased from ——— 193 to June 13, 1932

I last saw him alive on June 13, 1932; death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	

Other contributory causes of importance:

Cardiac Incompetency

Name of operation ✓ Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) V C Bellknap, M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79684

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 167

(No. 906 N. 19th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Mrs. Isora L. Leitner
(a) Residence. No. 906 N. 19th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Leitner.
6. DATE OF BIRTH (month, day, and year) Oct. 30-1856
7. AGE Years: 75 Months: 7 Days: 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crawford Co. Iowa

FATHER
13. NAME — Sisley.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Rebbeca Coleman.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. W. E. Leitner. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Baker, Oregon. Date 6/8/32, 193
19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.
20. FILED 6-7, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/6/32 193
22. I HEREBY CERTIFY, That I attended deceased from 6/6, 1932, to 6/6, 1932
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 7 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A Pettengill, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79685

PLACE OF DEATH
County of Ada.
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 184

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Samuel B. Alspach.

(a) Residence. No. 717 Hays Street. St. Payette Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. I yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine E. Alspach.

6. DATE OF BIRTH (month, day, and year) March. I3. I846.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired Fanner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pottsville. Penn.

FATHER

13. NAME Joseph Alspach.

14. BIRTHPLACE (city or town) (State or country) Orwigburg. Penn.

MOTHER

15. MAIDEN NAME Susana Bolich.

16. BIRTHPLACE (city or town) (State or country) Orwigburg. Penn.

17. INFORMENT (Address) George Alspach. Payette, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date June. 26 193 2

19. UNDERTAKER Glenn C. Landon (Address) Payette Idaho

20. FILED 6-25, 1932 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June, 22 193 2

22. I HEREBY CERTIFY, That I attended deceased from May 7th, 1932, to June 22nd, 1932
I last saw him alive on June 22nd, 1932; death is said to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease and prostatitis.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Johnson D. M. D.
(Address) 421 Idaho Bldg Boise Ida

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79686

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 172

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel T. Youtsler.

(a) Residence. No. 1501. N. 27th St.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Youtsler.

6. DATE OF BIRTH (month, day, and year) Jan. I. 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dairyman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Jacob Youtsler.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Carson.

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMENT (Address) Mrs Etta Youtsler 1501. N. 27th St.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill. Date June 15 1932

19. UNDERTAKER Summers & Krebs (Address) Boise Idaho

20. FILED 6-14-1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June. 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932, to June 13, 1932

I last saw him alive on June 12, 1932: death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown
Had one previous attack of indigestion, accompanied by angina pains	
Other contributory causes of importance:	
dilation of heart	18 hours

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. M. Halverson, M. D.

(Address) Boise Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1932

130

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79687

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 161

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irene Quivey Coffin

(a) Residence. No. 1104 Warm Springs Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank R. Coffin

6. DATE OF BIRTH (month, day, and year) Oct 23 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Evansville Wis.

FATHER
13. NAME Leander Quivey
14. BIRTHPLACE (city or town) (State or country) Ohio U.S.A.

MOTHER
15. MAIDEN NAME Henrietta Robinson
16. BIRTHPLACE (city or town) (State or country) Ohio U.S.A.

17. INFORMENT (Address) Craig H. Coffin

18. BURIAL, CREMATION, OR REMOVAL Place Boise Idaho Date May 28, 1932 Pioneer Cemetery

19. UNDERTAKER Schreiber & McCausland (Address) Boise Ida.

20. FILED 6-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932, to May 27, 1932
I last saw h[illegible] alive on May, 1932: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac Dilatation	
Other contributory causes of importance:	
Pernicious Senility	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Stewart, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada

City of Eagle

DO NOT WRITE IN THIS SPACE

State File No. 79691

Registration District No. 9+10

Primary Registration District No. 9+10 Local Registrar's No. 130

(No. Near Star Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Francis Wolfkiel.

(a) Residence. No. 3 Miles South East of Star Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 3.1923.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
9	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Star Idaho.
(State or country)

FATHER

13. NAME A.M. Wolfkiel.

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Mrs. Clara Anna Wolfkiel.

16. BIRTHPLACE (city or town) Wyoming.
(State or country)

17. INFORMENT John Wolfkiel.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Star Cemetery Date June. 26. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. ~~FILED~~ June 25, 1932 Orville Jackson Registrar
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Saw 193

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ June 23, 1932, to ....., 193...

I last saw h.....alive on ....., 193...; death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neck broke	
thrown from Horse	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 23, 1932

Where did injury occur? Residence
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clyde E Summers Coroner, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79692

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 3

Primary Registration District No. 1004

Local Registrar's No. 168

(No. Old Soldiers Home. North West. Boise).
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred N. Ludington.

(a) Residence. No. ... St. ...
(Usual place of abode)
Length of residence in city or town where death occurred. 13 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If nonresident give city or town and state)

16F

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. IO. I836

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
95	II	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) FayetteVille.
(State or country) Penn.

FATHER

13. NAME John N. Ludington.

14. BIRTHPLACE (city or town)
(State or country) Scotland.

MOTHER

15. MAIDEN NAME Mary, Hoover.

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMENT
(Address) Lottie M. Fike. R.no.4. Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Adel, Iowa Date June. I2 193 2

19. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.

20. FILED 6-8, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June. 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to June 6, 1932
I last saw him alive on 6/6, 1932, death is said to have occurred on the date stated above, at 4:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Carcinoma	

Name of operation ... Date of ...
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Fred A. Ludington Jr., M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79693

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 51

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME John E. Kingsberry

(a) Residence. No. ..... St. Hailey, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Unknown			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown M. W.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V. A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/20/32 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 6-20 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932, to June 18, 1932

I last saw him alive on June 18, 1932: death is said to have occurred on the date stated above, at 7:05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic	
Other contributory causes of importance:	
Acute Uremia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79694

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 172

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chester Campbell Cowley

(a) Residence. No. 106 East Jefferson St. 1019
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Davidson Crowley

6. DATE OF BIRTH (month, day, and year) Dec. 13th 1883 ~~1884~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 ~~47~~	6	no	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Businessman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Cotractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 Years

12. BIRTHPLACE (city or town) (State or country) Cherry Creek, Nev.

FATHER

13. NAME E.J.Cowley

14. BIRTHPLACE (city or town) (State or country) New York, N.Y.

MOTHER

15. MAIDEN NAME Louisa Campbell

16. BIRTHPLACE (city or town) (State or country) Phildelphia, Penn.

17. INFORMENT (Address) Geo E Kellogg Nampa Ida,

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Ida Morris Hill Cemetery Date 6- 15, 1932.

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida,

20. FILED 6 - 14, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932, to June 13, 1932

I last saw him alive on June 13, 1932: death is said to have occurred on the date stated above, at 4. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right lobar pneumonia	
Other contributory causes of importance:	

Name of operation --- Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Spangler, M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7695

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 47

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nathaniel Deuel

(a) Residence. No. 1119 St. Escalante, Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah M W

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth VA, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Escalante, Utah Date 6/10/32 Shipped 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 6-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932, to June 9, 1932

I last saw him alive on June 9, 1932: death is said to have occurred on the date stated above, at 4:15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer with pyloric obstruction; Gastro-enterostomy with jejunal obstruction	
Other contributory causes of importance: Dilatation of stomach and duodenum and gastric hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79696

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1204
Local Registrar's No. 153
(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1189

2. FULL NAME Mrs. Anna Morrison
(a) Residence. No. Route 1, Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Seth T. Morrison.

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Sadie D. Morrison Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hillcrest Date 6-23, 1932

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 6-22, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/20/32 193

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 193 2 to 6/20, 193 2
I last saw her alive on 6/20, 193 2; death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, date of last menstrual period 5/4 days standing	6/16-32

Other contributory causes of importance:
Neglect. Failed to call physician for 4 days after 1st manifestation occurred

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph Faehl M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1932

Springer ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79697

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 162

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maude Hopkins Quinter. 91 ✓

(a) Residence. No. 1904. North 8 th Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of A.S. Quinter.

6. DATE OF BIRTH (month, day, and year) June. 6. 1882.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	11	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington. D.C.

FATHER

13. NAME T.A. Hopkins.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Laura Headley.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) A.S. Quinter. 1904. N. 8 th Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date June. 1. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 6—1, 1932 W.W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5-th, 1932, to May 29, 1932

I last saw her alive on May 28, 1932; death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
aortic Stenosis	

Other contributory causes of importance:

Cerebral Thrombosis with Hemiplegia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. D. Springer, M. D.

(Address) Boise Ida

RECEIVED JUL 1 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79698

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 189
(No. St. Alphonsus) 1019
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank A Lux

(a) Residence. No. ..... St. Glenns Ferry Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-24-74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk- Hdw Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hdw

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sacramento
(State or country) California

FATHER

13. NAME Frank A Lux No Record

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMENT John D Lux
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Cemetery
Place Morris Hill Date 6-30, 1932

19. UNDERTAKER Schreiber & Mc Cann
(Address) Boise, Idaho

20. FILED 6-29, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June 24, 193 2, to 6/28, 193 2
I last saw him alive on 6/28, 193 2; death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Symptoms Autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Fred A. Tillinghast, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79699

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs

Registration District No. 84
Primary Registration District No. 2161
(No. Lava Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 261

2. FULL NAME Ethel Emeline Willard

(a) Residence. No. Lava Hot Springs St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1/26

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Randall Willard

6. DATE OF BIRTH (month, day and year) Jan 15, 1903

7. AGE Years 29 Months 5 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer None

9. BIRTHPLACE (city or town) (State or country) Lava Hot Springs Idaho

PARENTS
10. NAME OF FATHER Charles Franklin Potter
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Springville U Utah
12. MAIDEN NAME OF MOTHER Finis A. Wakeley
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Brigham City Utah

14. Informant John Randall Willard
(Address) Lava Hot Springs

15. Filed June 30, 1932 Mrs. G. T. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to June 16, 1932
that I last saw her alive on June 16, 1932
and that death occurred, on the date stated above, at 4:10 P. m.
The CAUSE OF DEATH* was as follows:
General Peritonitis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Ruptured Appendix
(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of June 14, 1932
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) C. A. Rich, M. D.
6-16-, 1932 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Lava Hot Springs
Date of Burial: June 19, 1932

20. Undertaker: Arthur W. Hall
Address: Pocatello

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79700

Local Registrar's No. 258

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
(No. 916 Virginia)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ila Bennett

(a) Residence. No. (Usual place of abode) St. (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Alma Bennett

6. DATE OF BIRTH (month, day and year) Nov 19 1902

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
29	5	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9. BIRTHPLACE (city or town) (State or country) Downey Idaho

PARENTS
10. NAME OF FATHER George Boyman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Richmond Utah
12. MAIDEN NAME OF MOTHER Emma Caroline Sorensen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Lawrence Bennett By C A Rich
(Address) Virginia Idaho

15. Filed June 30, 1932 Mrs. E. G. Fitt Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to May 11, 1932
that I last saw her alive on May 11, 1932
and that death occurred, on the date stated above, at 12:40 P. m.
The CAUSE OF DEATH* was as follows:
Embolis of Coronary Artery following Repair of Cervix Tobsilectomy
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 5-10-32
Was there an autopsy? No.
What test confirmed diagnosis? Examination
(Signed) C. A. Rich, M. D.
5-11-, 1932 (Address) Lava Hot Spgs.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 79701

Local Registrar's No. 260

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Martha Heaton Howell

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of James W. Howell

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellsville, Utah.

FATHER

13. NAME Jonathan Heaton

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Jeanette Sinclair

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) James W. Howell McCammon, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place McCammon, Ida. Date June 17, 1932.

19. UNDERTAKER (Address) Arthur J. Hall Pocatello, Idaho.

20. FILED June 30, 1932. Mrs. G. G. Fitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13, 1932.

22. I HEREBY CERTIFY, That I attended deceased from On June 13, 1932, to ~~~, 193..
I last saw her alive on June 13, 1932, death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance: Lever Hypertension	

Name of operation None Date of
What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. A. Rich, M. D.
(Address) Lava Hot Springs, Ida.

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79702

PLACE OF DEATH
County of Bannock Registration District No. 84
City of Lava Hot Springs Primary Registration District No. 2161
Local Registrar's No. 257
(No. Lava Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Henry Evans. 49
(a) Residence. No. Lava Hot Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of May Evans.

6. DATE OF BIRTH (month, day and year) Feb. 2, 1884.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	8.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stockman
(b) General nature of industry, business, or establishment in which employed (or employer) Hmd Sheepgrowing
(c) Name of employer None.

9. BIRTHPLACE (city or town) (State or country) Oneida Idaho.

PARENTS

10. NAME OF FATHER John M. Evans.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Salt Lake City Utah.
12. MAIDEN NAME OF MOTHER Isabell Burnett.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Salt Lake City Utah.

14. Informant Mrs Thos. Coffin, By C.A.Rich
(Address) Arimo Idaho

15. Filed ~~May 13, 1932~~ June 30 1932. Mrs. G. G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to May 10, 1932
that I last saw ~~him~~ alive on May 10, 1932
and that death occurred, on the date stated above, at 2:40 P. m.
The CAUSE OF DEATH* was as follows:
Colloid Carcinoma of Omentum

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of May 3-32
Was there an autopsy? No.
What test confirmed diagnosis? Microscopic slides
(Signed) C.A. Rich, M. D.
5-10-, 1932 (Address) Lava Hot Springs.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Lava Hot Springs, Ida. Lava Cemetery	May 14, 1932.
20. Undertaker Arthur W. Hall	Address Pocatello.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79703

PLACE OF DEATH
County of Bannock
City of Grace

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 259

(No.) 47
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Indamora Sullivan Johnson

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thorber Johnson

6. DATE OF BIRTH (month, day, and year) Mar. 20 1874

7. AGE: 58 Years | 2 Months | 21 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) May 1930
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Payson Utah

FATHER

13. NAME John Dollin Sullivan
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Caroline Clarissa Calkins
16. BIRTHPLACE (city or town) (State or country) Council Bluff Ia.

17. INFORMENT (Address) Indamora Johnson daughter

18. BURIAL, CREMATION, OR REMOVAL Place Grace Date June 13 1932

19. UNDERTAKER Whitman - Soda Springs Ida
(Address)

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, 193..., to June 11 1932, 193...
I last saw her alive on June 10 1932, 193...: death is said to have occurred on the date stated above, at 10:35 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of (rt.) breast	May 1925
Other contributory causes of importance:	
amputation of arm	1931
of breast	1925

Name of operation ..... Date of .....
What test confirmed diagnosis Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) [signature] M. D.
(Address) Grace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79704

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 216
Local Registrar's No. 348

(No.) Portneuf River 800 Block N. Lincoln Ave. 180
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas C. Roeck

(a) Residence. No. Pueblo, Colorado. St. Pueblo, Colorado.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Gertschen

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Contractor

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Thomas Roeck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Thomas C. Roeck Jr. Hinsdale, Illinois.

18. BURIAL, CREMATION, OR REMOVAL Place Pueblo, Colo. Date June 27, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED June 24, 1932. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning fall in river (Accidental)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur W. Hall Coroner, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 21

Primary Registration District No. 216 1

DO NOT WRITE IN THIS SPACE

State File No. 79707

Local Registrar's No. 349

168

(No. 605 So. 7th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl August Valentine.

(a) Residence. No. 605 So. 7th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elvira Neilson.

6. DATE OF BIRTH (month, day, and year) July 15 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Vice Pres.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. First Security Bank. (Retired)

10. Date deceased last worked at this occupation (month and year) March 1931.

11. Total time (years) spent in this occupation 25 Yrs.

12. BIRTHPLACE (city or town) (State or country) Born Holn Denmark.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " " " " " " "

MOTHER

15. MAIDEN NAME " " " " " " "

16. BIRTHPLACE (city or town) (State or country) " " " " " " "

17. INFORMENT Carl Valentine Jr.
(Address) 605 So. 7th Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Idaho Date June 26 1932

19. UNDERTAKER A. W. Hall.
(Address) Pocatello, Idaho.

20. FILED June 26 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hanged	
(Suicide)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner, M.D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79708

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 21
Primary Registration District No. 2161
Local Registrar's No. 341

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159 C

2. FULL NAME Arthur Ronald Webb

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho.

FATHER

13. NAME A. R. Webb

14. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho.

MOTHER

15. MAIDEN NAME Georgina Johansen

16. BIRTHPLACE (city or town) (State or country) Montpelier, Idaho.

17. INFORMENT (Address) 335 East Halliday, Poca.,

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Ida. Date June 10, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED June 8, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 7, 1932.
I last saw him alive on June 7, 1932.: death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	Birth
Other contributory causes of importance: Broncho Pneumonia	2 days

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D C McDougall, M. D.
(Address) Pocatello, Idaho.

RECEIVED JUL 8 1932

PLACE OF DEATH

County of Pocatello

City of Bannock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79709

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 345

(No. General Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Judith Carver.

(a) Residence. No. 1437. North Arthur Ave. St. 1619
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 11. 1932

7. AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho.

FATHER

13. NAME John A. Carver.

14. BIRTHPLACE (city or town) Preston
(State or country) Idaho.

MOTHER

15. MAIDEN NAME La Verne Olson.

16. BIRTHPLACE (city or town) Oxford
(State or country) Idaho.

17. INFORMENT John A. Carver.
(Address) 1437. No. Arthur Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Idaho Date June 12, 1932

19. UNDERTAKER A. W. Hall.
(Address) Pocatello, Idaho.

20. FILED June 13, 1932 D C Roy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 - 11, 1932, to 6 - 11, 1932

I last saw her alive on 6 - 11, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
8 mo Premature -	
Abruptio Placenta -	
Drawn in Ammotic fluid	
before delivery - & Resuscitated -	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify J. H. Young -

(Signed) , M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 7971 0

Local Registrar's No. 343

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virgil Thorson (Infant)

161 a

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.
	0	0	0	1 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Thor Thorson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Lucille Whitaker

16. BIRTHPLACE (city or town) (State or country) Yost, Utah.

17. INFORMENT (Address) Thor Thorson Inkom, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date June 10, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED June 8, 1932. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to June 7, 1932
I last saw h alive on June 7, 1932, death is said to have occurred on the date stated above, at 1.00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
6½ mo.	

Other contributory causes of importance:

Name of operation ——— Date of ———
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ——, 193..
Where did injury occur? ———
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ———

(Signed) Alex Brothers, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79711

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 342

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Asael Thorson (Infant) 161a

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7, 1932.

7. AGE

Years	Months	Days	If LESS than 1 day, 5 hrs. or 30 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Thor Thorson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Lucille Whitaker

16. BIRTHPLACE (city or town) (State or country) Yost, Utah.

17. INFORMENT (Address) Thor Thorson Inkom, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date June 10, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 8, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to June 7, 1932

I last saw him alive on June 7, 1932; death is said to have occurred on the date stated above, at 8 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity, 6 ; mo	

Other contributory causes of importance:

Twin

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Grothen, M. D.

(Address) Pocatello, Idaho.

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7971 2

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 22
Primary Registration District No. 2161
Local Registrar's No. 337
(No. Lynn Brothers Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Effa Bernice Fillmore

(a) Residence. No. 344 South Fifth Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1913.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

FATHER

13. NAME Orren G. Fillmore

14. BIRTHPLACE (city or town) (State or country) Payson, Utah.

MOTHER

15. MAIDEN NAME May Briggs

16. BIRTHPLACE (city or town) (State or country) Lehi, Utah.

17. INFORMENT (Address) Orren G. Fillmore Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rigby, Idaho. Date June 6, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 4, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1932, to June 3, 1932
I last saw her alive on June 3, 1932, death is said to have occurred on the date stated above, at 12.5.6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Died from effects of	
(Gonorrhea Infection Pus Tubes)	

Other contributory causes of importance:
pelvic Infection

Name of operation Laparotomy for abscess Date of 5/25/32
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 193
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) J. W. Lyman, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79713

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 351

(No. General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

12 8

2. FULL NAME John Bell

(a) Residence. No. None St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Transient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) UNKNOWN

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMENT (Address) General Hospital

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date 6/23, 1932

19. UNDERTAKER McHan
(Address) Pocatello Ida

20. FILED 6/22/32, 193 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1932, to 6-22, 1932
I last saw her alive on 6-22, 1932 death is said to have occurred on the date stated above, at 3.9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	6-15-32
Other contributory causes of importance:	
Chronic myocarditis	Several years
Chronic Nephritis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Hobo Sleeping in cold
(Signed) [illegible], M.D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79714

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 352
(No. St. Anthony's)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Peter Stamos 129

(a) Residence. No. Alameda, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Peter
6. DATE OF BIRTH (month, day, and year) 1886
7. AGE Years 46 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMENT (Address) Peter Stamos Alameda, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date July 1, 1932
19. UNDERTAKER (Address) Downards Funeral Home Pocatello, Idaho
20. FILED 6-28, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June, 28, 1932
22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1932, to 6-28, 1932
I last saw her alive on 6-23, 1932, death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation nee Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify
(Signed) C P Loom, M.D.
(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79715

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 347
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leon Thomas Weir

(a) Residence. No. McCammon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, and year) Nov., 10, 1889

7. AGE Years 42 Months 7 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. carpenter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albion Idaho

FATHER
13. NAME Thomas Weir
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Geo. Cacavas Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Idaho Date June 18, 1932

19. UNDERTAKER (Address) Downards Funeral Home Pocatello, Idaho.

20. FILED 6-17, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to June 16, 1932
I last saw him alive on June 16, 1932; death is said to have occurred on the date stated above, at 5:38 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppuration	
gangrenous appendicitis	May 10

Other contributory causes of importance:

Lobar pneumonia	June 10

Name of operation Appendectomy Date of May 13 32
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. Brothers, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1937

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79716

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 338

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 V

2. FULL NAME Jay G. Pratt

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 3.1930.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Inkom, Idaho.

FATHER

13. NAME H. G. Pratt

14. BIRTHPLACE (city or town) (State or country) Downey, Idaho.

MOTHER

15. MAIDEN NAME Laurah Gooch

16. BIRTHPLACE (city or town) (State or country) Thomas, Idaho.

17. INFORMENT (Address) H. G. Pratt Inkom, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Inkom, Idaho. Date June 6, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 4, 1932. J. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to June 4, 1932

I last saw her alive on June 4, 193..: death is said to have occurred on the date stated above, at 10.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia —	June 3 —
Esophageal Stenosis —	Nov. 1932
caused by lye burn —	
Marasmus.	—

Other contributory causes of importance:

Swallowed lye Nov 1 - 1931

Causing stenosis of esophagus

Name of operation Esophageal Dilatation Date of Every last 6 mos.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Nov, 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clothier, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79717

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 350

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME William J. Howell

(a) Residence. No. 453 South Fourth Ave. Poca., St. Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Caroline Henderson

6. DATE OF BIRTH (month, day, and year) Apr. 24, 1861.

7. AGE: Years 71 | Months 2 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Oiler & Brasser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. R. R.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin, Utah.

FATHER
13. NAME William J. Howell
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Lydia Ann Beebe
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) E. R. Howell Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Clifton, Idaho Date June 28, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 27, 1932. D C Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to 6-26, 1932
I last saw him alive on 6-25, 1932; death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Jan 1928

Other contributory causes of importance:

Hypertension	Jan 1928

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Brothers, M.D.
(Address) Pocatello Idaho

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19718

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 29
Primary Registration District No. 2161
Local Registrar's No. 336

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

78

2. FULL NAME Margaret Mabel Richards

(a) Residence. No. 1345 North Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wife of L. W. Richards

6. DATE OF BIRTH (month, day, and year) Apr. 5, 1902.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad, City Idaho.

FATHER

13. NAME N. B. Waylett

14. BIRTHPLACE (city or town) (State or country) Brigham City, Utah.

MOTHER

15. MAIDEN NAME Claudia Richards

16. BIRTHPLACE (city or town) (State or country) Malad City, Idaho.

17. INFORMENT (Address) L. W. Richards Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date June 5, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED June 3, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) June 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1929, to June 2, 1932.
I last saw her alive on June 2, 1932; death is said to have occurred on the date stated above, at 10 30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertention	Many years
Eclamptic convulsions	June 2, 1932

Other contributory causes of importance:

Marked endocarditis	Many years.

Name of operation Cesarean Section Date of June 2, 1932
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. H. Hughart, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79719

PLACE OF DEATH
County of Bear Lake
City of Georgetown

Registration District No. 52
Primary Registration District No. 2136
(No.) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ivan Elmo Hoff
(a) Residence. No. Georgetown Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mab.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Aug 17- 1919.
7. AGE Years 12 Months 9 Days - If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Georgetown Idaho

PARENTS
10. NAME OF FATHER G Le Roy Hoff
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Georgetown Idaho
12. MAIDEN NAME OF MOTHER Laura Bertha Bartschi
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nounan Idaho

14. Informant G. Le Roy Hoff
(Address) Georgetown Idaho
15. Filed 1, 1932 H H King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 17 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19
that I last saw h— alive on —, 19
and that death occurred, on the date stated above, at — 9 P. m.
The CAUSE OF DEATH* was as follows:
Accidently killed when horse he was riding ~~at~~ Fell, throwing him his foot catching in stirrup, and horse running away him to death (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Bad. Fractured skull.
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F. M. Williams, ~~M. D.~~ County Coroner
May 18, 1932 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Georgetown Idaho
Date of Burial May -19- 1932
20. Undertaker F. M. Williams
Address Montpelier Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED JUN 18 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH — Registration District No. 52
County of Bear Lake — Primary Registration District No. 2136
City of Montpelier — (No. ..... St.) — File No. 79720
If death occurs away from usual residence, give facts called for under special information. — 2. FULL NAME William F. Dukes — Registered No. .....
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	white	Married

6. DATE OF BIRTH — [redacted] (Month) 10 (Day) 1854 (Year)

7. AGE — 78 Yrs. ..... Mos. ..... ds. — IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa.

10. NAME OF FATHER: David Dukes

11. BIRTHPLACE OF FATHER (State or Country): Indianna

12. MAIDEN NAME OF MOTHER: Sarah Martin

13. BIRTHPLACE OF MOTHER (State or Country): Indianna

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Ora Dukes
(Address): Montpelier

15. Filed 6/1/1932 — W. W. Young — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 18 1932, to May 21 1932 that I last saw h[im] alive on May 24 1932 and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows: Hypostatic Lung Pneumonia Contributory Chronic Interstitial Nephritis
(Duration) Prob. 5 Yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G. P. Galyhan M. D.
5-25-1932 (Address) Montpelier

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Montpelier — DATE OF BURIAL: 5/27 1932

20. UNDERTAKER: [illegible] — ADDRESS: Montpelier Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

Form V. S. No. 5 20M.1-16-12

RECEIVED JUN 1 6 1932

RECEIVED MAY 1 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 52

County of Bear Lake Primary Registration District No. 2056

City of Montpelier (No. ....., ... St.)

File No. 79721

Registered No. 7

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Elizabeth Painter Thornock

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Sept. (Month) 17 (Day) 1872 (Year)

7. AGE: 59 yrs. 7 mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): South Hampton, England

10. NAME OF FATHER: William A. Painter

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Lillian Quinton

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter Thornock
(Address) Bloomington Idaho

15. Filed 6/1 1932 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 4 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-4 1932 to 4-13 1932
that I last saw her alive on 4-13 1932
and that death occurred on the date stated above, at 10 P.M.
The CAUSE OF DEATH* was as follows:

[illegible]

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory [illegible]
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
4-14 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bloomington Ida. DATE OF BURIAL: Apr. 7 1932

20. UNDERTAKER: J. M. Williams ADDRESS: Montpelier Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79722

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 57
Primary Registration District No. 2136

Local Registrar's No.

(No.) 101
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George A Ashley

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 26 1850

7. AGE Years	Months	Days	If LESS than 1 day,
82	8	29	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER John Ashley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Ellen Hart
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Geo. F. Ashley
(Address) Montpelier Idaho

15. Filed Apl 26 1932 N. N. Rees Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 24 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to April 24 1932
that I last saw h alive on April 24, 1932
and that death occurred, on the date stated above, at 520 A m.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Old age
(duration) yrs. mos. ds.

18. Where was disease contracted, if not at place of death? Montpelier
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Geo F Ashley M. D.
April 21, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Paris Idaho	April 26 1932

20. Undertaker J. M. Williams — Address Montpelier Idaho

IMPORTANT.—The information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79723

PLACE OF DEATH
County of Bear Lake
City of Geneva

Registration District No. 52
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

1019

2. FULL NAME Bertha L. Boehme
(a) Residence. No. Geneva, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Jan. 28 - 1858
7. AGE Years 74 Months 4 Days 2 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Germany
PARENTS
10. NAME OF FATHER Frederick A Leipscher
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Edmund Wenkwitz
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany
14. Informant John Boehme
(Address) Geneva Idaho
15. Filed 6/1, 1932 N H Sieg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 30 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 26, 1932, to May 31, 1932
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Suicide
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Age
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) [signature], M. D.
5 30, 1932 (Address) [signature]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Geneva - Idaho
Date of Burial June 1 1932
20. Undertaker [signature]
Address Montpelier Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79724

PLACE OF DEATH
County of Bear Lake
City of Georgetown

Registration District No. 52
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1

95

2. FULL NAME Sarah Ellen Bacon
(a) Residence. No. Georgetown Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Long Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) May 18-1867
7. AGE Years 64 Months 11 Days 12 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Farmington Utah

PARENTS
10. NAME OF FATHER David Hess
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri
12. MAIDEN NAME OF MOTHER Jane Wilson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not known

14. Informant Wilbur Bacon
(Address) Georgetown Idaho
15. Filed 6/1, 1932 H H Kerr Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 30 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to June 30, 1932
that I last saw her alive on June 29, 1932
and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:
Hemmorhage of Brain
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Old age
(duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? Not [illegible]
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) [illegible], M. D.
May 1, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Georgetown Idaho
Date of Burial May 2 1932
20. Undertaker [illegible]
Address Montpelier Idaho

...ILY, PHYSICIANS ... classified. Exact statement of OCCUPA-
...information should be carefully sup... ...USE OF DEATH in plain terms, so that it may ...TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79725

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 95

2. FULL NAME Samuel Armitage
(a) Residence. No. Georgetown Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 6 - 1848

7. AGE Years 84 Months 2 Days 1 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER Joseph Armitage
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Sarah Ann Kitchen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Jennie Armitage
(Address) Georgetown Idaho

15. Filed 6/1/1932 H. Hoberg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April, 1932
that I last saw him alive on April 4, 1932
and that death occurred, on the date stated above, at 10.45 A.m.
The CAUSE OF DEATH* was as follows:
Hemorrhage of Brain
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) age
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [signature], M. D.
April 8, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Georgetown Idaho
Date of Burial April 10 1932

20. Undertaker F. M. Williams
Address Montpelier

RECEIVED JUN 1 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79726

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME May Williams
(a) Residence. No. Montpelier Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos Williams
6. DATE OF BIRTH (month, day and year) May 30 - 1884
7. AGE Years 47 Months 10 Days 12 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

PARENTS
10. NAME OF FATHER Newell D Green
11. BIRTHPLACE OF FATHER (city or town) (State or Country) California
12. MAIDEN NAME OF MOTHER Amanda Trimm
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Joseph Williams
(Address) Montpelier Idaho
15. Filed 6/1, 1932 H H King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 11 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to April 11, 1932
that I last saw her alive on April 10, 1932
and that death occurred, on the date stated above, at 4:30 P m.
The CAUSE OF DEATH* was as follows: Myocardial Failure (Chronic Myocarditis)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Carcinoma Breast & Mediastinum
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis? H H King
(Signed) , M. D.
Apr 12, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho
Date of Burial April 13 1932
20. Undertaker J M Williams
Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

...NLY, WITH UNFADING I...
...of information should be carefully supplied. AGE should be ... ACTY, PHYSICIANS
...SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
...is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79727

PLACE OF DEATH
County of Bear Lake
City of Bloomington

Registration District No. 52
Primary Registration District No. 2136
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 749

2. FULL NAME [illegible]
(a) Residence. No. Bloomington Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): July 4 1868

7. AGE: 63 Years, Months 10, Days 25 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Bloomington Idaho

PARENTS
10. NAME OF FATHER: John B Thornock
11. BIRTHPLACE OF FATHER (city or town) (State or Country): England
12. MAIDEN NAME OF MOTHER: Emma Ward
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14. Informant: G. L. Thornock
(Address): Bloomington Idaho

15. Filed 6/1, 1932 N N Kenny Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 29 Apr 1932 to May 29, 1932
that I last saw him alive on 1932
and that death occurred, on the date stated above, at 4:30 P m.
The CAUSE OF DEATH* was as follows:
Hemorrhage
Brain (apoplexy)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary): age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [illegible], M. D.
5-29, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Bloomington Idaho — Date of Burial: June 1 1932

20. Undertaker: [illegible] — Address: Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79728

PLACE OF DEATH
County of Bear Lake
City of ~~Montpelier Idaho~~ Paris

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Amelia B. Humphreys
(a) Residence. No. Paris Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Feb. 5—1870
7. AGE Years 62 Months 3 Days 1 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Farmington Utah
PARENTS
10. NAME OF FATHER Henry Bolton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Mary Jane Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England
14. Informant E. H. Humphreys
(Address) Montpelier Idaho
15. Filed 6/1, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 6 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1932, to May 6, 1932
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 6:25 P m.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
Chronic Hypertrophic Cerrhosis Liver
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) O. O. Moore M. D.
May 7, 1932 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Paris Idaho
Date of Burial May 8 1932
20. Undertaker [illegible]
Address Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7930

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.

Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Caldwell Wallentine

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Christian Wallentine

6. DATE OF BIRTH (month, day, and year) May 8 - 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

FATHER

13. NAME William Caldwell

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret McFall

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) C. W. Wallentine Paris, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Paris Idaho Date June 10, 1932

19. UNDERTAKER Law Price (Address) Paris Idaho

20. FILED June 30, 1932 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown, but natural	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C O Moore, M. D.

(Address) Paris Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79731

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
(No.) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Joan Lone Jensen
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 24 1932

7. AGE Years Months Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

PARENTS
10. NAME OF FATHER James Jensen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Montpelier Idaho
12. MAIDEN NAME OF MOTHER Naomi Phelps
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Montpelier Idaho

14. Informant James Jensen
(Address) Montpelier Idaho

15. Filed 6/30/, 1932 N. N. King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 7, 1932
that I last saw her alive on June 7, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows: Perforate Foramen Ovale Birth
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Blue Baby
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [signature], M. D.
June 8, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho — Date of Burial June 8 1932
20. Undertaker [signature] — Address Montpelier Ida

TION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79732

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 5-2
Primary Registration District No. 2136
Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriet Jane Davis
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Wife Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Feb 8 1847

7. AGE: Years 85 | Months 3 | Days 29. | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Missouri

PARENTS
10. NAME OF FATHER: David Osborne
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia
12. MAIDEN NAME OF MOTHER: Cynthia Butler
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ohio

14. Informant: Mr. Jeff Davis
(Address) Montpelier Idaho

15. Filed 6/30, 1932 N M Young Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to June 6, 1932
that I last saw h[illegible] alive on June 6, 1932
and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows: Cirrhosis of Liver

not known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) J. F. Gaisford, M. D.
6-6, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Montpelier — Date of Burial: June 8 1932
20. Undertaker: Jno Williams — Address: Montpelier Idaho

TION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79733

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136

Local Registrar's No.

(No.) 124
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leah Matilda Krogue

(a) Residence. No. Montpelier Ida St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Ever married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 21-1869.

7. AGE 63 Years Months 1 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

PARENTS

10. NAME OF FATHER Isaac Dunford
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Leah Bailey
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant D. A. Krogue
(Address) Montpelier Idaho

15. Filed 6/30/, 1932 N. N. King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-9, 1932, to June 10, 1932
that I last saw her alive on June 10, 1932
and that death occurred, on the date stated above, at 4 A.M.
The CAUSE OF DEATH* was as follows: Ruptured gall bladder
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Stone, and age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Montpelier
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible], M. D.
6-11, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Bloomington Idaho
Date of Burial June 13 1932

20. Undertaker J. M. Williams
Address Montpelier Idaho

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79734

PLACE OF DEATH
County of Bear Lake
City of Montpelier Idaho

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 161b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ross Gerald George
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Oct 9 - 1931

7. AGE Years: — Months: 8 Days: 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

PARENTS
10. NAME OF FATHER: Wm Ross George
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Dingle Idaho
12. MAIDEN NAME OF MOTHER: Myrtle Neald
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Afton Wyoming

14. Informant: Ross G. & Wm R. George
(Address) Las Vegas Nevada

15. Filed 6/30/, 1932 H H Kenz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 29 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to June 29, 1932
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 10:10 P. m.
The CAUSE OF DEATH* was as follows:
Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary): Under Fed
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Ross Lukey, M. D.
7-1, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Afton Wyoming
Date of Burial: July 3 1932

20. Undertaker: [illegible]
Address: Montpelier Idaho

...TION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79735

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

84

2. FULL NAME Anna Teuschen
(a) Residence. No. Montpelier Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 24 - 1860

7. AGE Years 72 Months 3 Days 7 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10. NAME OF FATHER (? Kufnit
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Christ Teuschen
(Address) Montpelier Idaho

15. Filed 6/30/1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 31 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——, 1930, to May 31, 1932
that I last saw her alive on May 31, 1932
and that death occurred, on the date stated above, at 11.30 P. m.
The CAUSE OF DEATH* was as follows:
Angina Pectoris
Not known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) J. P. Gaertner, M. D.
6-8, 1932 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho
Date of Burial June 3 1932

20. Undertaker [signature]
Address Montpelier Idaho

TION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1932

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79736

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 16

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Clay Burton

(a) Residence. No. St Maries St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Sarah K Burton

6. DATE OF BIRTH (month, day, and year) June 27 - 1845

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
86	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer Stationary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Madison Mo

FATHER

13. NAME John Burton
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Patsy Shormakes
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Mrs Myrtle Haytes St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date 4/27, 1932

19. UNDERTAKER (Address) Geo E Mitchell St Maries

20. FILED 7-1, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-25? 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1931, to June 25, 1932
I last saw him alive on June 25, 1932; death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Senility	

Other contributory causes of importance:
Age - mode of living

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Gen Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Owen D. Platt, M. D.
(Address) St Maries, Ida.

... is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of DeSmet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 31

DO NOT WRITE IN THIS SPACE
State File No. 79737
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

885

2. FULL NAME Albert Newton Goodrich

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ada Shaw

6. DATE OF BIRTH (month, day, and year) Sept 11 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Carmia Goodrich

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Milissa Marthena

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) Mrs Jack Edwards Farmington Wash

18. BURIAL, CREMATION, OR REMOVAL Place Date , 193

19. UNDERTAKER C. L. Schulund (Address) Tekoa Wash

20. FILED June 28, 1932 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1932, to June 24, 1932

I last saw ~~him~~ alive on , 193 : death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown

Other contributory causes of importance:

Dead when arrived
Died suddenly

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Nelson, M. D.

(Address) DeSmet Wn.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of City Plummer Idaho
City of County Bennewah

DO NOT WRITE IN THIS SPACE
State File No. 79738

Registration District No. 46
Primary Registration District No. 2123
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary A. Henderson

(a) Residence. No. Plummer Idaho St. 749
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year)

7. AGE 78 Years — Months ✓ — Days ✓ — If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 15 yrs.
11. Total time (years) spent in this occupation acc. Life

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Elmore Briggs
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Francis Putnam
16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT (Address) Alice Brown Plummer Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rockford Date 6/17, 1932

19. UNDERTAKER (Address) H. G. Jaeger Fairfield Wash

20. FILED 6/17, 1932 Fred A Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10th, 1932, to June 15th, 1932.
I last saw her alive on June 15, 1932: death is said to have occurred on the date stated above, at 9 30 P m.
The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: Leaky Heart

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Henninger M.D.
(Address) Wesley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79739

PLACE OF DEATH
County of Bennewah
City of Plummer, Ida.

Registration District No. 46
Primary Registration District No. 2123.
Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Walker.
(a) Residence. No. Plummer, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11 V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wife J. A. Walker.
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 66. Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hotel Lady.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) to time of death
11. Total time (years) spent in this occupation 20 yrs.
12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Fuller.
14. BIRTHPLACE (city or town) (State or country) Dont Know.

MOTHER
15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (city or town) (State or country) Dont Know.

17. INFORMENT (Address) Mrs Belle Gurske, Daughter, Spokane, Washington

18. BURIAL, CREMATION, OR REMOVAL Place Plummer Id. Date 6/21, 1932 Hillyard Station

19. UNDERTAKER (Address) H. G. Jaeger, Fairfield, Ida.

20. FILED June 23, 1932 Fred A Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 12th, 1932, to June 18th, 1932.
I last saw her alive on June 18, 1932: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows: Intestinal Flu.

Date of onset

Other contributory causes of importance: Peritonitis

Name of operation None. Date of
What test confirmed diagnosis? Still Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Herrington, M. D.
(Address) Wooley, Ida.

RECEIVED JUL 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79741

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 83.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Robert Beecroft Jr. 1619

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) June 14th 32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 70 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer Shelley Ida

9. BIRTHPLACE (city or town) (State or country) Shelley Ida

PARENTS

10. NAME OF FATHER Theodore Beecroft
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Cynthia Telford
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Leviston Utah

14. Informant Mrs Earl Warren
(Address) Firth Idaho.

15. Filed June 17, 1932 Mrs Hallie E. Patience
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 15th 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1932 to June 15, 1932
that I last saw him alive on June 15, 1932
and that death occurred, on the date stated above, at 12 35 A.M.
The CAUSE OF DEATH* was as follows:

Premature

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congestion Lung

(duration) ..... yrs. ..... mos. ✓ ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) J. Robert Beecroft, M. D.
June 15 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation,~~ or Removal	Date of Burial
Idaho Falls Idaho	June 15 1932
20. Undertaker	Address
None.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79743

PLACE OF DEATH
County of Bingham
City of Fort Hall

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 79

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME George Yapaquadzo.

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Bannock Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Tommie Honeve

6. DATE OF BIRTH (month, day, and year): 1874

7. AGE: Years 58 | Months - - - | Days - - - | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own farm
10. Date deceased last worked at this occupation (month and year): Present time
11. Total time (years) spent in this occupation: 35 Yr

12. BIRTHPLACE (city or town) (State or country): Ft. Hall Reservation

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): George Pahnemah Ft. Hall Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Sand Butte Cem. Date: May 20, 1932

19. UNDERTAKER (Address): None

20. FILED June 10, 1932 Wm. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ....., 193...

I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 6:A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Norma O. Flugum, R.N., M.D.
(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79744

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 82

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME FRANK G DODSON

(a) Residence. No. St. Hansen, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Hulda Dodson

6. DATE OF BIRTH (month, day, and year): Feb 25, 1862

7. AGE: 70 Years | Months: 3 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (city or town) (State or country): Shickshinney Penna

FATHER
13. NAME: Chas. A. Dodson
14. BIRTHPLACE (city or town) (State or country): Shickshinney Penna

MOTHER
15. MAIDEN NAME: Lydia Adams
16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMENT (Address): RECORD OF STATE HSOP SOUTH Blackfoot, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Date: , 193

19. UNDERTAKER (Address): Adams Marion Clay R. Blackfoot

20. FILED June 13, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1932, 193, to June 12, 1932
I last saw him alive on June 12, 1932: death is said to have occurred on the date stated above, at 3-10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/8/1932

Other contributory causes of importance:
Senile Dementia

Name of operation: None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury, 193
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Ida

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79745

PLACE OF DEATH -
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 84

(No. (Charles Agustus Bellamy))
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Charles Augustus Bellamy

(a) Residence. No. West Center Str. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Lillian Greenle

6. DATE OF BIRTH (month, day, and year) May 7 - 1886

7. AGE: Years 46 | Months 1 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Implements
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur - Ill

FATHER
13. NAME John Bellamy
14. BIRTHPLACE (city or town) (State or country) Stonington Ill.

MOTHER
15. MAIDEN NAME Sarah Jane Henton
16. BIRTHPLACE (city or town) (State or country) Taylorville Ill.

17. INFORMENT (Address) Mrs. C. E. Jackson Blackfoot Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Blackfoot Date Jan 20, 1932

19. UNDERTAKER (Address) E. J. Reed Blackfoot

20. FILED June 20, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 17 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ 6 - 17, 1932 to ....., 1932 ~~I last saw alive on~~ did not see till after death ..... 1932 ..... death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-14-32

Other contributory causes of importance: Chronic Myocarditis 2 yrs.

Name of operation ✓ Date of ✓
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓

(Signed) J. O. Hampton M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79746

PLACE OF DEATH
County of Ft. Hall Reservation.
City of

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 80

(No. - - - - - - - - -)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Baby Girl Ramsey (child not named)

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Shos. Ban-Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May I, 1932

7. AGE Years | Months | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

FATHER
13. NAME Frank Ramsey
14. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho

MOTHER
15. MAIDEN NAME Bertha Tom
16. BIRTHPLACE (city or town) (State or country) Owhyee Reservation

17. INFORMENT (Address) Frank Ramsey Ft. Hall, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Home farm Date May 4, 1932

19. UNDERTAKER (Address)

20. FILED June 10, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193, to, 193

I last saw h alive on, 193: death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart trouble	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Norma O. Flugum R.N., M.D.
(Address) Ft. Hall, Idaho

MARGIN RESERVED FOR BINDING

RITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79747

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2192
Local Registrar's No. 88

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME FRED PERKINS

(a) Residence. No. St. Twin Falls County
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

76

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Dec 21 1856

7. AGE: 75 Years | Months: 6 | Days: 0 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Charles Perkins
14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER
15. MAIDEN NAME Elizabeth Harrington
16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Asylum Cem Date 6-22, 1932

19. UNDERTAKER (Address) Acting Marion Clark Blackfoot

20. FILED June 22, 1932 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1931, 193..., to June 21, 1932, 193...
I last saw him alive on June 21st, 1932: death is said to have occurred on the date stated above, at 11:10PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE DEMENTIA	1928

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193..
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79748

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 87 78

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MARIE NIELSEN

(a) Residence. No. St. Idaho Falls, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: George Nielsen

6. DATE OF BIRTH (month, day, and year): 1899

7. AGE: 33 Years | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: at home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Nebraska

FATHER
13. NAME: John Haberer
14. BIRTHPLACE (city or town) (State or country): Nebraska

MOTHER
15. MAIDEN NAME: Sophia Rhodes
16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMENT (Address): RECORDS OF STATE HOSP SOUTH Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Idaho Falls Date: June 23, 1932

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: June 21, 1932 Mrs Walter E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1932, to June 21, 1932
I last saw her alive on June 21, 1932: death is said to have occurred on the date stated above, at 10:40 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
(Investigated after death)	
Exhaustion- following successive epileptic seizures.	6-19-32
(I saw her after death)	
Other contributory causes of importance:	
Chronic Epilepsy	1926

Name of operation: None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury, 193
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. --
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. E. Patrie, M. D.
(Address) Blackfoot, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79749

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Verna Fackrell

(a) Residence. No. Blackfoot R.F.D. #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

8888A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1915

7. AGE: Years 17 | Months 4 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thomas, Idaho.

FATHER
13. NAME Theron Fackrell
14. BIRTHPLACE (city or town) (State or country) Orderville Utah.

MOTHER
15. MAIDEN NAME Rebecca Reese
16. BIRTHPLACE (city or town) (State or country) Cedar City, Utah

17. INFORMENT (Address) Theron Fackrell Blackfoot #2

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Riverside Thomas Cem. Date June 24, 1932

19. UNDERTAKER (Address) E. T. Pick Blackfoot Idaho

20. FILED June 24, 1932 Wm Walter E. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1932, to 6-23, 1932, I last saw her alive on 6-22, 1932: death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	12-1-31
Other contributory causes of importance:	
Hypertrophied Tonsils with Rheumatism	6-2-31

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓
(Signed) J. O. Hampton, M. D.
(Address) Blackfoot Idaho

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79750

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121.
Primary Registration District No. 2194. Local Registrar's No. 81.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adolph Martin Nielsen 749
(a) Residence. No. Shelley Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 34 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Nielsen

6. DATE OF BIRTH (month, day and year) June 10-1841

7. AGE Years 83 Months 11 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oslo Norway

PARENTS
10. NAME OF FATHER Ole Nielsen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oslo Norway
12. MAIDEN NAME OF MOTHER Karen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Oslo Norway

14. Informant (Address) Norman W. Nielsen

15. Filed June 5, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 8th, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Didn't treat him, 19
that I last saw him alive on (?), 19
and that death occurred, on the date stated above, at 12:50 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 5 yrs. mos. ds

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of
Was there an autopsy? ✓
What test confirmed diagnosis? [illegible]
(Signed) [illegible] M. D.
June 8th, 1932 (Address) Shelley Ida

19. Place of Burial, ~~Cremation~~, or Removal: Hyrum, Utah. Date of Burial: June, 5 32 19

20. Undertaker: Jack A. Wood Address: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79751

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121.
Primary Registration District No. 2194.
Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Mark Allen Bingham

(a) Residence. No. Racklan St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20-1932

7. AGE: Years 1 | Months | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER
13. NAME Lorin Bingham
14. BIRTHPLACE (city or town) (State or country) Huntsville Utah

MOTHER
15. MAIDEN NAME Edna P Murdock
16. BIRTHPLACE (city or town) (State or country) Rockford Idaho

17. INFORMENT (Address) Lorin Bingham Blackfoot

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Toma Rimm Date Jun 20 1932

19. UNDERTAKER (Address) E J Peck Blackfoot

20. FILED June 18, 1932 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1932, to 6-18, 1932
I last saw him alive on 6-18, 1932; death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
streptococcic infection following an acute tonsilitis	6-13-32
Other contributory causes of importance:	
Endocarditis	6-14-32

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Laboratory findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify ✓

(Signed) J. O. Hampton, M. D.
(Address) Blackfoot Ida

Ft.Hall Jurisdiction. Current Complete JUL 5 1932 Jan.1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79752

PLACE OF DEATH
County of On Ft. Hall
City of Reservation.

Registration District No. 121
Primary Registration District No. 2194*R
Local Registrar's No. 78

(No. At Ranch. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daisy Tissidmit.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Shoshone Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) Feb. 20, 1924

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft.Hall Reservation

FATHER
13. NAME Charles Tissidimit
14. BIRTHPLACE (city or town) (State or country) Lemhi Reservation

MOTHER
15. MAIDEN NAME Mary Use
16. BIRTHPLACE (city or town) (State or country) Lemhi Reservation

17. INFORMENT (Address) Charles Tissidimit Ft.Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Presby. Mission Ft.Hall, Res. Date 1/29/32 193

19. UNDERTAKER (Address) Agency Carpenter Ft.Hall, Idaho

20. FILED June 10, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan.26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan.7, 1932, to Jan. 26, 1932
I last saw her alive on Jan. 20, 1932: death is said to have occurred on the date stated above, at noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1/7/30

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Henry R. Wheeler, M. D.
(Address) Ft. Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79753

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 12 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack D. Campbell

(a) Residence. No. ..... St. ..... Coroner Wright
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 19- 1919

7. AGE: Years 13 | Months 4 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Muldoon Ida

FATHER
13. NAME George D. Campbell
14. BIRTHPLACE (city or town) (State or country) Bellevue Ida.

MOTHER
15. MAIDEN NAME Georgie E. Baker
16. BIRTHPLACE (city or town) (State or country) Dodge City Kansas

17. INFORMENT (Address) Geo. D. Campbell

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~ Place Masonic Plot Date June 5, 1932

19. UNDERTAKER (Address) Lina J. Harris Hailey Ida.

20. FILED 6-30, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-3? 1932

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h..... alive on ✓, 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows: Drowned - Accidental | Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Robert H. Wright, M. D.
(Address) Coroner Blaine Co.

RECEIVED JUL 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 19754

PLACE OF DEATH

County of Blaine

City of Hailey

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 11

(No. Hailey Clinical Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. FULL NAME Irma Pyrah Cook

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE:

5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2-1932

7. AGE — Years: — Months: — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Hailey Idaho.

FATHER

13. NAME Irvin C. Cook

14. BIRTHPLACE (city or town) (State or country) Woodruff Utah

MOTHER

15. MAIDEN NAME Ina R. Pyrah

16. BIRTHPLACE (city or town) (State or country) Carey Idaho.

17. INFORMENT (Address) Irvin C. Cook Carey — Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Carey Cemetery Date June 7, 1932

19. UNDERTAKER Lena J. Hayes (Address) Hailey — Ida.

20. FILED 6-30, 1932 H. A. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 2, 1932, to 6-7, 1932

I last saw him alive on 6 1, 1932; death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Glottis	6 2 32
following Burns	
obstructed Oesophagus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. W. Fox, M. D.

(Address) Hailey, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79755

PLACE OF DEATH
County of Blaine
City of Ketchum

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virginia Ann Obenchain 161-a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2-1932

7. AGE Years Months Days If LESS than ~~1 day~~, 1 hrs. + 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ketchum Ida.

FATHER
13. NAME Maurice B. Obenchain
14. BIRTHPLACE (city or town) (State or country) Glendale - Ida.

MOTHER
15. MAIDEN NAME Caroline Helen Smith
16. BIRTHPLACE (city or town) (State or country) Ketchum - Ida.

17. INFORMENT (Address) Maurice B Obenchain Ketchum Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Ketchum Date June 3 1932

19. UNDERTAKER (Address) Lina J. Harris Hailey - Ida.

20. FILED 6-30, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH Fox

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 6/2, 1932 to 6/2, 1932
I last saw him alive on 6/2, 1932 death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (7½ mo)	
Inanition	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. W. Fox, M. D.
(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 79756

Local Registrar's No. 12

749

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John James Tracy

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, and year): Dec 29-1858
7. AGE: Years 73 | Months 5 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Pharmacist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 57 years

12. BIRTHPLACE (city or town) (State or country): Boston Mass.

FATHER
13. NAME: Wm H. Tracy
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Jane McManus
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Susan M. Tracy Hailey - Ida.
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: City Plot Date: June 20 1932
19. UNDERTAKER (Address): G. Harris Hailey Ida.
20. FILED 6-30, 1932 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 16 1932
22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h...alive on ✓, 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Found Dead.	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho
Coroner Blaine Co.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79757

PLACE OF DEATH
County of Boise
City of Idaho

Registration District No.
Primary Registration District No.
Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Petar Martinevich,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years About 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road Construction
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dubrovnick
(State or country) Dalmania Yugo-Slavia

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town) (State or country) Yugo-Slavia

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) (State or country) Yugo-Slavia

17. INFORMENT (Address) Stephen Cafrinza Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho City Date 6/17, 1932

19. UNDERTAKER (Address)

20. FILED June 25, 1932 Mrs E S Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1932

22. I HEREBY CERTIFY, That I attended deceased from -------, 193..., to -- ------, 193...
I last saw him alive on ..., 193...: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probabily, Acute Indigestion	
Died Before Medical Aid	
Could Be Secured,	
No Indication of Foul Play	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. Shanahan CORONER, M.D.
(Address) Idaho City Idaho,

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—9021
V. S. No. 98

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registered No. 79759

1. PLACE OF DEATH

County Bonner State IDAHO

Township _____ or Village _____ or

City Newport No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 6 mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME George T. Jones

(a) Residence: No. _____ St., _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scaler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) _____ (State or country) Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) _____ (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) _____ (State or country) Unknown

17. INFORMANT Myron Leman (Address) Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date June 13, 1932

19. UNDERTAKER Moon Mortuary (Address) Sandpoint, Idaho.

20. FILED June 13, 1932 H. E. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8, 1932.

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

I last saw h____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Firearms	

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/8, 1932

Where did injury occur? Newport, Idaho. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

in home

Manner of injury Firearms

Nature of injury Traumatism head

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify _____

(Signed) L. E. Moon, Coroner, M. D.

(Address) Sandpoint, Idaho.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner.

City of Dover

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79760

Registration District No. 78

Primary Registration District No. 2155.

Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Solberg.

(a) Residence. No. St. 161A
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 18, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dover Idaho.

FATHER

13. NAME George Solberg.

14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER

15. MAIDEN NAME Bertha Lee.

16. BIRTHPLACE (city or town) (State or country) S. Dakota.

17. INFORMENT (Address) George Solberg, Dover, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Idaho Date June 19, 1932 Pinecrest Cemetery

19. UNDERTAKER (Address) L. G. Moon Sandpoint Idaho

20. FILED June 19, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932, to June 19, 1932

I last saw her alive on June 18, 1932 death is said to have occurred on the date stated above, at 12.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth in 7th month Gestation	

Other contributory causes of importance: Placenta Praevia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. B. Evans, M. D.

(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79761

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 33

(No. 1227 Lake)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. FULL NAME Infant Perry

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8 1932

7. AGE Years Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandpoint, Ida Idaho

FATHER

13. NAME John J Perry

14. BIRTHPLACE (city or town) (State or country) Wash

MOTHER

15. MAIDEN NAME Pearl Croy

16. BIRTHPLACE (city or town) (State or country) Mont

17. INFORMENT (Address) J J Perry Sandpoint Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Sandpoint, Ida. Date 6/9, 1932

19. UNDERTAKER (Address) Turnbull Co Sandpoint Ida

20. FILED June 8, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/8 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1932, to 6/8, 1932

I last saw her alive on June 8, 1932 death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

Born Prematurely in 7th month of Gestation

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) G. B. Evans, M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79762

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 31

(No. 1019)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amos V. Reeg.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Reeg.

6. DATE OF BIRTH (month, day, and year) Jan 2, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whitley Indiana.

FATHER
13. NAME Peter Reeg.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Barbara Brookhart.
16. BIRTHPLACE (city or town) (State or country) Lancaster Co. Pa.

17. INFORMENT (Address) Mrs. Mary Reeg Colburn Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Sandpoint Idaho June 9, 1932
19. UNDERTAKER L. H. Shook (Address) Sandpoint Idaho
20. FILED June 9, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5th 1932
22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932 to June 5th, 1932
Last saw h[illegible] alive on June 5th, 1932 death is said to have occurred on the date stated above, at 2.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 1-1932
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D. B. Graves M. D.
(Address) Sandpoint Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79763

PLACE OF DEATH

County of Bonner

City of Priest River

Registration District No. 83

Primary Registration District No. 2185

Local Registrar's No. 5

(No. 90)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Julia Lamanna.

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 30, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	0	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Priest River Idaho.

PARENTS

10. NAME OF FATHER Nick Lamanna.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Italy.

12. MAIDEN NAME OF MOTHER Anna Bombino

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Italy.

14. Informant James Lamanna (Address) Priest River, Idaho.

15. Filed June 7, 1932 R. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28 1930 to June 4 1932

that I last saw her alive on June 4, 1932

and that death occurred, on the date stated above, at 5 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Infected tonsils

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Harold E Sowers, M. D.

6-6-32, 19..... (Address) Priest River, Ida.

19. Place of Burial, Cremation, or Removal: Priest River Idaho. Date of Burial: June 7, 1932

20. Undertaker L. R. Moon Address Sandpoint, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

JUL 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79764

PLACE OF DEATH
County of Bonner
City of Clarks Fork

Registration District No. 80
Primary Registration District No. 2157
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Eva Steward

(a) Residence. No. Clarks Fork, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

886

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Steward

6. DATE OF BIRTH (month, day, and year) May. 27, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 yrs	10 mo.	1 da	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newton
(State or country) Ills.

FATHER

13. NAME Elzy Hobbins

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Eliza Ward

16. BIRTHPLACE (city or town)
(State or country) Ohio.

17. INFORMENT Mrs. Emma Staper
(Address) Meridian Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Clarks Fork, Ida Date Mar. 29., 1932

19. UNDERTAKER
(Address)

20. FILED May 5, 1932 John Larson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on March, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Floyd G. Wendle, M. D.
(Address) Sandpoint, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7976 5

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 7F
Primary Registration District No. 2155 Local Registrar's No. 32
(No. Corner of Main and Division St
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roberta Mary Roberts

(a) Residence. No. Corner of Main & Division St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 10, 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	9	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint Idaho
(State or country)

FATHER
13. NAME John C. Roberts
14. BIRTHPLACE (city or town) Knox County
(State or country) Missouri

MOTHER
15. MAIDEN NAME Maude Rogers
16. BIRTHPLACE (city or town) Lapeer
(State or country) Mich.

17. INFORMENT Mr. John C Roberts
(Address) Sandpoint Ida.
18. BURIAL, CREMATION, OR REMOVAL Sandpoint, Ida.
Place Pinecrest Cemetery Date June 8, 1932
19. UNDERTAKER L. L. Mahon
(Address) Sandpoint Idaho
20. FILED 6-7, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5th 1932
22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to June 5, 1932
I last saw h~~er~~ alive on June 5, 1932: death ~~is said to have~~ occurred on the date stated above, at 9:44 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injured on Nov. 24-1931 at School	11/24/31
Failing health till Mar 1st 1932	
when she had attack of Acute	
Anterior Poliomyelitis	
Death resulting from paralysis of	
Other contributory causes of importance: Respiratory Muscles	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. D. Best D.O., M.D.
(Address) Sandpoint Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79766

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 7E
Primary Registration District No. 2155
Local Registrar's No. 30
(No. 801 N Fifth)
(If death occurred in a hospital or institution, give its name instead of street and number.)

659

2. FULL NAME Leland L Racicot

(a) Residence. No. 801 N Fifth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jessie OLeary Racicot

6. DATE OF BIRTH (month, day, and year) July 10 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	II	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sawmill
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Little Falls Minn

FATHER
13. NAME Victor Racicot
14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER
15. MAIDEN NAME Emiline Comstock
16. BIRTHPLACE (city or town) (State or country) Wisc

17. INFORMENT (Address) M.C.O.Leary Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date 6/4, 1932

19. UNDERTAKER Turnbull Co (Address) Sandpoint Idaho

20. FILED June 3, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June I 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to June 1, 1932
I last saw him alive on May 17, 1932: death is said to have occurred on the date stated above, at II:30P.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphatic Leucaemia	1929
Other contributory causes of importance:	

Name of operation no Date of
What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Wm F. Lytler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Registration District No 78 37

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 37

Township or Village 13767 or

City Sandpoint No. Parnell Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Maude Elizabeth Brunson

(a) Residence: No. ____ St., ____ Ward. Sagle, Idaho

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace Brunson

6. DATE OF BIRTH (month, day, and year) June 27, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	28	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Valentine (State or country) Neb

FATHER

13. NAME C. A. Mark

14. BIRTHPLACE (city or town) Blair (State or country) Neb

MOTHER

15. MAIDEN NAME Pearl Rogers.

16. BIRTHPLACE (city or town) Iowa. (State or country)

17. INFORMANT C. A. Mark (Address) Spokane Bridge, Wash.

18. BURIAL, CREMATION, OR REMOVAL Sandpoint Ida. Place Pinecrest Cem Date Jun 24 1932

19. UNDERTAKER A. E. Wessa (Address) Priest River, Ida.

20. FILED June 24, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21, 1932

22. I HEREBY CERTIFY, that I attended deceased from June 19, 1932 to June 21, 1932

I last saw her alive on June 21, 1932; death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum Eclampsia	June 19 1932
Acute Toxemia	

Other contributory causes of importance:

Name of operation No Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Floyd E. Wendle, M. D.

(Address) Sandpoint, Idaho

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19768

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 34

(No. 412 N. Fourth Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Franklin Crosswhite

(a) Residence. No. 412 N. Fourth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15th. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Thomas J. Crosswhite

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Sarah E. Barker

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs. L. B. Mc Coy 412 N. 4th. Ave Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Jackson Hole, Wyo Date 6/14, 1932

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED June 13, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June-10, 1932, to June-12, 1932

I last saw him alive on June-12, 1932: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1 wk
Broncitis	1 wk

Other contributory causes of importance:

Wood Tick Bite	10 da

Necrotic ulcer at point of bite at base of neck. Had been in poor health from years. Not considered tick fever.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Floyd G. Wendle, M. D.

(Address) Sandpoint, Idaho.

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79771

Registration District No. 73

Primary Registration District No. 7102 Local Registrar's No. 70

(No. L. D. S. Hospital,) 183

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Udell

(a) Residence. No. Canal & Ada St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13-1929

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
3	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls. Idaho

FATHER

13. NAME Chester Udell.

14. BIRTHPLACE (city or town) (State or country) Monroe. Washington

MOTHER

15. MAIDEN NAME Birtha Marie Stevens

16. BIRTHPLACE (city or town) (State or country) Corinne. Utah.

17. INFORMENT (Address) Chester Udell Idaho Falls.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls. Date 5/6, 1932

19. UNDERTAKER W. F. McFarland (Address) Idaho Falls. Ida.

20. FILED May 4, 1932 W. Furman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to May 3, 1932

I last saw him alive on May 3, 1932: death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound	
thru the neck	
penetrating trachea	
and oesophagus	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury May 3 1932

Where did injury occur? Childs home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Shot by 3½ old brother

Nature of injury Gunshot wound of the neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry L. Milleon, M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79772

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 71

179

2. FULL NAME Mary Ida Hardcastle.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced ~~XXXXXXXXX~~ (or) WIFE of Oren Hardcastle.

6. DATE OF BIRTH (month, day and year) March 17, 1888

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	1	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Utah.

PARENTS

10. NAME OF FATHER: John Morrisey.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Alice Bolin.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Oren Hardcastle
(Address) Rigby, Idaho. R. #1

15. Filed May 7, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 4 (Day) 1932 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1932, to May 4, 1932, that I last saw him alive on May 4, 1932, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Accidental Burning - Shock

~~Burning building involved. House burned.~~ (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) W. R. West, M. D.
4/5, 1932 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Grant Idaho. Date of Burial: 5/6 1932

20. Undertaker: A B Eckersell. Address: Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79773

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 87
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriett L. Williams
(a) Residence. No. 766 I St. St. 165
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Don Williams
6. DATE OF BIRTH (month, day, and year) Dec 12 1908
7. AGE Years 23 Months 5 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iona Idaho

FATHER
13. NAME John W. Ball
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Emmana Shurtliff
16. BIRTHPLACE (city or town) (State or country) Clifton Idaho

17. INFORMENT (Address) Don C Williams Idaho Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Iona Cemetery Date 6/15, 1932
19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho
20. FILED 6/14, 1932 Wm Kinnaird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/12 1932
22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932, to June 12, 1932
I last saw her alive on June 12, 1932: death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental - Mercury Bi-chloride Poisoning	May 26/32

Other contributory causes of importance:
Pericarditis
Gastro enteritis

Name of operation none Date of
What test confirmed diagnosis? History clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 26, 1932
Where did injury occur? Idaho Falls Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury Bichloride mercury poisoning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm Kinnaird, M. D.
(Address) Idaho Falls Idaho

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 1932 73
Primary Registration District No. 21N-0
State File No. 79774
Local Registrar's No.

1. PLACE OF DEATH
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.
(No. L. D. S. Hospital St.)
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Kojiro Inouye

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: ~~White~~ Japanese
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)
6. DATE OF BIRTH: March 17 1875 (Month) (Day) (Year)
7. AGE: 57 Yrs. 1 Mos. 25 ds. IF LESS than 1 day how many ....hrs. or ....min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Japan
10. NAME OF Father: Hachiyemon Inouye
11. BIRTHPLACE OF FATHER (State or Country): Japan
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (State or Country): Japan
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mayme Inouye
(Address): Shelley, Idaho
15.
Filed May 17 1932 Catherine Local Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH: May 12 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to May 12 1932 that I last saw h.. alive on May 12 1932 and that death occurred on the date stated above, at ....M.
The CAUSE OF DEATH* was as follows:
Brain abscess
Cerebral Region
(Duration) ....yrs. ....mos. ....ds.
Contributory (Secondary)
(Duration) ....yrs. ....mos. 12 ds.
(Signed) Edward Cutler M. D.
19.... (Address) Box 56 Shelley

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos. 10 days. In the State 30 yrs....mos....ds.
Where was disease contracted if not at place of death? at home
~~Former or~~ usual residence Shelley, Idaho
19. PLACE OF BURIAL OR REMOVAL Idaho Falls, Idaho DATE OF BURIAL May 15 1932
20. UNDERTAKER Jack G. Wood ADDRESS Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79775

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 7107
Local Registrar's No. 7
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Wheeler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. about 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Transient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labour

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not

14. BIRTHPLACE (city or town) (State or country) Known

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) L. D. S. Hospital Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date May 17, 1932

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls.

20. FILED 5/19, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 14, 1932
I last saw him alive on May 14, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonalis	?
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 16 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19776

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2/030
Local Registrar's No. 90
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel O'Connel Neville
(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced.

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE of~~) Louisa Delia Neville.

6. DATE OF BIRTH (month, day and year) Aug. 9 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman.
(b) General nature of industry, business, or establishment in which employed (or employer) Wood's Live Stock Co.
(c) Name of employer Hugh Woods.

9. BIRTHPLACE (city or town) (State or country) San Francisco, Calif.

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant [signature]
(Address) Rigby, Idaho.

15. Filed June 17, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 12 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to June 12, 1932, that I last saw h~~e~~ alive on June 12, 1932, and that death occurred, on the date stated above, at 4 p. m.
The CAUSE OF DEATH* was as follows:
Coronary Thrombosis
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Spencer, Idaho
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) [signature], M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	6/15/32

20. Undertaker [signature] Address Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
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MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79777

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2110 Local Registrar's No. 42

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Deloraus Anderson Lee

(a) Residence. No. ..... St. Ammon 1119
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wylie Lee

6. DATE OF BIRTH (month, day, and year) July 3 1899

7. AGE Years 32 Months 10 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon Idaho

FATHER

13. NAME Christian Anderson

14. BIRTHPLACE (city or town) (State or country) Mantua Utah

MOTHER

15. MAIDEN NAME Anna Peterson

16. BIRTHPLACE (city or town) (State or country) Mantua Utah

17. INFORMENT (Address) Christian Anderson Rout. #3 Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Ammon Date May 25, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED May 25, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 23, 1932

I last saw her alive on May 23, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	May 20

Other contributory causes of importance:

General Peritonitis	2

Name of operation Gastric Resection Date of May 20

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79778

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 72
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian E. Kershaw.

(a) Residence. No. 110 - 4th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred No yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: William Kershaw
6. DATE OF BIRTH (month, day, and year): Sept 2 1895
7. AGE: Years 36, Months 8, Days 6, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ephriam Utah.

FATHER
13. NAME: Emil Johnson.
14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER
15. MAIDEN NAME: Pauline Poulson
16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMENT (Address): William Kershaw Idaho Falls, Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Salt Lake City, Ut. Date: 5/11, 1932
19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida.
20. FILED: May 9, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 8 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to May 8, 1932
I last saw her alive on May 8, 1932: death is said to have occurred on the date stated above, at 7:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gangrenous	
Gall bladder	✓
Chronic Appendicitis	

Other contributory causes of importance:

Name of operation: Cholecystotomy Appendectomy Date of May 7 1932
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79779

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No.
Primary Registration District No.
Local Registrar's No. 65
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Effey Fern Hicks

(a) Residence. No. St. Rigby Rt #1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 10, 1921

7. AGE Years 10 Months 5 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coltman Ida

FATHER
13. NAME Walter Hicks
14. BIRTHPLACE (city or town) (State or country) Bear Lake Co. Idaho

MOTHER
15. MAIDEN NAME Louise Wilson
16. BIRTHPLACE (city or town) (State or country) Wellington Utah

17. INFORMENT (Address) Walter Hicks Rigby Rt #1

18. BURIAL, CREMATION, OR REMOVAL Place Grant Date May 4, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED May 4, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to May 2, 1932
I last saw him alive on May 1, 1932 death is said to have occurred on the date stated above, at 1:25 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute diffuse purulent peritonitis (Bacillus Influenza)	Apr 28, 32

Other contributory causes of importance: Influenza

Name of operation laparotomy drainage Date of 5, 1, 32
What test confirmed diagnosis? op. Hist. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H Ray Hatch, M. D.
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79780

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 2130

Local Registrar's No. 79

(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Edith Ella Madsen.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced
(or) WIFE of Hans Peter Madsen.

6. DATE OF BIRTH (month, day and year) May 18 1872

7. AGE	Years	Months	Days	If LESS than 1 day,
	60	0	1	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Daniel S. Robins.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ind.

12. MAIDEN NAME OF MOTHER Annie Brown.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant H. P. Madsen
(Address) Rigby, Idaho. R. #2

15. Filed May 23, 1932 C. Newman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to May 19, 1932
that I last saw her alive on May 19, 1932
and that death occurred, on the date stated above, at 1:10 a. m.
The CAUSE OF DEATH* was as follows:
Coronary Thrombosis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Diabetes Mellitus
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical and Laboratory
(Signed) W. R. Abbott, M. D.
....., 19.... (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	5/22/32 19

20. Undertaker C. E. Eckersell Address Rigby

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79781

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. A-

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah M. Clark

(a) Residence. No. 435 - 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

869

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thomas Clark

6. DATE OF BIRTH (month, day, and year) June 26, 1868

7. AGE Years 63 Months 11 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weston Idaho.

FATHER
13. NAME John Evans
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME ? Dee
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) William Clark 435 - 2nd St.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date June 2, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED June 2, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to May 28, 1932
I last saw her alive on May 28, 1932: death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis with Mitral Regurgitation	Two yrs ago

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) [signature], M. D.
(Address) Austin B. Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 7782

PLACE OF DEATH

County of Bonneville

City of Ida. Falls

Registration District No. 73

Primary Registration District No. 1 4 6

Local Registrar's No. 44

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Poitner

(a) Residence. No. Route #6 Ida. Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Poitner

6. DATE OF BIRTH (month, day, and year) June 4 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Poitner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mr. J. A. Poitner R.F.D. #6 Ida. Falls

18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cem. Date June 14 1932

19. UNDERTAKER F. M. Hale (Address) Ida. Falls, Ida.

20. FILED 6/17, 1932 C. Edmund Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 10, 1932

I last saw him alive on June 10, 1932: death is said to have occurred on the date stated above, at 3:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Other contributory causes of importance:	
Interstitial Nephritis	Unknown

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Harry L. Willson, M. D.

(Address) Idaho Falls, Ida.

RECEIVED JUN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79783

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2314
Local Registrar's No. 84

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George M Wadsworth

(a) Residence. No. 555 - E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Wadsworth

6. DATE OF BIRTH (month, day, and year) Oct 15 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mountain Green Utah.

FATHER

13. NAME Joseph Wadsworth

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Lida Stoddard

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMENT (Address) Mrs. Geo. Wadsworth 555-E St. Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL Place Taylor, Ida. Date May 3 1932

19. UNDERTAKER Jack A. Wood. (Address) Idaho Falls.

20. FILED May 7, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1931, to April 30, 1932
I last saw h alive on April 25, 1932 death is said to have occurred on the date stated above, at 9:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Nov. 1931

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry L. Williams, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19784

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21-D
Local Registrar's No. 61
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

71 P

2. FULL NAME Ray Page

(a) Residence. No. 320 Lomax St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelton (State or country) Ida.

FATHER

13. NAME Clements Page

14. BIRTHPLACE (city or town) Bountiful (State or country) Utah

MOTHER

15. MAIDEN NAME Olive Howard

16. BIRTHPLACE (city or town) Shelton (State or country) Ida.

17. INFORMENT (Address) Mrs. Olive Page Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL Place Shelton Date May 23 1932

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls.

20. FILED May 24, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 19 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 19, 1932

I last saw her alive on May 19, 1932; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis	May 18

Other contributory causes of importance:

Influenza	May 17

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) Idaho Falls, Idaho

RECEIVED JUN 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79785

PLACE OF DEATH

County of Bonneville
City of Idaho, Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 80
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. **FULL NAME** Sarah Ann Chandler
(a) Residence. No. Rexburg, #3 Plano, St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 27th 1862

7. AGE 69 Years | Months 5 | Days 24 | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER Richard Hemsley Sr,
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Christina M Jensen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant (Address) George Chandler Rexburg, Ida #3

15. Filed May 23, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 21, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1931, to May 21, 1932
that I last saw her alive on May 21, 1932
and that death occurred, on the date stated above, at ...m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus & Chronic nephritis.
~~Ca~~
(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)
Lobar pneumonia (duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death? Plano, Idaho.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) John O. Mellar M. D.
May 23, 1932 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal: Plano Idaho. Date of Burial: May 4 1932

20. Undertaker: Vern J. Keller. Address: Rexburg Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79786

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 74
(No. L.D.S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kalberyn Moore
(a) Residence. No. 350 Corner Ave. St. 49
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ray Moore.
6. DATE OF BIRTH (month, day, and year) Jan 12-1891
7. AGE Years 41 Months 4 Days 6. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lenox Iowa.

FATHER
13. NAME James J. Mitchell.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Anne Ryan
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Ray R. Moore Idaho Falls Ida.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date 5/21, 1932
19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.
20. FILED 5/20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/18 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to May 18, 1932
I last saw her alive on May 18, 1932: death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Carcinoma of pelvis with Metastasis to mesentery & Stomach	

Other contributory causes of importance: Starvation

Name of operation Exploratory only Date of 2/12/32
What test confirmed diagnosis? Section Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Harry L. Willson, M. D.
(Address) Idaho Falls, Ida.

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79787

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21 - D Local Registrar's No. 67
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Ven Hecta Goebel

(a) Residence. No. St. Ashton, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Goebel

6. DATE OF BIRTH (month, day, and year) July 9, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Andrew Nilson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Joan ?
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Henry Goebel Ashton Ida.

18. BURIAL, CREMATION OR REMOVAL Place Ashton, Ida Date May 4, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida

20. FILED May 6, 1932 C. Pinnamond Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 5, 1932, to May 1, 1932
I last saw h[illegible] alive on May 1, 1932; death is said to have occurred on the date stated above, at 1:35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Feb. 1932
Complete Abortion	
Other contributory causes of importance: Suppurative Mastitis	Feb. 1932
Right Chest Abscess	Mch 1932
Acute Septic Endocarditis	

Name of operation None Date of Mch 30
What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. Clews, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79788

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Syms.

(a) Residence. No. 346 - 5th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 76; Months ✓; Days ✓; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provo Utah

FATHER
13. NAME Geo Syms.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Elizabeth ?.
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Frank Randall Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls. Date 5/17, 1932

19. UNDERTAKER (Address) F. F. McHan Idaho Falls Ida.

20. FILED May 17, 1932 Wm Ward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/16 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to May 1, 1932

I last saw ~~he~~ alive on May 1, 1932; death is said to have occurred on the date stated above, at 8.25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicimia (chronic)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. J. Sutton, M. D.
(Address) May 17/32 Idaho Falls Ida.

RECEIVED JUN 1 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79789

PLACE OF DEATH
County of ~~Bingham~~ Bonneville
City of ~~Shelley Ida~~ Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. P 3
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Mrs Mary Frances Johnson
(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Noral Ivan Johnson

6. DATE OF BIRTH (month, day and year) Apr. 15 – 1904

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	1	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah

PARENTS
10. NAME OF FATHER: John Peter Johnson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: Doris Amanda Neilson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Denmark

14. Informant: Noral Ivan Johnson
(Address) Shelley Ida RR#2

15. Filed May 26, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to May 22, 1932
that I last saw her alive on May 21, 1932
and that death occurred, on the date stated above, at 4:20 a m.
The CAUSE OF DEATH* was as follows:
Septicemia
..... (duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY (Secondary) Acute Nephritis
..... (duration) ..... yrs. ..... mos. 5 ds.

18. Where was disease contracted if not at place of death? Trip Ida
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Blood & Urine
(Signed) [signature], M. D.
May 23, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Shelley Dist Cemetery
Date of Burial: May 26 1932

20. Undertaker: Jack A. Wood
Address: Ida Falls, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PARTICULARLY, and should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 16 1930

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79790

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 1 4 - 0
Local Registrar's No. 76

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ares Joseph Anderson

(a) Residence. No. Rt. #3 St. ID
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 10, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ammon
(State or country) Ida.

FATHER

13. NAME Lyle Anderson

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Bulah Singley

16. BIRTHPLACE (city or town)
(State or country) Georgia

17. INFORMENT Lyle Anderson
(Address) Idaho Falls Rt #7

18. BURIAL, CREMATION, OR REMOVAL
Place Ammon Ida Date April 26, 1930

19. UNDERTAKER
(Address) Ford Funeral Home Idaho Falls Idaho

20. FILED Jan 16, 1930 C. D. Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25 1930

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1930, to April 25, 1930
I last saw him alive on April 22, 1930; death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post diphtheritic paralysis.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Ray Merkley, M.D.
(Address) Idaho Falls, Idaho

RECEIVED JUN 1 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79791

PLACE OF DEATH
County of Bonn.
City of Ida. Falls
Registration District No. 73
Primary Registration District No. 21-2
Local Registrar's No. 73

885

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles W. Tullis

(a) Residence. No. 263 - 15th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Chas W. Tullis

6. DATE OF BIRTH (month, day, and year) Nov. 11 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pinto Utah

FATHER

13. NAME David W. Tullis

14. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

MOTHER

15. MAIDEN NAME Martha Eccles

16. BIRTHPLACE (city or town) (State or country) Pinto Utah

17. INFORMENT (Address) Mrs. C. W. Tullis

18. BURIAL, CREMATION, OR REMOVAL Place Shelley Ida. Date 5/17, 1932

19. UNDERTAKER W. H. McHan
(Address) Ida. Falls, Ida.

20. FILED May 17, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932 to May 11, 1932

I last saw him alive on May 11, 1932; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Chronic Nephritis	?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79794

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

169

2. FULL NAME J. M. Billings

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 73 Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bonners Ferry, Ida Date June 23, 1932

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Ida

20. FILED June 30, 1932. E. E. Fry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19 1932

22. I HEREBY CERTIFY, That I attended deceased from
, 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide —	
Found floating in Kootenai River	
Death from Shock — (Cordiac)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. Bowell, M. D.
(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79795

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2154 Local Registrar's No.
(No. Bonners Ferry Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number.)

161 a

2. FULL NAME Baby Becker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17-22

7. AGE Years Months Days If LESS than 1 day, 17 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry, Ida.

FATHER
13. NAME Guy C Becker
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Eva Latshaw
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Guy C Becker Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date June 22, 1932

19. UNDERTAKER (Address) H. R. Crouch Bonners Ferry

20. FILED June 19, 1932. E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance: Tuberculosis in mother

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ben Bowell, M. D.

(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 7976

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161 9

2. FULL NAME Margaret Pauline Johnson

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

FATHER

13. NAME Arvid L. Johnson

14. BIRTHPLACE (city or town) (State or country) Morris Minn.

MOTHER

15. MAIDEN NAME Leda Slate

16. BIRTHPLACE (city or town) (State or country) Colfax Wash.

17. INFORMENT (Address) Arvid L. Johnson Bonners Ferry, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Grandview Ceme Date June 4, 1932

19. UNDERTAKER R. E. Wessa
(Address) Bonners Ferry, Idaho

20. FILED June 4, 1932 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to June 3, 1932

I last saw her alive on June 2, 1932: death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
2 Weeks —	
(Pre-eclamptic toxemia)	
in mother	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Bonsell, M. D.

(Address) Bonners Ferry Idaho

RECEIVED JUL 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79797

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 19
Primary Registration District No. 2157 Local Registrar's No. 119
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald D. Dykes

(a) Residence. No. Milton, St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1 - 193[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. [illegible]
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonners Ferry (State or country) Idaho

FATHER
13. NAME M. L. Dykes
14. BIRTHPLACE (city or town) Springfield (State or country) Missouri

MOTHER
15. MAIDEN NAME Margaret Noble
16. BIRTHPLACE (city or town) [illegible] (State or country) Missouri

17. INFORMENT (Address) M. L. Dykes Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Springfield, Mo. Date , 193

19. UNDERTAKER W. P. Cropsey (Address) Bonners Ferry, Ida.

20. FILED May 22, 1932. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1932, to May 21, 1932

I last saw him alive on May 21, 1932: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glomerulitis	May 17 -
Other contributory causes of importance:	
Influenza	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. M. Bonnell, M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79798

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No. 88b

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Case

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Unknown

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: About 68 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Timber Worker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: "
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Yakima Wash Date ....., 193..

19. UNDERTAKER H. R. Crouch (Address) Bonners Ferry Ida.

20. FILED June 13, 1935 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1932, to June 11, 1932.
I last saw him alive on June 9, 1932; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no.
(Signed) E. E. Fry, M.D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 15 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79799

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74 9

2. FULL NAME Elizabeth Maloney

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 14, 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bristol
(State or country) England

FATHER
13. NAME John Ramsey
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Jemimah Simmons
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT (Address) Mrs. John Samuel, Laclede, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Ida. Date May 27, 1932

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED May 25, 1932. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to May 24, 1932
I last saw her alive on May 21, 1932; death is said to have occurred on the date stated above, at 12:10 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 3-1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature], M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 79801

Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

67

2. FULL NAME Emma Jane Wade

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. C. Wade

6. DATE OF BIRTH (month, day, and year) Oct. 10, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottage Grove Minn.

FATHER

13. NAME Wm. H. Glenn

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ann J. Everett

16. BIRTHPLACE (city or town) (State or country) London Canada

17. INFORMENT (Address) Geo. C. Wade, Bonners Ferry, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grandview Ceme. Date June 6, 1932

19. UNDERTAKER R. E. Wessa
(Address) Bonners Ferry, Idaho

20. FILED June 4, 1932. E. E. Fry, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932, to June 3, 1932

I last saw her alive on June 2, 1932: death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	4 years?
Cardiac	May 26

Other contributory causes of importance:

Intestinal hemorrhage	May 28

Name of operation None Date of

What test confirmed diagnosis? Aut. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ryn Bovell, M. D.

(Address) Bonners Ferry Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79801

PLACE OF DEATH

County of Boundary

City of Moravia

Registration District No. 29

Primary Registration District No. 2154

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hans Ludvig Mortensen 49

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced: Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 23 1855

7. AGE: Years 77 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) James L. Mortensen Moravia Idaho

18. BURIAL, CREMATION, OR REMOVAL Moravia Ida. Date June 20, 1932

19. UNDERTAKER C. R. Crouch (Address) Bonners Ferry, Ida.

20. FILED June 19, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to June 18, 1932

I last saw h... alive on June 7, 1932; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of mesentery	Jan. 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. E. Fay, M. D.

(Address) Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79802

PLACE OF DEATH

County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2157 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Pearl Marie Richardson.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lester Richardson.

6. DATE OF BIRTH (month, day, and year) Feb 21-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Rapids Mich.

FATHER

13. NAME Charles Knapp.

14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER

15. MAIDEN NAME Rose Jerzof

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Mrs. Rose Richardson Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date June 20, 1932

19. UNDERTAKER A. P. Church, Jr. (Address) Bonners Ferry, Ida.

20. FILED June 18 1932 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to June 17, 1932.

I last saw her alive on June 17, 1932; death is said to have occurred on the date stated above, at 11:17 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	

Other contributory causes of importance:

Hydatidiform mole	

Name of operation Curettment Date of May 24-1932

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Fry, M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79803

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Mrs. Eva Becker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Guy C Becker

6. DATE OF BIRTH (month, day, and year) Aug. 7-1898

7. AGE Years 33 Months 10 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME Robert Latshaw
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Alice Hagg.
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Guy C. Becker Bonners Ferry Ida

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date June 22 1932

19. UNDERTAKER (Address) H. R. Clough Bonners Ferry

20. FILED June 21, 1932. E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20 1932

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1932, to June 20, 1932
I last saw h. alive on June 20, 1932: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:
Pregnancy

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. E. Fry, M.D.
(Address) Bonners Ferry, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYS... should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU... TION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79804

PLACE OF DEATH
County of Butte
City of Arco

Registration District No. 59
Primary Registration District No. 2129
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 56

1619

2. FULL NAME Eddie B. Cooper Jr.

(a) Residence. No. Arco Ida. St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day and year) June 22-32

7. AGE Years | Months | Days 0 | If LESS than 1 day, 15 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Arco Ida.

PARENTS

10. NAME OF FATHER Eddie B. Cooper.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Safe Mo.
12. MAIDEN NAME OF MOTHER Anna Marie Jackumsen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) ~~[illegible]~~ Denmark.

14. Informant Eddie B. Cooper
(Address) Arco Idaho

15. Filed June 22, 1932 T. C. Salt Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1932 to June 22, 1932
that I last saw him alive on June 22, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Premature (6 months)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Physical Exam
(Signed) I. R. Egbert M. D.
June 22, 1932 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Arco, Idaho
Date of Burial: June 22, 1932

20. Undertaker
Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED JUL 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79805

PLACE OF DEATH
County of Butte
City of Idaho Arco

Registration District No. 59
Primary Registration District No. 2129

Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Raphael Daniel Brown

(a) Residence. No. ..... Arco, Idaho. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hazel D. Brown

6. DATE OF BIRTH (month, day and year) April 26, 1979

7. AGE	Years	Months	Days	If LESS than 1 day,
	53	2		... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Department Store
(c) Name of employer self

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

PARENTS

10. NAME OF FATHER
William D. Brown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)
England

12. MAIDEN NAME OF MOTHER
Hannah Hardy

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant John R. Taylor
(Address) Arco, Idaho

15. Filed June 27, 1932. T. C. Salt Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June 26, 1932
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from
June 21, 1932, to June 26, 1932
that I last saw him alive on June 26, 1932 19
and that death occurred, on the date stated above, at 12:05 pm
The CAUSE OF DEATH* was as follows:
Angina Pectoris
(duration) ... yrs. ... mos. 6 ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) 2 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? at place of death
Did an operation precede death? no Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) H. H. Eglent, M. D.
June 27, 1932. (Address) Arco, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Salt Lake City, Utah — Date of Burial: June 29 32

20. Undertaker: H. L. McHan — Address: Pocatello, Idaho

RECEIVED JUL 6 1932

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Butte

City of Howe

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 59

Primary Registration District No. 2129

(No. ..... St.)

State File No. 79806

Local Registrar's No. 54

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Winnifred Johnson Garrett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married (Write the word)

6. DATE OF BIRTH Nov. 3 1873 (Month) (Day) (Year)

7. AGE 58 Yrs. 6 Mos. 20 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) New York City, N. Y.

10. NAME OF Father Johnson

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) Wm Garrett

15.

Filed May 24 1932 Howe Ida

J. C. Salt Local Registrar

MEDICAL CERTIFICATE OF DEATH

88

16. DATE OF DEATH May 23 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15 1931, to May 23 1932, that I last saw her alive on May 1 1932, and that death occurred on the date stated above, at 3 A M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. 6 mos. ..... ds.

Contributory (Secondary) Acute Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) L. R. Egbert M. D.

19..... (Address) Arco Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Arco Ida

DATE OF BURIAL May 24 1932

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNFADING INK—THIS IS A PERMANENT RECORD
Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JUL 6 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Butte
City of Arco
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 59
Primary Registration District No. 2129
(No.) (St.)

State File No. 19811
Local Registrar's No. 55
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Silas Hatley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married
6. DATE OF BIRTH: April 10 1870 (Month) (Day) (Year)
7. AGE: 62 Yrs. 2 Mos. 4 Ds. IF LESS than 1 day how many ....hrs. or ....min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry, business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Howard Co. Indiana
10. NAME OF Father: Jeremiah Hatley
11. BIRTHPLACE OF FATHER (State or Country): U. S. Probably Ohio
12. MAIDEN NAME OF MOTHER: Mary Jane Wilson
13. BIRTHPLACE OF MOTHER (State or Country): Wabash Valley Indiana
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Ella Hatley
(Address): Arco Ida
15. Filed June 19 17 T. Ball Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 16 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 27 1932, to June 16 1932, that I last saw h[illegible] alive on June 16 1932, and that death occurred on the date stated above, at 6 P M.
The CAUSE OF DEATH* was as follows:

Rocky Mountain Spotted Fever

(Duration) ....yrs. ....mos. 19 ds.
Contributory (Secondary): Myocarditis
(Duration) 7 yrs. ....mos. ....ds.
(Signed) W. C. Eglef M. D.
June 17 1932 (Address) Arco Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs. ....mos. ....days. In the State ....yrs. ....mos. ....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Arco Idaho — DATE OF BURIAL: June 17 1932
20. UNDERTAKER: O. Garnier — ADDRESS: Arco Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Camas
City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 58

DO NOT WRITE IN THIS SPACE
State File No. 79808

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Wilson Stimson

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 63 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 1868	July	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stock handeling

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1931

11. Total time (years) spent in this occupation All his life

12. BIRTHPLACE (city or town) (State or country) Creston State Wash

FATHER

13. NAME James M. Stimson

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Nancy Ellen Wilson

17. INFORMENT (Address) James B. Stimson

18. BURIAL, CREMATION, OR REMOVAL Place Hill City Idaho Date June 11, 1932

19. UNDERTAKER (Address) Earliest & McClain Fairfield Idaho

20. FILED June 11, 1932 W B Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18 1932 to June 9, 1932

I last saw him alive on June 8, 1932 death is said to have occurred on the date stated above, at 6 A.P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomache, 3	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W B Parkinson, M. D.

(Address) Fairfield Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Camas

City of Manard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79809

Registration District No.

Primary Registration District No. 3 8

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME, Lemuel Edward Reagan 749

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Paralee Chandler

6. DATE OF BIRTH (month, day, and year)

7. AGE: 58 Years: 1873 Months: ~~Oct~~ Days: ~~22~~ 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 22, 1925

11. Total time (years) spent in this occupation All his life

12. BIRTHPLACE (city or town) (State or country) Sevier Co. Tennessee

FATHER

13. NAME Dan Weslie Regan

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Elizabeth King

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Mrs P. E. Reagan

18. BURIAL, CREMATION, OR REMOVAL Place Fairfield Ida Date July 3, 1932 Burial

19. UNDERTAKER (Address) Fairfield Idaho McHan

20. FILED July 2 1932 W B Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to July 1, 1932, I last saw him alive on June 30, 1932 death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset: First attack Feb. 22-1929 Second attack July 1-1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W B Parkinson, M. D.

(Address) Fairfield Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79810

PLACE OF DEATH
County of Camas
City of Fairfield

Registration District No. ~~58~~ 8
Primary Registration District No. 2004 Local Registrar's No. [redacted]

(No. Fairfield, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME William Henry Leek

(a) Residence. No. Fairfield, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. 2 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Francis Elizabeth Harding

6. DATE OF BIRTH (month, day, and year)

7. AGE 78 Years 78 Months 2 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat and Groceryx
10. Date deceased last worked at this occupation (month and year) April, 1930
11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Clifford, Pennsylvania

FATHER
13. NAME William H. Leek
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Ann Davies
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) C H Leek Fairfield

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem. Date 6/24/32 193

19. UNDERTAKER (Address) E. J. McHan, Fairfield, Idaho.

20. FILED 6-25, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/22/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 6 1931, to June 22, 1932.
I last saw him alive on June 22, 1932 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic toxemia	May 20, 1932

Other contributory causes of importance:

Pyolitis, Prostitis	May 24, 1932
	May, 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W B Harkinson, M. D.
(Address) Fairfield Idaho

Wm McBratney Undertaker. Boise, Idaho - Morris Hill Cemetery 6-24-32

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79811

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 61
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Sewell 31
(a) Residence. No. 311 - 9th Ave. So. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 13 yrs. / mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. C. Sewell.

6. DATE OF BIRTH (month, day and year) July 31st

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44.	10	17.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Black Springs Arkansas.

PARENTS
10. NAME OF FATHER Newton Thornton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tennessee.
12. MAIDEN NAME OF MOTHER Francis Cox
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Tennessee

14. Informant (Address) J. C. Sewell Nampa Idaho

15. Filed 6-19, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 18 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1932, to June 18, 1932
that I last saw h.er alive on June 18, 1932
and that death occurred, on the date stated above, at 2:30 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Tubercular Meningitis
(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis Microscopic Exam.
(Signed) Samuel Swayne M. D.
June 18, 1932 (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal: Wohlerlawn Nampa — Date of Burial: 6-19 1932
20. Undertaker: Mrs. Nina M. Talley — Address: Nampa, Ida.

RECEIVED JUL 6 1932

PLACE OF DEATH

County of Canyon/

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79812

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Thomas Manuel Matthews.

(a) Residence. No. 4 mi. From Nampa on Orchord Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March, 19, 1883

7. AGE Years 49 Months 2 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME T.G. Matthews.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Claxton

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs Thomas Matthews

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER F.K. Robinson
(Address) Nampa Idaho

20. FILED 5-30, 193 Estha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/28 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to May 28, 1932

I last saw him alive on 5-28, 1932: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Cancer Duodenum and hemorrages.

Date of onset

Other contributory causes of importance:

Gall stones

Name of operation Drain Gall Bladder Healed Date of 3-12-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Horace P. Belknap, M. D.

(Address) Nampa Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7983

Registration District No. 7
Primary Registration District No. 7006 Local Registrar's No. 57
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME James Reichman

(a) Residence. No. 424 - 17 Ave - N St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Anna Reichman

6. DATE OF BIRTH (month, day, and year) 6-10-74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMENT (Address) Jos A Reichman 2442 So 58th Accra

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Idaho Date 6/7, 193 2

19. UNDERTAKER F. K. Robinson (Address) Nampa Idaho

20. FILED 6-7, 193 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 193 2

22. I HEREBY CERTIFY, That I attended deceased from May 25, 193 2, to June 2, 193 2
I last saw he alive on June 2, 193 2 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Prostate	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W C Holt, M. D.
(Address) Nampa

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 7981 4

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 66

PLACE OF DEATH

County of Canyon

City of Nampa.

(No. Samariton hospt.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Burnett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weiser.

FATHER

13. NAME H.A. Burnett

14. BIRTHPLACE (city or town) (State or country) Arkansas.

MOTHER

15. MAIDEN NAME Murroel Benford

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER None
(Address)

20. FILED 6-22, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/21 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1932, to 6-21, 1932

I last saw h[illegible] alive on 6-21, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? c Date of injury ....., 193..

Where did injury occur? c
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury c

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W C Holt, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 1006
(No. ..... St.)

State File No. 19815
Local Registrar's No. 71
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Maud Scott

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: 3 (Month) 3 (Day) 1891 (Year)

7. AGE: Yrs. 41 Mos. 3 ds. 27
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Palouse Wn.

10. NAME OF Father: .....

11. BIRTHPLACE OF FATHER (State or Country): .....

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (State or Country): .....

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Boyles
(Address) Nampa Ida

15. Filed 7-1 1932 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 7 (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19[illegible] to 7-1-1932, that I last saw h[illegible] alive on 7-6-1932, and that death occurred on the date stated above, at 4 a M.
The CAUSE OF DEATH* was as follows:

Acute Epileptic Coma

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Tom Boyles M. D.
7-1-1932 (Address) Nampa Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 14 yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Unknown
Former or usual residence Oroflino Idaho

19. PLACE OF BURIAL OR REMOVAL: Melrose Ida
DATE OF BURIAL 19.....

20. UNDERTAKER: F. L. Robinson
ADDRESS: Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

DO NOT WRITE IN THIS SPACE

State File No. 79816

Local Registrar's No. 62

(No. 885)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norman N. Blough

(a) Residence. No. 919 10th Ave So St. Nampa Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda Emeline Blough

6. DATE OF BIRTH (month, day, and year) Oct 8, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co., Pa

FATHER

13. NAME Noah Blough

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Earl Blough Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Idaho Date 6/8, 1932

19. UNDERTAKER F. H. Redman (Address) Nampa Idaho

20. FILED 6-8, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1932 to 6-6, 1932

I last saw him alive on 6-6, 1932; death is said to have occurred on the date stated above, at 10:28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis &	1928
Arterial Hypertension	1922

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Horton, M. D.

(Address) Nampa Idaho

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79817

PLACE OF DEATH

County of Canyon.

City of Rural.

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 65-

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Knox Delo.

(a) Residence. No. 10 mi. south of Nampa. St. 119
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-10-72

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
60	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn,

FATHER

13. NAME Charles Delo

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary E. Foeks

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mary Delo Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 6-16, 1932

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED 6-16, 1932 Bertha Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/14 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 1, 1931, to June 13, 1932

I last saw him alive on May 4, 1932: death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascending paraplegia	2 or 3 yrs ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. P. Ross, M. D.

(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

R

RECEIVED JUL 6 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon.
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79818

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 63

(No. Samaritan Hosp't.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1181

2. FULL NAME Mary Bamford.

(a) Residence. No. Rt.5- Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White.	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Frank Bamford

6. DATE OF BIRTH (month, day, and year) 2-3-80

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John E.Bown

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Phillips.

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Frank Bamford R 5 Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kuna Date 6-15, 193 2

19. UNDERTAKER E. F. Palmer (Address) Nampa Ida

20. FILED 6-14, 193 2 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/12 193 2

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 193 2, to 6-12, 193 2

I last saw her alive on 6-12, 193 2. death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Intestinal Obstruction	
Other contributory causes of importance:	

Name of operation Exploratory Date of 6/12

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Wells, M. D.

(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79819

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 67

(No. Mercy Hosp't.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 b

2. FULL NAME Alonza James Firkins.

(a) Residence. No. 2 mi. W. of Nampa. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-7-63

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Leonard A. Firkins.

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Mary Abbott.

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMENT (Address) Mrs A. J. Firkins Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) F. K. Robinson Nampa Idaho

20. FILED 6-24, 1932 Dorothy Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20th, 1932, to June 23rd, 1932.
I last saw him alive on June 23rd, 1932: death is said to have occurred on the date stated above, at 6.15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated umbilical hernia. Intestinal obstruction.	June 17th 1932.

Other contributory causes of importance: None.

Name of operation Hermotomy. Date of 6/22/'32

What test confirmed diagnosis? Exam. P.M. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Geo. O. A. Kellogg, M.D.
(Address) Nampa Idaho.

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79820

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 65
(No. 3 mi Boise Highway)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. **FULL NAME** George Hunter

(a) Residence. No. 3 mi Boise Highway St.
(Usual place of abode.)
Length of residence in city or town where death occured 12 yrs. mos. ds. How long in U. S. if of foreign birth? 62 yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Janet Hunter

6. DATE OF BIRTH (month, day and year) Oct. 19th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	8	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Whitborn
(State or country) Scotland.

PARENTS

10. NAME OF FATHER Alexander Hunter
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Margaret Burnet
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland.

14. Informant (Address) Mr. Ben McPhie Nampa, Idaho

15. Filed 6-25, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 25 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 25, 1932
that I last saw h~~im~~ alive on June 25, 1932
and that death occurred, on the date stated above, at 2:45 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Asthma. (Bronchial)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Isaac Belknap M. D.
6-25, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Kemmerer, Wyo. Date of Burial: 6-27 1932

20. Undertaker: Wm. D. Talley Address: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 6 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79821

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 59
(No. 222 - 7th Ave. No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Scribner 91 b

(a) Residence. No. 222 7th Ave. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
female	White	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. L. Scribner

6. DATE OF BIRTH (month, day and year) June 11th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	11	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rockford Ill.

PARENTS

10. NAME OF FATHER Josiah White
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Marinda Musgrave
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant (Address) Mrs. P. J. Caskey Nampa, Idaho

15. Filed 6-6, 1932. [illegible] County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 3rd (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to June 4, 1932, that I last saw her alive on June 4, 1932 and that death occurred, on the date stated above, at 11:05 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Ruptured Aortic Aneurism
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) 15 yrs. mos. ds.

18. Where was disease contracted if not at place of death? [illegible]
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) C. E. Sellers M. D.
June 7, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Rohlerlawn-Nampa — Date of Burial: 6-6 1932
20. Undertaker: Mrs. Nina M. Talley — Address: Nampa, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79822

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 60

90

2. FULL NAME Matthew Melvin Davidson
(a) Residence. No. 415-16th Ave. So. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Davidson

6. DATE OF BIRTH (month, day and year) Nov. 4th 1862

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
69	7	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mill
(b) General nature of industry, business, or establishment in which employed (or employer): Flour
(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): Red Stanwood Iowa

PARENTS
10. NAME OF FATHER: Ebennezzar Davidson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: Mary Jane Collins
13. BIRTHPLACE OF MOTHER (city or town) (State or County):

14. Informant (Address): Mrs. Bessie Davidson Nampa, Idaho

15. Filed 6-21, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1932, to June 19, 1932 that I last saw him alive on June 19, 1932 and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Auricular fibrilation of and decompensation of heart
Heart trouble (duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) Geo. R. Proctor M. D.
6-21-, 1932 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal: Kohlerlawn Nampa
Date of Burial: 6-21 1932

20. Undertaker: Wm. D. Talley
Address: Nampa, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 6 1939

DO NOT WRITE IN THIS SPACE

State File No. 79823

PLACE OF DEATH

County of Canyon.

City of Nampa.

Registration District No. 7

Primary Registration District No. 1606

Local Registrar's No. 64

1594

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rilla Gladine Flowers.

(a) Residence. No. 136-Hi-St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-21-31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME George Flowers.

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Muriel Reynolds.

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMENT (Address) Mrs George Flowers

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Ida. Date 6-15, 1932

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED 6-14, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/13 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1932, to 6-13, 1932

I last saw h alive on 5-12, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	4-1-32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Horton, M. D.

(Address) Nampa Idaho

RECEIVED JUL 6 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon

City of Rural

DO NOT WRITE IN THIS SPACE

State File No. 79824

Registration District No. 7

Primary Registration District No. 2 and 6

Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Elizabeth McNulty

(a) Residence. No. — St. —
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. J. McNulty

6. DATE OF BIRTH (month, day, and year) 6-11-56

7. AGE Years 76 Months — Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME McConnell

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Revely

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) W. J. McNulty Caldwell

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date ..... R.F.D., 193..

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED 6-27, 1932 Dee Thurlow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-26 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1926 to June 26, 1932

I last saw her alive on May 1, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1923
Other contributory causes of importance:	
Senile paresis	1931

Name of operation none Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) [signature] M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 6 1932

DO NOT WRITE IN THIS SPACE
State File No. 79825

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 70
(No. 912 - 7th St. No)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary A. Noell 131

(a) Residence. No. 912 - 7th St. No St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 2 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred N. Noell

6. DATE OF BIRTH (month, day and year) March 16th 1847

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Columbus, Indiana

PARENTS
10. NAME OF FATHER James Critchfield
11. BIRTHPLACE OF FATHER (city or town) (State or Country) So. Carolina
12. MAIDEN NAME OF MOTHER Charlotte Parker
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kentucky

14. Informant (Address) Mrs Guy Blakesley Nampa, Idaho

15. Filed 6-28, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 26, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to June 26, 1932, that I last saw h[illegible] a'live on June 26, 1932 and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Uremic poisoning

(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Arterio sclerosis
(duration) years yrs. mos. ds.

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of -
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) C E Rehrmann M. D.
6-27-, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa — Date of Burial: 6-28 1932
20. Undertaker: Mrs. Nina M. Talley — Address: Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79826

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Willard Beauregard 168

(a) Residence, No. Nampa # St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14

7. AGE Years 47 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bingham Canyon
(State or country) Utah

FATHER
13. NAME John W. Beauregard
14. BIRTHPLACE (city or town) Minnesota
(State or country)

MOTHER
15. MAIDEN NAME Jennie Hansen
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Date 6-6, 1932

19. UNDERTAKER
(Address)

20. FILED 6-6, 1932 Dorothy Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 8-15 a m.

The principal cause of death and related causes of importance were as follows:

Suicide by hanging

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. V. Peckham Coroner M.D.
(Address) Caldwell, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Willard Beauregard

(a) Residence. (Usual place of abode) No. Nampa R # 1 St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME John N. Beauregard

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Jennie Hansen

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Nampa Date 6-6, 1932

19. UNDERTAKER C. B. Peterson (Address) Caldwell Idaho

20. FILED 6-6, 1932 Bertha Conway Registrar
Per Lyda Rodgers Local Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide By hanging	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79827

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 78

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Mrs. Irene M. Gaylord

(a) Residence. No. Caldwell St. R.R.#2 (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Frank W. Gaylord

6. DATE OF BIRTH (month, day, and year) 4-26-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alma Wisconsin

FATHER

13. NAME John Brinkman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Hindt

16. BIRTHPLACE (city or town) Appelton
(State or country) Wisconsin

17. INFORMENT (Address) Frank W. Gaylord, Caldwell R#2

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 6-16, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 6-16-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-15 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 15, 1932
I last saw her alive on June 13, 1932. death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	Many years 10 hours.
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) C. R. Whittenberger M. D.
(Address) Caldwell, Idaho

RECEIVED JUL 14 19[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 9
Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
State File No. 7982[illegible]

Local Registrar's No. 84

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Chas. H. Imus

(a) Residence. No. Middleton St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Anna Johnson Imus

6. DATE OF BIRTH (month, day, and year) 7-13-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mount Ayr
(State or country) Iowa

FATHER

13. NAME Wm. Imus

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Sarah Combs

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMENT Mrs. Chas. Imus
(Address) Middleton, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 6-30, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Ida.

20. FILED 6-30-, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-28 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1929, 19[illegible], to June 28, 1932
I last saw h[illegible] alive on June 28, 1932; death is said to have occurred on the date stated above, at 8:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Other contributory causes of importance:	

Name of operation Resection Date of July 22, 29
What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Caldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79829

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 13
Primary Registration District No. 2005
Local Registrar's No. 77

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Stephens

(a) Residence. No. (Usual place of abode) Wilder St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Allen Stephens

6. DATE OF BIRTH (month, day, and year) Feb 2-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calif

FATHER
13. NAME Peter Riebold
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Allen Stephens Wilder Ida
18. BURIAL, CREMATION, OR REMOVAL Place Wilder Date 6-15, 1932
19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida
20. FILED 6-19-, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932, to June 13, 1932
I last saw her alive on June 13, 1932: death is said to have occurred on the date stated above, at 1a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcenoma of Liver & Stomach	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert E Talbot M. D.
(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79830

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 81

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs. Mary Parmeter Hartley

(a) Residence. No. Caldwell St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Henry Hartley

6. DATE OF BIRTH (month, day, and year): 1847

7. AGE: Years 85 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Home Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Southern Penn.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): Henry Hartley Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Canyon Hill Date: 6-23, 1932

19. UNDERTAKER (Address): Paul L. Case Caldwell Idaho.

20. FILED 6-23-, 1932. John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to June 21, 1932
I last saw her alive on June 21, 1932; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac - stenosis	

Other contributory causes of importance:
Sugar diabetes age

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ No Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓
(Signed) T. D. Farrer M. D.
(Address) Caldwell Ida

March 16 - 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

State File No. 79831

Local Registrar's No. 76

If death occurred in a hospital, institution or camp, give its NAME instead of street and number

2. FULL NAME Alonzo Witteman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word)

6. DATE OF BIRTH: Oct (Month) 14 (Day) 1866 (Year)

7. AGE: 65 Yrs. 7 Mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Ohio — near Dayton

10. NAME OF Father: Daniel Witteman

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Nancy Smith

13. BIRTHPLACE OF MOTHER (State or Country): Maryland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. E. Witteman
(Address) Caldwell, Idaho.

15. Filed 6-18 1932 John S. Meyer, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 16 1932 to June 12 1932, that I last saw him alive on June 12 1932, and that death occurred on the date stated above, at 11:45 M.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(Duration) ..... yrs. 8 mos. ..... ds.

Contributory (Secondary) Paraadynamic Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) [signature] M. D.

6-13 1932 (Address) Caldwell Id.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill

DATE OF BURIAL: 6-15 1932

20. UNDERTAKER: C. V. Peckham

ADDRESS: Caldwell Idaho.

RECEIVED JUL 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79832

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 80

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Samuel Stevenson

(a) Residence. No. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 9-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME H W Stevenson

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Emma L. Yokem

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) J R Stevenson Nampa Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date June 21 1932

19. UNDERTAKER (Address) C. A. Peckham Caldwell Ida

20. FILED 6-23-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1932, to 6-19, 1932
I last saw him alive on 6-19, 1932. death is said to have occurred on the date stated above, at 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Myocarditis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Horton, M.D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Canyon
City of Caldwell

DO NOT WRITE IN THIS SPACE
State File No. 79833

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Scott Murphy

(a) Residence. No. Middleton St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ alma murphy

6. DATE OF BIRTH (month, day, and year) Oct 13 1892

7. AGE Years 39 Months 8 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Clophas Murphy
14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER
15. MAIDEN NAME Allie Sherman
16. BIRTHPLACE (city or town) (State or country) W. Virginia

17. INFORMENT (Address) Harmon Murphy Caldwell Ida (city)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Middleton Date June 28, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 6-28-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20 1932 to June 25, 1932
I last saw him alive on June 25, 1932; death is said to have occurred on the date stated above, at 6:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1925 ?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) S A Dudley M.D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 2005

(No. ..... St.)

State File No. 79834

Local Registrar's No. 79

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Douglas Kay Thornton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

6. DATE OF BIRTH: June (Month) 14 (Day) 1932 (Year)

7. AGE: — Yrs. — Mos. — ds.

IF LESS than 1 day how many 24 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Caldwell Idaho

10. NAME OF Father: L. J. Thornton

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Dorothy Wharton

13. BIRTHPLACE OF MOTHER (State or Country): Wash.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J H Robleyer

(Address) 1823 Cleveland City

15. Filed 6-21 1932 John S. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

161

16. DATE OF DEATH: June (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-14-1932 to 6-15-1932 that I last saw him alive on 6-15-1932 and that death occurred on the date stated above, at 7.15 P.M.

The CAUSE OF DEATH* was as follows:

Head injury during birth

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

6-18 1932 (Address) Caldwell Id.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill

DATE OF BURIAL: 6-18-1932

20. UNDERTAKER: C. V. Peckham

ADDRESS: Caldwell, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79837

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 52
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

749

2. FULL NAME Erva Fauline Leeright
(a) Residence. No. Rupert Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) June 17 - 1895
7. AGE Years 36 Months 11 Days 25 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Michigan

PARENTS
10. NAME OF FATHER Thos Trathan
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Michigan
12. MAIDEN NAME OF MOTHER Kitty Faul
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) New York

14. Informant Robert Leeright
(Address) Rupert Idaho

15. Filed 6/12, 1932 H. Nelson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 11 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to June 11, 1932
that I last saw her alive on June 11, 1932
and that death occurred, on the date stated above, at 12.32 A m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemmorrhage
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Ellis Kacky, M. D.
June 12, 1932 (Address) Fm Willis Soda Springs Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Rupert Idaho Date of Burial June 13 1932
20. Undertaker F M Williams Address Montpelier Id

RECEIVED JUL 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79838

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Caribou
City of Soda Springs Ida
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 14
~~(No.~~ Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

60

2. FULL NAME Milton John Woddaupe
(a) Residence. No. Downey, Idaho St. Downey Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 0 yrs. 0 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, ~~Married, Widowed,~~ or ~~Divorced (write~~ the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single
6. DATE OF BIRTH (month, day and year) June 24, 1923
7. AGE 4 Years 9 Months 0 Days 5 If LESS than 1 day, ... hrs. or ✓ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Downey, Idaho

PARENTS
10. NAME OF FATHER John Irene Woddaupe
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Sarah Bump
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Downey, Idaho

14. Informant (Address) Ellis Kackley

15. Filed June 29, 1932 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 29, 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 24, 1932, to June 29, 1932
that I last saw h..... alive on June 29, 1932, 19.....
and that death occurred, on the date stated above, at 9 15 a m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows;
Hyperthyroidism
(duration) ..... yrs. 3 mos. ..... ds.
CONTRIBUTORY (Secondary) none
(duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? Downey Ida
Did an operation precede death? Attempted Date of 6/29/32
Was there an autopsy? no
What test confirmed diagnosis? ✓
(Signed) Ellis Kackley, M. D.
June 29, 1932 (Address) Soda Springs, Ida

19. Place of ~~Burial, Cremation,~~ or Removal Downey Idaho
Date of Burial 19
20. Undertaker ?
Address Downey Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79839

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 13
(~~No.~~ Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ola Call
(a) Residence. No. Wayan Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Hawaiian 1/2 + White - 1/2
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hi School Girl.

6. DATE OF BIRTH (month, day and year) Oct. 18 - 1916

7. AGE Years 15 Months 8 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hi School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wayan Ida

PARENTS
10. NAME OF FATHER Frank Call
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Woodruff Wash
12. MAIDEN NAME OF MOTHER Emily Kabakii
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Paia Hawaii

14. Informant (Address) Frank Call Wayan Ida

15. Filed 6-21, 1932 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 20th, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19, 1932 to June 20, 1932
that I last saw her alive on June 20, 1932
and that death occurred, on the date stated above, at 2:10 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Automobile Accident, Abdominal Cavity Perforated by broken bow
(duration) yrs. mos. 14 hrs. ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 5 Miles E. of Soda Springs
Did an operation precede death? yes Date of 6/19/32
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) Ellis Kirkley M. D.
June 21, 1932 (Address) Soda Springs Ida

19. Place of ~~Burial~~, Cremation, or ~~Removal~~ Soda Springs Ida
Date of Burial June 21 - 1932

20. Undertaker E. L. Whiteman
Address Soda Springs Ida

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79840

PLACE OF DEATH
County of Bear Lake Canbon
City of Montpelier Soda Springs
Registration District No. 5-2
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 44

2. FULL NAME Lawrence J Sloan
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 12 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railroad Supt
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Preston Idaho

PARENTS

10. NAME OF FATHER: James Sloan
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Illinois
12. MAIDEN NAME OF MOTHER: Elizabeth Ford
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ohio

14. Informant: Mrs L J Sloan
(Address) Montpelier Idaho

15. Filed 6/30/1932 N Hokenson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 8. (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to June 8, 1932
that I last saw h— alive on June 8, 1932
and that death occurred, on the date stated above, at 7:30 P m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis of Coronary
Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Jan 7- 1932
Was there an autopsy?
What test confirmed diagnosis?

6/8/32 (Signed) Ellis Buckley by Fm Gellen, M. D.
19 (Address) Soda Springs Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Montpelier Idaho	June 12 1932
20. Undertaker	Address
J A Hellman	Montpelier Idaho

RECEIVED JUL 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79841

PLACE OF DEATH
County of Cassia
City of Malta

Registration District No. 119
Primary Registration District No. 2198
Local Registrar's No. 889

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel Beth Moncur

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of No

6. DATE OF BIRTH (month, day, and year) July 13, 1930

7. AGE Years 1 Months 10 Days 19 If LESS than 1 day, ... hrs. or ✓ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Malta Idaho

FATHER
13. NAME James Moncur
14. BIRTHPLACE (city or town) (State or country) Mt Carmel Utah

MOTHER
15. MAIDEN NAME Ida Nelson
16. BIRTHPLACE (city or town) (State or country) Benjamen Utah

17. INFORMENT (Address) James Moncur

18. BURIAL, CREMATION, OR REMOVAL
Place Malta Date June 4, 1932

19. UNDERTAKER (Address) Pierce & Kimball Bey Jos. P. Pierce

20. FILED July 1, 1932 C. I. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1930, to June 2, 1932
I last saw her alive on May 15, 1932: death is said to have occurred on the date stated above, at 3:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease.	July 13 1930

Other contributory causes of importance: None

Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C. I. Sater, M. D.
(Address) Malta Idaho

RECEIVED JUL

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79842

PLACE OF DEATH

County of Cassia

City of Jackson Com

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91b

2. FULL NAME George F Rutledge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 19 1854

7. AGE 77 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Illinois

PARENTS

10. NAME OF FATHER: Richard W Rutledge

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Emma Curby

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Virginia

14. Informant: Percy A. Rutledge
(Address) Rupert R 1

15. Filed 7-5, 1932 E H Elmore Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to May 24, 1932 that I last saw him alive on May 23, 1932 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Arterio Sclerosis

about (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Raynaud's disease, Feet

Lilot (duration) 1 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Lilian Frazier, M. D.

....., 19.... (Address) Rupert, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rupert Cemetery | Date of Burial: May 26 1932

20. Undertaker: W. A. Goodman | Address: Rupert Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79843

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 17
Primary Registration District No. 216 Local Registrar's No. 26
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Norman Gunderson
(a) Residence. No. St. 100-a
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Sept. 13 - 1931
7. AGE Years Months 8 Days 21 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Burley Ida.

PARENTS
10. NAME OF FATHER Alan Gunderson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ogden Vt.
12. MAIDEN NAME OF MOTHER Erma Elquist
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Oakley Ida

14. Informant (Address) Alan Gunderson Burley Idaho.
15. Filed , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 20 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 16, 1932, to June 20, 1932
that I last saw him alive on June 20, 1932
and that death occurred, on the date stated above, at 11:4 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean, M. D.
, 19 (Address) Burley Id.

19. Place of Burial, Cremation, or Removal Burley Ida
Date of Burial 6-23, 1932
20. Undertaker D. E. Johnson
Address Burley.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79844

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 17
Primary Registration District No. 2192
Local Registrar's No. 38
(No. 320 So Normal)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 8

2. FULL NAME Asa Sagers
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Sagers
6. DATE OF BIRTH (month, day and year) Feb 8-1859
7. AGE Years 73 Months 4 Days 5 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Utah
PARENTS
10. NAME OF FATHER Wm H. H. Sagers
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Lucy
13. BIRTHPLACE OF MOTHER (city or town) (State or County) —
14. Informant (Address) Mrs Asa Sagers Burley Ida
15. Filed 7-8-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 23 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 5, 1932 to June 16, 1932
that I last saw him alive on June 16, 1932
and that death occurred, on the date stated above, at 2:30 P.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows: Cardiac Sclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Neuritis
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Usual
(Signed) Joseph Trenstad M. D.
....., 19.. (Address) Burley Idaho
19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial 6-25 1932
20. Undertaker D. E. Johnson Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19845

PLACE OF DEATH
County of Cassia
City of Burley
Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 331
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie S Roberts

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 21-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65-		21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) S. L. City Ut.

PARENTS

10. NAME OF FATHER John W Sanner
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pa
12. MAIDEN NAME OF MOTHER Lucy R Snyder
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Missouri

14. Informant (Address) W. C. Roberts Burley Idaho

15. Filed 7-8-, 1932 F. H. Curtis Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 22, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1932, to June 22, 1932, that I last saw her alive on June 22, 1932, and that death occurred, on the date stated above, at 8 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Dilatation of Heart

..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Metrab incompetency
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clin.
(Signed) F. H. Curtis, M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Ida	6-26 1932
20. Undertaker D. E. Johnson	Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. [illegible]

PLACE OF DEATH

County of Cassia
City of Jackson

CERTIFICATE OF DEATH

Registration District No. 17
Primary Registration District No. 46
Local Registrar's No. [illegible]
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Fred Carlson 16 V
(a) Residence. No. Jackson, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 16 - 1932

7. AGE Years | Months | Days | If LESS than 1 day, 6 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Jackson
(State or country) Cassia Co. Idaho

PARENTS

10. NAME OF FATHER Elmer Arvie Carlson
11. BIRTHPLACE OF FATHER (city or town) Butte
(State or Country) Montana
12. MAIDEN NAME OF MOTHER Florence Helen Ravencraft
13. BIRTHPLACE OF MOTHER (city or town) Jackson
(State or County) Idaho

14. Informant (Address) Mrs Fay Champion Rupert, Idaho.

15. Filed 7-8, 1932 F. H. Carlton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 16 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 16, 1932
that I last saw him alive on May 16, 1932
and that death occurred, on the date stated above, at 2 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Failure to properly establish respiratory function.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Premature birth - about 7 mo gestation
(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Leland Frazier, M. D.
5-16, 1932 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal: Jackson, Idaho
Date of Burial: 5/17 1932

20. Undertaker: Layne & Kimball
Address: Burley

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79848

PLACE OF DEATH
County of Clark
City of Dubois

Registration District No. 125
Primary Registration District No. 2203

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas C Clarey

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sheepherder
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Not known

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant: John Burnside
(Address): Dubois Idaho

15. Filed June 18, 1932 C E Jones M D Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at about 10a m.

The CAUSE OF DEATH* was as follows:
Not known
Found dead near camp.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) C E Jones M. D.
June 18, 1932 (Address) Dubois Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Dubois Idaho	June 18 1932

20. Undertaker: None — Address

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

JUL 5 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 91
Primary Registration District No. 2168
File No. 79849
Registered No. 3

1. PLACE OF DEATH.
County of Lemhi
City of Elk River (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elizabeth Lauran George

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov 24 1868 (Month) (Day) 1 (Year)

7. AGE: 63 yrs. 6 mos. 6 ds. 27
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: G. Page

11. BIRTHPLACE OF FATHER (State or Country): Michigan

12. MAIDEN NAME OF MOTHER: Marsh

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ira George
(Address) Elk River, Idaho

15. Filed July 2 1932 Mildred Hamby Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-16- 1932 to 6-21 1932
that I last saw h.er alive on 6-20 1932
and that death occurred on the date stated above, at 1:13 P.M.
The CAUSE OF DEATH* was as follows:
Tonsilitis — Septic sore throat —
(Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Septicemia
(Duration) ..... yrs. ..... mos. 2 ds.
(Signed) Anna E.T. Woodward ~~M. D~~ RN
6-22 1932 (Address) Box 214 Elk River

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death. 20 yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? Elk River
Former or usual residence Same

19. PLACE OF BURIAL OR REMOVAL: Elk River to Moscow — DATE OF BURIAL: 6-25 1932

20. UNDERTAKER: Mitchell Mortuary — ADDRESS: St. Maries, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & STNS. 19760

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Cheawater

City of Elk River

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 91

Primary Registration District No. 2168

(No. ..... St.)

State File No. 79850

Local Registrar's No. 2

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joseph Perry Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: April (Month) 19 (Day) 1861 (Year)

7. AGE: 71 Yrs. 10 Mos. 19 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business or establishment in which employed (or employer): Saw Mill

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF Father: Jere Miah Weatherwax

11. BIRTHPLACE OF FATHER (State or Country): Michigan

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): Michigan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jerry Johnson

(Address) Elk River, Ida.

15.

Filed ..... 19 ..... Mildred S. Hambly
Local Registrar

MEDICAL CERTIFICATE OF DEATH

749

16. DATE OF DEATH: March (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 1931 to March 9 1932, that I last saw him alive on March 9 1932 and that death occurred on the date stated above, at 4:00 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 21 ds.

Contributory (Secondary) 1) Arteriosclerosis 2) Hypertension

Chr. Myocarditis (Duration) 1 yrs. 6 mos. ..... ds.

(Signed) H. G. Potter M.D. M. D.

Mar. 9 1932 (Address) Elk River, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston, Idaho

DATE OF BURIAL: Mar. 12 1932

20. UNDERTAKER: R. E. Kircher #262

ADDRESS: St Maries Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 5 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79851

PLACE OF DEATH

County of Clearwater

City of Lenore R.F.D.

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 46

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

5

2. **FULL NAME** Barbara Ann McEvers

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word.): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Nov 2 - 1863

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	7	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9. BIRTHPLACE (city or town) (State or country): Keokuk Iowa

PARENTS

10. NAME OF FATHER: Christofer Kreeg

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary Polen

13. BIRTHPLACE OF MOTHER (city or town) (State or County): Ohio

14. Informant (Address): Brother & sons

15. Filed June 28, 19..... V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 27 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1929, to 6-27-, 1932

that I last saw her alive on 6-26, 1932

and that death occurred, on the date stated above, at 6.30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Diabetes

many years

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Probably Carcino stomach

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) J. W. R. Robertson, M. D.

6/27, 1932 (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal: Orofino

Date of Burial: July 1 19

20. Undertaker: V. A. Shaw

Address: Orofino

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79852

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 96
Primary Registration District No. 2187
Local Registrar's No. 41 50

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norman Hawes,

(a) Residence. No. (Usual place of abode) St. Fraser, Idaho. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) August 8, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME Thomas Hawes
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Lois Adams
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Records: State Hospital North

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. H. No. Date June 10, 1937

19. UNDERTAKER (Address) T. A. Dillberg, Hosp. Dept. Orofino - Idaho.

20. FILED June 13, 1937 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936, to June 10 1937

I last saw him alive on June 10 1937: death is said to have occurred on the date stated above, at 5:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of lip and face	14 mos.
Other contributory causes of importance: Paranoid Condition	29 yrs.

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Howe McElwain, M. D.
(Address) Orofino - Idaho -

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7853

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 39

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Adolph Bruce

(a) Residence. No. ..... St. Orofino - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 33 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. night watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) Norway

FATHER
13. NAME Olaus Christiansen
14. BIRTHPLACE (city or town) ... (State or country) Norway

MOTHER
15. MAIDEN NAME Carrie Ferdinand
16. BIRTHPLACE (city or town) ... (State or country) Norway

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery: S.H. North Date June 1, 1932

19. UNDERTAKER F. A. Brillberg, Hosp. Stat.
(Address) Orofino - Idaho

20. FILED June 4, 1932 W. A. Thacker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1932, to May 30, 1932

I last saw him alive on May 30, 1932; death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant growth (Carcinoma) of Pylorus	1931
Other contributory causes of importance: Paranoia	

Name of operation ... Date of ...

What test confirmed diagnosis? Phys. Signs Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John Louis McKelvey, M. D.

(Address) Orofino — Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79854

PLACE OF DEATH
County of Clearwater
City of Orojino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 45
31

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Wollenweber

(a) Residence. No. ..... St. Lewiston, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 11 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? 32 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE: Years 51 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Itinerant laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North

18. BURIAL, CREMATION, OR REMOVAL
Place State Hospital Cemetery Date June 23, 1932

19. UNDERTAKER (Address) J. A. Bielberg, Hosp. Attd. Orofino, Idaho.

20. FILED June 25, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to June 23, 1932

I last saw him alive on June 22, 1932: death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:
Dementia praecox, paranoid type.

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelway, M. D.
(Address) Orojino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Grangemont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE
State File No. 7855

Local Registrar's No. 40

(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alber Danner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizbath Danner

6. DATE OF BIRTH (month, day, and year) Dec 25 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER
13. NAME Lenard Danner
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) W.O. Danner Grangemont

18. BURIAL, CREMATION, OR REMOVAL Place Weasmen Date June 10, 193

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED June 10, 193 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Had No Physician	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W.A. Shaw Reg 490, M. D.

(Address) Orofino Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79856

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 90
Primary Registration District No. 2187
(No.)

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

164

2. FULL NAME Agnes J. Starr

(a) Residence. No. Caldwell, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant State Hospital North
(Address) Orofino Ida

15 Filed June 16, 19 W. A. Shean
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 16 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 16, 1932,
that I last saw her alive on June 16, 1932,
and that death occurred, on the date stated above, at 2:50 P. m.

The CAUSE OF DEATH* was as follows:

Senility
(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) F. J. Hopkins, M. D.
6/16, 1932 (Address) Orofino, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
State Hosp. North	June 18 19

20. Undertaker F. A. Billingsley
Address Orofino

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Federal Security Agency
United States Public Health Service
National Office of Vital Statistics

CERTIFICATE OF DEATH

STATE OF IDAHO

79857

Local Registrar's Duplicate
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH: AMENDED 6-30-52

(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home—Hospital—Institution—Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Hayes M. Coleman

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 30, 1896

8. AGE	Years	Months	Days	If less than 1 day
	35			hrs min.

9. Exact Occupation butcher — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Kansas City, Kansas (City or town) (State or foreign country)

Father
12. Name Warren Coleman
13. Birthplace Arkansas (City or town) (State or foreign country)

Mother
14. Maiden name Edith May Flint
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address Harry Glover, Orofino
17. (a) (Burial, cremation, or removal) (b) Date thereof June 25 (Month) (Day) (Year)
(c) Place: Orofino
18. Funeral Director's **OWN** Signature and Address W. A. Shaw, Orofino
19. (a) June 24, (Date received and filed) (b) W. A. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12, 1933, 19
At o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from , 19, to , 19
I last saw h alive on 6 A. M., 19, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental drown in Clearwater river. Car went over bank in river — Duration
Due to Drown on June 12, 1932, body found
Due to June 24, 1932.
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Physician Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred , 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. A. Shaw Local Registrar (M. D. or other)
and Address Orofino, Idaho Date , 19
(For additional space, use reverse side)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE
State File No. 7985

Local Registrar's No. 44

162

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hayes M. Coleman

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 30 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 12

11. Total time (years) spent in this occupation 1930

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Harry Glover Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date June 25 93

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED June 24, 193 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 6.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drown in Clearwater river	
Car went over bank in river	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Shaw Funl. Dir. 490, ~~M. D.~~

(Address) Orofino Idaho

Over

WARREN F. GARDNER
ATTORNEY-AT-LAW
OROFINO, IDAHO

June 18, 1952

RECEIVED
JUN 20 1952
DIVISION OF VITAL STATISTICS

Registrar, Vital Statistics
Department of Public Health
State of Idaho
Boise, Idaho

Dear Sir:

I am writing on behalf of Mrs. Gertrude Glover, of this city, who has recently corresponded with you regarding the Death Certificate of one Hayes M. Coleman.

In your letter of June 2, 1952, addressed to Mrs. Glover, you informed her that the above Death Certificate could be changed only upon affidavit of the undertaker who filed the original certificate. It was impossible to obtain such an affidavit due to the decease of the undertaker some time ago, and the subsequent destruction of all his records.

I am, therefore, enclosing the affidavit of Mrs. Glover, the former wife of the decedent, and of one Mrs. Scoles, the sister of the decedent, which it is hoped you are able to accept in lieu of an affidavit by the undertaker.

The correction of the errors on this Death Certificate is quite vital to Mrs. Glover, as it must be used to prove her American Citizenship. You will note that the Death Certificate states that the decedent was single at the time of his death; whereas, in fact he was divorced, having formerly been married to Mrs. Glover. It is upon this marriage to the decedent that Mrs. Glover's American Citizenship depends. Therefore, I am sure you can see the extreme importance of correcting the Death Certificate.

If these enclosed affidavits are insufficient to enable your office to make such corrections, would you kindly advise me if there is any other possible way in which to have the Death Certificate corrected, other than by affidavit of the undertaker.

Very truly yours,

Warren F. Gardner

WFG/al

WARREN F. GARDNER

AFFIDAVIT

STATE OF IDAHO)
) ss.
County of Clearwater)

GERTRUDE GLOVER, being first duly sworn on oath, deposes and says:

That she is a resident of Orofino, County of Clearwater, State of Idaho, and is of legal age;

That affiant is the former wife of one Hayes M. Coleman, who died in the County of Clearwater, State of Idaho, on the 12th day of June, 1932; that affiant knew the said Hayes M. Coleman during his lifetime, and knows the personal history of the said Hayes M. Coleman; that affiant has examined a photostatic copy of the Certificate of Death of the said Hayes M. Coleman, which said certificate is on file with the Bureau of Vital Statistics, Department of Public Welfare, State of Idaho, as Instrument No. 79857; that the said certificate, upon examination, has been found to be erroneous in several particulars hereinafter set forth;

That affiant has attempted to have the said certificate corrected by W. A. Shaw, the undertaker who filed the original certificate; that the said W. A. Shaw is deceased, and his records have been destroyed;

That the said Certificate of Death of Hayes M. Coleman is in error in the following particulars, to-wit:

That paragraph 5 states that the said decedent was single; whereas in truth and in fact, the said decedent was divorced; that the said decedent was married to Gertrude Coleman, now Gertrude Glover, on the 10th day of September,

SEP 7 1927

JUN 30 1932

1919, and was divorced from her on the 7th day of January, 1931;

That paragraph 6 states that the said decedent was born on the 30th day of December, 1897; whereas in truth and in fact, the said decedent was born on the 30th day of December, 1896, in Kansas City, Kansas; that the name of his father was Warren Coleman, who was born in Arkansas; that the maiden name of his mother was Edith May Flint, who was born in Wisconsin;

That paragraph 8 states that the said decedent was a laborer; whereas in truth and in fact, the said decedent was a butcher, and had been so employed for the two years next preceding his death.

Gertrude Glover.

SUBSCRIBED AND SWORN to before me this 17th day of June, 1952.

Warren J. Hansen
Notary Public in and for the State of Idaho, residing at Orofino, therein.

AFFIDAVIT

STATE OF IDAHO)
) ss.
County of Clearwater)

ROSIE SCOLES, being first duly sworn on oath, deposes and says:

That she is a resident of Orofino, County of Clearwater, State of Idaho, and is of legal age;

That affiant is the sister of one Hayes M. Coleman, who died in the County of Clearwater, State of Idaho, on the 12th day of June, 1932; that affiant knew the said Hayes M. Coleman during his lifetime; and knows the personal history of the said Hayes M. Coleman; that affiant has examined the photostatic copy of the Certificate of Death of the said Hayes M. Coleman, which said certificate is on file with the Bureau of Vital Statistics, Department of Public Welfare, State of Idaho, as Instrument No. 79857; that the said certificate, upon examination, has been found to be erroneous in several particulars hereinafter set forth;

That affiant has attempted to have the said certificate corrected by W. A. Shaw, the undertaker who filed the original certificate; that the said W. A. Shaw is deceased, and his records have been destroyed;

That the said Certificate of Death of Hayes M. Coleman is in error in the following particulars, to-wit:

That paragraph 5 states that the said decedent was single; whereas in truth and in fact, the said decedent was divorced; that the said decedent was married to Gertrude Coleman, now Gertrude Glover, on the 10th day of September,

1919, and was divorced from her on the 7th day of January, 1931;

June, 1952.

Warren F. Gardner
Notary Public in and for the State of Idaho, residing at Grofinc, therein.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79858

PLACE OF DEATH
County of Clearwater
~~City of~~ Bertha Hill Lookout

Registration District No.
Primary Registration District No.
Local Registrar's No. 42

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

195

2. FULL NAME Glen Edward Frazier

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1910

7. AGE: Years 21 | Months 5 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Labor for C.T.P.A.
10. Date deceased last worked at this occupation (month and year) June 13-1932
11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (city or town) (State or country) Orofino, Ida

FATHER
13. NAME Fred L. Frazier
14. BIRTHPLACE (city or town) (State or country) Vernon County Wisconsin

MOTHER
15. MAIDEN NAME Maud J. Weseman
16. BIRTHPLACE (city or town) (State or country) Verndale, Minn.

17. INFORMENT (Address) Mrs Fohl Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Weatman Date June 18 193

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED June 14, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 193

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental death by lightening Cause 192	June 13 1932

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/3 193
Where did injury occur? Clearwater county Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury struck by lightening
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. B. Pappenhagen, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79859

PLACE OF DEATH
County of Custer
City of Mackay

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 155
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Ovid Lawson 88b
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Lawson
6. DATE OF BIRTH (month, day and year) Jan. 6, 1873
7. AGE Years 59 Months 5 Days 3 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Quartz Mine
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Pleasant Grove California
PARENTS
10. NAME OF FATHER Paul Lawson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky
12. MAIDEN NAME OF MOTHER Madeleine Tyler
13. BIRTHPLACE OF MOTHER (city or town) (State or County) McClellan Unknown
14. Informant (Address) Lillian Lawson Mackay Ida
15. Filed July 13 1932 Rose Nowicki Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 9 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1932, June 9, 1932
that I last saw him alive on June 9, 1932
and that death occurred, on the date stated above, at 1 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. A. B. Jensen, M. D.
, 19 (Address) Mackay Ida
19. Place of Burial, Cremation, or Removal Mackay Cemetery Date of Burial 19
20. Undertaker J. Germer Address Arcadia

RECEIVED JUL 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79860

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 142
(No. Challis Hot Springs)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Lamason Jarvis. 128

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 3 1863

7. AGE Years 79 Months 4 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pinsbrough West Virginia

FATHER
13. NAME E. J. Jarvis.
14. BIRTHPLACE (city or town) (State or country) Middle Island West Virginia

MOTHER
15. MAIDEN NAME Caroline Chapman
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Jess Jarvis Challis Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Challis, Ida. Date June 17, 1932

19. UNDERTAKER (Address) Dobbler Salmon, Ida

20. FILED June 20, 1932 Elma McKinney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/13- 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 193..., to June 15, 1932
I last saw him alive on 6/15-, 1932; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
uremia & intestinal stasis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. L. Kirtley, M. D.
(Address) Challis, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79861

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Custer
City of Mackay

Registration District No. 76
Primary Registration District No. 2133
Local Registrar's No. 11
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Lawrence Pritchett
(a) Residence. No. Mountain View Hotel St. Mackay Ida.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 28 yrs. 3 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 3, 1904

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	3	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Herding sheep
(c) Name of employer: Philip Gossi

9. BIRTHPLACE (city or town) (State or country): Mackay Idaho

PARENTS

10. NAME OF FATHER: Thomas J Pritchett
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Carthage Mo.
12. MAIDEN NAME OF MOTHER: Mary Harris
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Manhnoy Penn.

14. Informant (Address): Thomas Pritchett Mackay Idaho

15. Filed July 10, 1932 Rose Nowacki Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 12 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-12, 1932, to 6-12, 1932
that I last saw him alive on 6-12, 1932
and that death occurred, on the date stated above, at 10.45 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental traumatism
Crushed by horse

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) Carroll A H Jensen M. D.
....., 19..... (Address) Mackay Ida.

19. Place of Burial, Cremation, or Removal: Hayden Cemetery Mackay
Date of Burial: June 15 1932

20. Undertaker: J Harnier
Address: Arco Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79862

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

9
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2. FULL NAME Ann Iona Bingham Blaisdell

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James W. Blaisdell

6. DATE OF BIRTH (month, day, and year): Aug-24-1887

7. AGE: 44 Years | Months: 9 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) May 15 1932
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Clifton Idaho

FATHER
13. NAME: John S. Bingham
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Mary Peters
16. BIRTHPLACE (city or town) (State or country): Brigham Utah

17. INFORMENT (Address): J. W. Blaisdell

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Malad Idaho Date: June 5, 1932

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED 6/30, 1932 J. M. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932 to June 2, 1932
I last saw her alive on June 2, 1932 death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Apoplexy	

Other contributory causes of importance:
Embolism of Leg (right)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O. H. Malory, M. D.
(Address) Malad Idaho

RECEIVED JUL 1 1932

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Owyhee
City of Silver City
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 43
Primary Registration District No. 2120
(No. ..... St.)

File No. 79863
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Richard S. Hawes.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH
January 2, 1848
(Month) (Day) (Year)

7. AGE
84 yrs. 5 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Cornwall, England

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (State or Country) Cornwall

12. MAIDEN NAME OF MOTHER Dont know.

13. BIRTHPLACE OF MOTHER (State or Country) Cornwall

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John S. Hawes
(Address) Silver City, Idaho.

15.
Filed June 17th, 1932 T. K. Leonard
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
June 4, 1932.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1932, to June 7, 1932, that I last saw him alive on June 7, 1932, and that death occurred on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:
Nephritis
Probably several months
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W W Jones M. D.
6-16-1932 (Address) Jordan Valley Oregon

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Silver City, Idaho — DATE OF BURIAL: June 7, 1932

20. UNDERTAKER: John Grelo — ADDRESS: Silver City, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79865

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret E. Alden

164

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Willard Alden

6. DATE OF BIRTH (month, day, and year): Nov 7-1854

7. AGE: Years 77 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: Alford Pretterman
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Rebecca Pepper
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): Mrs E H Alden, Payette, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette Idaho Date: 6-3-1932

19. UNDERTAKER (Address): Glenn C Langdon, Payette Idaho

20. FILED June 10, 1932 J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6-2-1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw her alive on ....., 193.. : death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scientity	

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify none
(Signed) Edith Vaudin, coroner
(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79866

PLACE OF DEATH

County of Payette
City of New Plymouth Idaho
Registration District No. 4
Primary Registration District No. 1008 . Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura M. Mikesell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alvin H. Mikesell

6. DATE OF BIRTH (month, day, and year) Nov. 18-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Plymouth

FATHER

13. NAME Harrie C. Dillon

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Florence M. Marburn

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Florence M. Dillon

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Date June 15 1932

19. UNDERTAKER (Address) C. Sedgwick

20. FILED June 16 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to June 13, 1932
I last saw h[illegible] alive on June 13, 1932; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/5/32

Other contributory causes of importance:

Carcinoma	years.

Name of operation None Date of
What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. W. Keller M.D.
(Address) New Plymouth, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79867

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME John S. Henshaw

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Henshaw

6. DATE OF BIRTH (month, day, and year): Dec 23 1858

7. AGE: Years 74 | Months 5 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): wis.

FATHER
13. NAME: Andrew Henshaw
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: Wilmine Moxey
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): A. F. Olsen, Route #2 Hayward Calif

18. BURIAL, CREMATION, OR REMOVAL Place: Payette Date: June 18 1932

19. UNDERTAKER (Address): Glenn C. Landon, Payette Idaho

20. FILED June 18, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 7 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932, to May 29, 1932.
I last saw him alive on May 29, 1932: death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	6/7/32

Other contributory causes of importance:

General Arteriosclerosis	Years

Name of operation: None Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Keller, M. D.
(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79868

PLACE OF DEATH
County of Payette
City of —

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 28

(No.) 2059
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Karl J. Hartman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/24/71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Jacob Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Herzog

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs K. J. Hartman New Plymouth, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Nampa Date , 193

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED June 13 1932 J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to June 7, 1932

I last saw h.. alive on June 6, 1932: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Convulsions	Feb 19

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas E Palmer, M. D.

(Address) Ontario Ore

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Power

City of Rockland, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79870

Registration District No. 23

Primary Registration District No. 2072

Local Registrar's No. 19

(No. Nine Miles South West of Rockland.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Charles John Gall

(a) Residence. No. Rockland, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, and year) Jan. 27 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Not known

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Harta, Austria.

FATHER

13. NAME Frank S. Gall

14. BIRTHPLACE (city or town) (State or country) Harta, Austria.

MOTHER

15. MAIDEN NAME Tauchen-Rosa. S.

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMENT (Address) Joseph J. Gall 719 W 8th St Pittsburg Kansas

18. BURIAL, CREMATION, OR REMOVAL Place Rockland. Date June 12 1932

19. UNDERTAKER Davis. H Davis
(Address) American Falls, Idaho.

20. FILED June 11, 1932 Geneva Nott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned to death when home	
burned. (Accident)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Davis Coroner. M.D.

(Address) American Falls

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79871

PLACE OF DEATH
County of Power
City of Americam Falls

Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.) 131

2. FULL NAME John Thomas Scrimsher

(a) Residence. No. Rockland 22 Yrs St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Phoebe Scrimsher

6. DATE OF BIRTH (month, day, and year) Sept 8, 1865

7. AGE: Years 84 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frankferd Ky.

FATHER
13. NAME Jessie Scrimsher
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Rodgers
16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) B E Mortimer

18. BURIAL, CREMATION, OR REMOVAL
Place Rockland Date June 17 1932

19. UNDERTAKER (Address) H L Davis

20. FILED June 17, 1932 Genevieve Nolte Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932, to June 13, 1932
I last saw him alive on June 13, 1932: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-rendl disease	

Other contributory causes of importance:
Pneumonia

Name of operation None Date of .....
What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) C. F. Schultz, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79872

PLACE OF DEATH

County of Power

City of American Falls

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 21

(No. Bethany Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Clarence Frank Schiltz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Martha Schiltz

6. DATE OF BIRTH (month, day, and year) Feb 17, 1877

7. AGE Years 55 Months 4 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Doctor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Canton, Ohio

FATHER
13. NAME Frank Schiltz
14. BIRTHPLACE (city or town) (State or country) North Canton, Ohio

MOTHER
15. MAIDEN NAME Amanda Bitzer
16. BIRTHPLACE (city or town) (State or country) North Canton, Ohio

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Portland, Ore. Date ....., 193

19. UNDERTAKER (Address) H. L. Davis Am. Falls, Ida

20. FILED June 25, 1932 Genevieve Noth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 24, 1932

I last saw him alive on June 24, 1932: death is said to have occurred on the date stated above, at 5 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	June 14

Other contributory causes of importance:

Wound infection	June 16
Intestinal Obstruction	" 20

Name of operation Appendectomy Date of June 15

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. P. Howard, M. D.

(Address) Pocatello, Idaho

RECEIVED JUL 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79874

PLACE OF DEATH
County of Shoshone
City of Wardner

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

20 S-9

2. FULL NAME Mrs. Grace Ann Fowler

(a) Residence. No. Wardner St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Fowler

6. DATE OF BIRTH (month, day, and year) Apr. 17-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Central City Colo.

FATHER

13. NAME Elisha Stephens

14. BIRTHPLACE (city or town) (State or country) Cornwall England

MOTHER

15. MAIDEN NAME Mary Ann Ferrell

16. BIRTHPLACE (city or town) (State or country) Cornwall England

17. INFORMENT (Address) Wm. Fowler

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date June 20, 1932

19. UNDERTAKER (Address) P. L. Stuart Kellogg Ida.

20. FILED July 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to June 17, 1932

I last saw her alive on June 17, 1932; death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phlebitis, right leg	28 days
Other contributory causes of importance: Pulmonary Embolism	12 hours

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T. Anderson, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19875

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 49

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael J. McKenna

(a) Residence. No. Burke Idaho St. Burke Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Lead Mining
10. Date deceased last worked at this occupation (month and year): 5 Mos.
11. Total time (years) spent in this occupation: 25 yrs.

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: John McKenna
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: McKenna
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Dan J. Leary Burke Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Ida. Date: June 21, 1932

19. UNDERTAKER (Address): J. A. Brown Ward and Co. Wallace Ida.

20. FILED: June 21, 1932 C. L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 19 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to June 19, 1932
I last saw him alive on June 19, 1932: death is said to have occurred on the date stated above, at 3:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis acute Pulmonary Wallace Idaho	several yrs

Other contributory causes of importance:

Syphilis, Arteriosclerosis, Prostatitis Wallace Idaho	several yrs

Name of operation: — Date of: —
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. L. Haworth M. D.
(Address) Wallace Ida.

RECEIVED JUL 12 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 19876

Local Registrar's No. 47

(No. 105)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Simonich

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	—	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Miner
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME John Simonich
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Nonj.
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) Martin Simonich Kellogg Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Cemetery Date June 12, 1932

19. UNDERTAKER Mc Donald & Hunt
(Address) Kellogg Ida

20. FILED June 17, 1932 C. L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to June 10, 1932
I last saw him alive on June 10, 1932: death is said to have occurred on the date stated above, at 10a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	about 3 yrs

Other contributory causes of importance:

Diabetes	years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Lo yrs Underground Miner
(Signed) James R. Dean, M. D.
(Address) .....

JUL 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79877

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 48

(No. Shoshone Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

N 40

2. FULL NAME George Reed

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 65 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario

FATHER
13. NAME No inf.
14. BIRTHPLACE (city or town) (State or country) No Inf.

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) M. C. Thornhill Kellogg, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida. Date June 16, 1932

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Ida.

20. FILED June 16, 1932 C. L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/28/25, 193..., to June 11, 1932
I last saw him alive on June 11, 1932; death is said to have occurred on the date stated above, at ~~11~~ 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2 months

Other contributory causes of importance:
Chr. Valvular Heart
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) James R Bean, M. D.
(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 3201

DO NOT WRITE IN THIS SPACE
State File No. 79878

Local Registrar's No. 39

1. (No. 6 / (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna Evelyn Burkhart

(a) Residence. No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fe.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 5 1932
7. AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME: Jess Burkhart
14. BIRTHPLACE (city or town) (State or country): Cathlamet Wn.

MOTHER
15. MAIDEN NAME: Evelyn Fitch
16. BIRTHPLACE (city or town) (State or country): Portland Ore.

17. INFORMENT (Address): Jess Burkhart.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Cem. Date June 9 193 2
19. UNDERTAKER: R. D. Stout
(Address) Kellogg Idaho
20. FILED July 1, 193 2 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1932
22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932, to June 8, 1932
I last saw h alive on did not die, 193 : death is said to have occurred on the date stated above, at 11:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Thymico-lymphaticus	3 days
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 6 1932

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 7979

Local Registrar's No. 41

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lionel Griffiths

41

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Langdon

6. DATE OF BIRTH (month, day, and year) Sept 9, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead & Silver smelter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Broadford Idaho

FATHER

13. NAME David Griffiths

14. BIRTHPLACE (city or town) (State or country) Shanendoa Penn.

MOTHER

15. MAIDEN NAME Adilade Fairchild

16. BIRTHPLACE (city or town) (State or country) Grantsville Utah

17. INFORMENT (Address) Adilade Fairchild

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida. Date July 6, 1932

19. UNDERTAKER R. B. Thornhill
(Address) Kellogg Ida.

20. FILED July 1, 1932 Mrs. Helen M. Brick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to June 28, 1932.
I last saw him alive on 6/23, 1932: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Syphilis	
Other contributory causes of importance:	
20 Years standing	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. P. Mason, M. D.
(Address) Kellogg Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 19811

Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frankie Calabretta

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg

FATHER

13. NAME Paul Calabretta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Cengeline Muggia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Paul Calabretta Kellogg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida. Date June 1, 193 2

19. UNDERTAKER A. B. Thornhill (Address) Kellogg Ida

20. FILED June 1, 193 2 Mrs. Helen M. Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 193 2, to May 30, 193 2

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice Acathise	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Mason, M. D.

(Address) Kellogg Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19881

PLACE OF DEATH
County of Shoshone Co.
City of Near Prichard

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 45
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** James Joseph Tilford
(a) Residence. No. Wallace, Idaho St. 182
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 5 - 1911

7. AGE: Years 21 | Months 2 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer): Lead Mining
(c) Name of employer: Hecla Mining Co.

9. BIRTHPLACE (city or town) (State or country): Wallace Idaho

PARENTS
10. NAME OF FATHER: Chas Tilford
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Kentucky
12. MAIDEN NAME OF MOTHER: Margaret Foley
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Ireland

14. Informant (Address): Mrs Margaret Tilford, Wallace Idaho

15. Filed June 4, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 2 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
that I last saw him alive on June 2, 1932
and that death occurred, on the date stated above, at 10 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidentally Drowned in No. Fork Da River while fishing (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) none
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? ..... Date of .....
Was there an autopsy? ..... None
What test confirmed diagnosis? ..... None
(Signed) J. E. Mowery Corone
6/3, 1932 (Address) Wallace Ida

19. Place of Burial, Cremation, or Removal: Wallace Idaho | Date of Burial: June 4 1932

20. Undertaker: J. A. Bever, Nordland Co. | Address: Wallace Ida

RECEIVED JUL 1 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79882

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 51/31

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Annette Lusian

(a) Residence. No. Mullan Ida. St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of A. J. Lusian

6. DATE OF BIRTH (month, day, and year) Nov 4 - 1874

7. AGE Years 56 Months 7 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hull Canada

FATHER
13. NAME Hiram Millen
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Harriet A. Sullivan
16. BIRTHPLACE (city or town) (State or country) Quebec

17. INFORMENT (Address) A. J. Lusian Mullan Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Mullan Ida. Date June 24 1932

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace Ida.

20. FILED June 24, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Dec 28, 1931

I last saw her alive on Dec 28, 1931: death is said to have occurred on the date stated above, at 2:22 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	unknown

Other contributory causes of importance:
Chronic hypertrophic arthritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Paul Ellis, M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RE[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79883

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 50
(No. 506 - 1st Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mary Knudson 107

(a) Residence. No. 506 - 1st St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of H. R. Knudson.
Lee, Mass.

6. DATE OF BIRTH (month, day, and year) May 18, 1882.

7. AGE Years 50 Months 1 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lee, Mass.

FATHER
13. NAME Terrance McLaughlin
14. BIRTHPLACE (city or town) (State or country) Proctor Vt.

MOTHER
15. MAIDEN NAME Mary McLaughlin
16. BIRTHPLACE (city or town) (State or country) Lee, Mass.

17. INFORMENT (Address) Mrs. C. Z. Seelig Wallace, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Idaho Date June 22 1932

19. UNDERTAKER (Address) Bruce G. Woostell Wallace, Idaho.

20. FILED June 22, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to June 19, 1932

I last saw her alive on June 19, 1932 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs	6-16-32

Other contributory causes of importance:
Malignant Hypertention

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Max T. Smith M. D.
(Address) Wallace Idaho.

RECEIVED JUL 12 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79884

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 46
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Rizzonelli

(a) Residence. No. ..... St. 70
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Virginia Rizzonelli
6. DATE OF BIRTH (month, day, and year) Dec 27 - 1866
7. AGE Years 65 Months 5 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME Babtiste Rizzonelli
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Carolina Bazoli
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) Bazil Rizzonelli Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date June 14, 1932

19. UNDERTAKER (Address) John A Bwer (Ward Und Co) Wallace Ida

20. FILED June 14, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.., to June 11, 1932
I last saw him alive on June 11, 1932; death is said to have occurred on the date stated above, at 7 2-P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Chr	

Other contributory causes of importance:

Alcoholism Chr	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury .....
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Dex Mowery, M. D.
(Address) Wallace Ida

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79885

PLACE OF DEATH
County of Teton
City of Victor

CERTIFICATE OF DEATH
Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 10
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Unknown

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Don't know

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Don't know

6. DATE OF BIRTH (month, day and year) Don't know

7. AGE Years About 55 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Don't know
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Don't know

PARENTS
10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't know
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Don't know

14. Informant (Address) Joseph Cowan Teton Co. Coroner.

15. Filed 6-20, 1932 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH About (Month) 6/1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Found dead in empty freight-car, Presumably died of ptomaine or ~~other~~ food poisoning
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) L. T. Tadue M. D.
6/6, 1932 (Address) Driggs, Idaho.

19. Place of Burial, Cremation, or Removal Driggs Cemetery | Date of Burial 6/6 1932

20. Undertaker | Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 79886

PLACE OF DEATH
County of Teton
City of Driggs

CERTIFICATE OF DEATH

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 11
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin W Baler

(a) Residence. No. St. 1019
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 13 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Clarissa Barnson Baler

6. DATE OF BIRTH (month, day and year)

7. AGE: 59 Years ~~56~~ Months 9 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Renter
(c) Name of employer: E. D. Seymour

9. BIRTHPLACE (city or town) (State or country): Cedar City Utah

PARENTS

10. NAME OF FATHER: John S Baler
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Springfield Ohio
12. MAIDEN NAME OF MOTHER: Matilda Jane Sudweeks
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Ill.

14. Informant (Address): Dora Baler Kimball Driggs Ida

15. Filed 6-20, 1932 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 6 (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-25, 1932, to 6-15, 1932
that I last saw him alive on 6-15, 1932
and that death occurred, on the date stated above, at 3 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Labor Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Tuberculosis

(duration) 8 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Driggs Ida
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) G. S. Paskinson, M. D.
6-16, 1932 (Address) Driggs Ida

19. Place of Burial, Cremation, or Removal: Clawson Tetonia Lane. Date of Burial: June 18 1932
20. Undertaker: Vern J. Keller Address: Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 5 1937

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 39
Primary Registration District No. 2087
File No. 79887
Registered No.

1. PLACE OF DEATH
County of Twin Falls
City of Twin Falls (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information. Local Hospital

2. FULL NAME Sarah Frances Duffield

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married
6. DATE OF BIRTH: April (Month) 11 (Day) 1864 (Year)
7. AGE: 68 Yrs. 1 Mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Missouri
10. NAME OF FATHER: S. F. Wells.
11. BIRTHPLACE OF FATHER (State or Country): Vermont
12. MAIDEN NAME OF MOTHER: Sarah Elliot
13. BIRTHPLACE OF MOTHER (State or Country): Tennessee
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank M. Duffield
(Address) Burke Ida.
15. Filed May 6 1937 J. H. Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 4 (Day) 1937 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 31 1937 to June 4 1937 that I last saw h.r. alive on June 4 1937 and that death occurred on the date stated above, at 4.30 P. M.
The CAUSE OF DEATH*, was as follows:
Peritonitis
(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary) Ruptured Gangrenous Appendix.
(Duration) ..... yrs. ..... mos. 1 ds.
(Signed) J. H. Murphy M. D.
June 6 1937 (Address) J. H. Murphy

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 3 days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? Arkansas
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bruneau, Ida. DATE OF BURIAL: 6/6 1937
20. UNDERTAKER: Evans & Musgrove L. D. Johnson ADDRESS: Burke Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19888

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2067
Local Registrar's No. 44

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace M Seehler

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	D

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov-11-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1-1932

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Buffalo. Mo

FATHER

13. NAME D C Seehler

14. BIRTHPLACE (city or town) (State or country) ~~Ohio~~ North Carolina

MOTHER

15. MAIDEN NAME Melissa Lane

16. BIRTHPLACE (city or town) (State or country) Warren. Ohio

17. INFORMANT (Address) Homer Beauchamp

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 6/9, 1932

19. UNDERTAKER (Address) Johnson

20. FILED June 17, 1932 J. T. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1932, to 6-8, 1932

I last saw her alive on 6-8, 1932: death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver and right kidney.	1927
Other contributory causes of importance: Arthritis	Jan. 1932

Name of operation none Date of

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Jennings, M. D.

(Address) Buhl. Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 7990

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2081

Local Registrar's No. 114

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Talmadge

(a) Residence. No. Kimberly Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amy

6. DATE OF BIRTH (month, day, and year) March 20 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drayman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Noah Talmadge

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Amy Talmadge Kimberly, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 6-14, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED 6/14, 1932 Elizabeth L Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-2 32, 1932, to 6-11, 1932

I last saw him alive on 6-11, 1932: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	6/5/32

Other contributory causes of importance:

None	

Name of operation ~~None~~ Date of ~~None~~

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J M Davis, M. D.

(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 19 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 79891

Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

40

2. FULL NAME Mary Ann George Johnston

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of William E. Johnston

6. DATE OF BIRTH (month, day, and year) Nov. 26-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	7	x	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cardiff, Wales

FATHER

13. NAME George George

14. BIRTHPLACE (city or town) (State or country) Cardiff, Wales

MOTHER

15. MAIDEN NAME Elizabeth Richards

16. BIRTHPLACE (city or town) (State or country) Cardiff, Wales

17. INFORMENT (Address) Mrs. E. B. Johnston Buhl Ida

18. BURIAL, CREMATION, OR REMOVAL Place Almo, Ida Date 6/29/32 193..

19. UNDERTAKER (Address) Evans & Johnson Twin Falls. E. B. Johnston

20. FILED 6/30, 1932 Elizabeth J. Smith Registrar. Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/26 1932

22. I HEREBY CERTIFY, That I attended deceased from Had no doctor, 193.., to ....., 193..
I last saw her alive on January, 193.. death is said to have occurred on the date stated, above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Circulatory Failure due to Degenerated Heart Muscle	The onset worked in Garden the previous evening.
Other contributory causes of importance: Age	

Name of operation None Date of .....
What test confirmed diagnosis? Manner of death. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Dr. John R. Morgan, M. D.
(Address) Twin Falls, Idaho

RECEIVED JUL 12 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79892

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 122
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 a

2. FULL NAME Capitola Diana Smith
(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed
5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William B. Smith
6. DATE OF BIRTH (month, day, and year) Sept 15-1864
7. AGE Years 67 Months 9 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexander Indiana

FATHER
13. NAME Seth Bacon
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Lee Smith Kimberly Idaho
18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Manhattan, Kansas Date ....., 193
19. UNDERTAKER (Address) White Mortuary Inc. Twin Falls, Idaho.
20. FILED 6/27, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1932
22. I HEREBY CERTIFY, That I attended deceased from 6-22-23, 193..., to 6-25-32, 1932
I last saw her alive on 6-25-32, 1932; death is said to have occurred on the date stated above, at 7 15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic with Acute Dilation of Heart. Post operation.	6-24-32 dilation

Other contributory causes of importance:
Adhesions (from old peritonitis) (omentum - intestines abdomen) Recondary incisional hernia
Name of operation Repair incisional hernia ++++ Date of 6-23-32
What test confirmed diagnosis? op. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Duncan L. Alexander, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7893

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 116
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Jane Tussey

(a) Residence. No. Kimberly Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: J. J. Tussey

6. DATE OF BIRTH (month, day, and year): April 16-1853

7. AGE: Years 79 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Longwood Me.

FATHER
13. NAME: Jacob George
14. BIRTHPLACE (city or town) (State or country): Me.

MOTHER
15. MAIDEN NAME: Martha Jane Curry
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs Pearl Tussey Kimberly, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date 6-21, 1932
19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho
20. FILED 6/21, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6-18 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10 1932, to June 18, 1932
I last saw h alive on June 18, 1932: death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	6/10/32
Other contributory causes of importance: Fracture R Hip.	6/10/32

Name of operation 0 Date of
What test confirmed diagnosis? C A Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jun. 10/32, 193
Where did injury occur? Twin Falls, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury Fall
Nature of injury Fracture of right hip.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J M Davis, M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79894

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 113

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.) or Room 749

2. FULL NAME Mona Jennings

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edd. Jennings

6. DATE OF BIRTH (month, day, and year) Oct 7 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Henry Trigg

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Edd Jennings Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Jun 13, 1932

19. UNDERTAKER F E Draper
(Address) Twin Falls

20. FILED 6/14, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 10, 1932

I last saw her alive on June 10, 1932; death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	Unknown
Cerebral Hemorrhage,	6-2-32
Cerebro Spinal Lues	1-7-31

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~~Twin Falls~~ No injury

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard J. Simonton, M. D.

(Address) Twin Falls Ida

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED JUL 12 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 37
Primary Registration District No. 1085
File No. 79895
Registered No. 110

1. PLACE OF DEATH
County of Twin Falls
City of Twin Falls
(No. ..... , ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leroy Gleuss Fox
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH
Apr 21 (Month) 1888 (Day) (Year)

7. AGE
44 Yrs. 1 Mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Stockman
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) St Joseph Mo.

10. NAME OF FATHER James A. Fox

11. BIRTHPLACE OF FATHER (State or Country) Kentucky

12. MAIDEN NAME OF MOTHER Della Ridge

13. BIRTHPLACE OF MOTHER (State or Country) Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nora Fox
(Address) Salt Lake City Utah

15. Filed 6/10 1932 Elizabeth L. Smith a.c.t. Local Registrar

MEDICAL CERTIFICATE OF DEATH

31

16. DATE OF DEATH
June (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4 1932 to June 5 1932
that I last saw h..... alive on June 4 1932
and that death occurred on the date stated above, at 6 a M.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Several Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. A. Newberry M. D.
June 7 1932 (Address) Teen Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Twin Falls Ida. | DATE OF BURIAL 6/7 1932

20. UNDERTAKER Evans & Johnson C. Johnson | ADDRESS Twin Falls Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79896

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 123
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

1869

2. FULL NAME Harley D. Gambrel

(a) Residence. No. 190 Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rose Gambrel
6. DATE OF BIRTH (month, day, and year): Nov. 6-1902
7. AGE: Years 29 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employed by J. T. Canal Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): North Platte Nebr.

FATHER
13. NAME: Charles Gambrel
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Juliettia Phillips
16. BIRTHPLACE (city or town) (State or country): Nebr.

17. INFORMENT (Address): Mrs. Rose Gambrel 190 – Washington St.
18. BURIAL, ~~CREMATION~~ OR REMOVAL Place: Twin Falls Date 6-30, 1932
19. UNDERTAKER (Address): White Mortuary Inc. Twin Falls, Ida.
20. FILED 6/30, 1932 Elizabeth Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6-28 1932
22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1932, to 6-28, 1932
I last saw him alive on 6-28, 1932: death is said to have occurred on the date stated above, at 9:25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock + Probable internal Hemorrhage	6-27-32
Other contributory causes of importance: Leg fracture	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury 6-27 1932
Where did injury occur? near Buhl Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Ind.
Manner of injury Ditch bank cave in.
Nature of injury Caused by rocks + dirt.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Ditch digging.
(Signed) Jos. Jenkins, M. D.
(Address) Buhl Ida.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 7989?

1. PLACE OF DEATH.
Registration District No. 37
Primary Registration District No. 1085
County of Twin Falls
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
Registered No. 119
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Wm E Haylurst.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	Married

6. DATE OF BIRTH
Nov (Month) 20 (Day) 1856 (Year)

7. AGE
76 yrs. 6 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ark.

10. NAME OF FATHER: David Haylurst

11. BIRTHPLACE OF FATHER (State or Country): Ark -

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nathan Haylurst
(Address) Twin Falls Ida

15. Filed 6/29 1932 Elizabeth L. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
May (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, ~~That I attended deceased from~~ ..... 191..., to ..... 191...,
that I last saw ~~him~~ ~~alive~~ on May. 21 1932
and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Found Dead in bed. History indicated circulatory failure
No autopsy.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. A. Wright. M. D.
6-23 1932. (Address) Centurn Filer Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State None. yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence Twin Falls. Route 1 -

19. PLACE OF BURIAL OR REMOVAL: ~~Rose Creek~~ ~~Twin Falls Ida~~ | DATE OF BURIAL: May 24 1932

20. UNDERTAKER: L. C. Pickens | ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 12 1932

DO NOT WRITE IN THIS SPACE

State File No. 79898

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 124

(No. 165)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lida Voss

(a) Residence. No. Twin Falls St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Norman Voss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jean Pont

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) Mrs. Compton Twin Falls

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Twin Falls Date July 1, 1932

19. UNDERTAKER Orth Drug Co. (Address) Twin Falls Idaho

20. FILED 7/1, 1932 Elizabeth J. Arnold Registrar. acg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-29-32, 193..., to 6-29-32, 193...

I last saw her alive on 6-29-32, 193...: death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by liquid Poison - (Phenol)	6-29-32 approx 8:45 PM
Other contributory causes of importance: Psychosis - Depressed mental State	2 mo

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6-29 1932

Where did injury occur? Twin Falls, Ida. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home of Sister-

Manner of injury Self administered.

Nature of injury Poisoning by swallowing

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard D. Symonton, M. D.

(Address) 111 Shoshone N. Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 19899

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 112

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1019

2. FULL NAME Ludwig Huether

(a) Residence. No. 345 - Quincy St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Margaret Huether

6. DATE OF BIRTH (month, day, and year) July 5 - 1868

7. AGE, Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Russia

FATHER

13. NAME Paul Huether

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Mrs. L. C. Bell Twin Falls, Ida R#2

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls, Ida Date , 193

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Ida

20. FILED 6/11, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932 to June 10, 1932
I last saw him alive on June 10, 1932; death is said to have occurred on the date stated above, at 3.35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	6-5-32
Acute dilitation of heart	6-10-32

Other contributory causes of importance:

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard D. Simonton, M. D.
(Address) Twin Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79900

PLACE OF DEATH
County of Twin Falls
City of " "
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 111

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry J. Wall

(a) Residence. No. 214 - 17th ave East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91 K

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Burd M-

6. DATE OF BIRTH (month, day, and year) Oct 13 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Abstractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnson Co. Mo.

FATHER
13. NAME Benjamin F. Wall
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Eliza Jane Dudley
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. H. J. Wall 214 17th Ave E.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 6-10, 1932

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls Ida

20. FILED 6/10, 1932 Elizabeth C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1932

22. I HEREBY CERTIFY, That I attended deceased from the, 193..., to June 8th, 193 2
I last saw him alive on June 4th, 193 2: death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis general	Oct 7th 1925
Other contributory causes of importance:	
Apoplexy Recurrent.	3/5/31
1st -	
2nd	5/20/32

Name of operation None Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193..
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No -
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Duncan & Hemmings M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79901

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 117
Primary Registration District No. 2176
Local Registrar's No. 333
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar Raymond Smothers.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 28-1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	7	6.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Declo Cassia Co.
(State or country) Idaho

PARENTS

10. NAME OF FATHER William Edgar Smothers
11. BIRTHPLACE OF FATHER (city or town) South Dakota
(State or Country)
12. MAIDEN NAME OF MOTHER Asenf Geyer
13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Montana.

14. Informant W. E. Smothers
(Address) Declo Idaho

15. Filed 7-8-, 1932 F. W. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 4, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 10, 1930, to June 4, 1932
that I last saw him alive on June 4, 1932
and that death occurred, on the date stated above, at 6:40 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH*-was as follows:
Cardelin
(duration) 6 yrs. mos. ds.
CONTRIBUTORY (Secondary) Nephritis
(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Stuart E. Dean M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial
Declo, Idaho.	6-7 1932
20. Undertaker H. C. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79902

PLACE OF DEATH

County of Twin Falls

City of Filer

Registration District No. 37

Primary Registration District No. 2086

Local Registrar's No. 121

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME America Evans

90

(a) Residence. No. Filer St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 16 1869

7. AGE Years 6.3 Months 4 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME John Price

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Edyth Thompson

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMENT (Address) Mrs. W B Young Filer

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date June 26, 1932

19. UNDERTAKER (Address) J E Drake Twin Falls

20. FILED 6/25, 1932 Elizabeth J Smith Registrar. ACT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/25 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1932, to June 24, 1932

I last saw her alive on June 24, 1932; death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Not Known Years duration

Other contributory causes of importance:

Chronic Pulmonary Tuberculosis	Many years duration

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) A. A. Newberry, M. D.

(Address) Filer Idaho

RECEIVED JUL [illegible] 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7903

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 118
(No. Country Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J J Hayes

(a) Residence. No. (Usual place of abode) St. Country Hospital (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 ?			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Country Hospital Records Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Sales Cem Date 6-22, 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Ida

20. FILED 6/23, 1932 Elizabeth Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to 6/20, 1932
I last saw h[illegible] alive on 6/18, 1932: death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows: Senile dementia — Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79904

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 113

William (No.) 7
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mason

(a) Residence. No. County Hospital St. (Dr. Weaver Physician)
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: About 80 Years | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Indigent
10. Date deceased last worked at this occupation (month and year) Certify
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) County Hospital Twin Falls

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date June 17, 1932

19. UNDERTAKER (Address) F. E. Drake Twin Falls

20. FILED 6/16, 1932 Elizabeth J. Smith Registrar. acd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/16 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1928, to 6/16, 1932
I last saw him alive on 6/15, 1932: death is said to have occurred on the date stated above, at 1:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile dementia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79905

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 109

(No. 41)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard H. Smith

(a) Residence. No. 351 - 8th Ave. N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Elizabeth Smith

6. DATE OF BIRTH (month, day, and year) Sept 4 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bean Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland Neck N. C.

FATHER
13. NAME Richard H. Smith
14. BIRTHPLACE (city or town) (State or country) Scotland Neck N. C.

MOTHER
15. MAIDEN NAME Mary H. Cooke
16. BIRTHPLACE (city or town) (State or country) Petersburg Va.

17. INFORMENT (Address) Mrs. T. M. Robertson Twin Falls, Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Twin Falls Date 6-3, 1932

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls. Ida

20. FILED 6/3, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1932, to June 1st, 1932
I last saw him alive on June 1, 1932; death is said to have occurred on the date stated above, at 1:40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia Pneumococcus Type III	May 20/32
Nephritis Pneumococcus Type III	May 20/32
Other contributory causes of importance: Pneumonia Lobar Right	May 30/32
Lobular Left	May 31/32

Name of operation No Date of
What test confirmed diagnosis? Blood & Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Duncan K. Hyland M. D.
(Address) June 2-32

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79906

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 120

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Pearl Holloway 49

(a) Residence. No. 3½ miles west Twin Falls, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of H. E. Holloway

6. DATE OF BIRTH (month, day, and year) June 30-1879

7. AGE: Years 52 | Months 11 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hardin Co. Mo.

FATHER
13. NAME Alfred Doud
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Margaret Hayden
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) H. E. Holloway Twin Falls, Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 6-25, 1932

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Ida.

20. FILED 6/24, 1932 Elizabeth J. Smith Registrar. Acg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-23 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1932, to June 20, 1932
I last saw her alive on June 10, 1932 death is said to have occurred on the date stated above, at 10:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of throat.	Feb-1932

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. W. Wilson, M. D.
(Address) Twin Falls, Idaho

RECEIVED JUL 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79907

PLACE OF DEATH
County of Valley
City of Cascade

Registration District No.
Primary Registration District No. Local Registrar's No. 11

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Othon Canaday 163

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days 12 hrs If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cascade Ida

FATHER
13. NAME L. Moore Canaday
14. BIRTHPLACE (city or town) (State or country) Southwest City MO

MOTHER
15. MAIDEN NAME Edna Isabell Scott
16. BIRTHPLACE (city or town) (State or country) Powersville MO

17. INFORMENT (Address) L. Moore Canaday McCall Ida

18. BURIAL, CREMATION, OR REMOVAL Place Cascade Ida Date June 18 1932

19. UNDERTAKER (Address) A. D. Robb Cascade

20. FILED June 18, 1932 W. Gardner Ready Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to June 17, 1932
I last saw him alive on June 17, 1932: death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	6-17-32

Other contributory causes of importance:
Mother has pulmonary tuberculosis (supposed to be arrested case)

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Roscoe C. Ward, M. D.
(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Valley

City of McCall, Idaho

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15

Primary Registration District No.

(No. St.)

State File No. 79908

Local Registrar's No. 10

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Sarah L. Besecker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word)

6. DATE OF BIRTH: Jan (Month) 19th (Day) 1848 (Year)

7. AGE: 84 Yrs. 4 Mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Hinsdale N.Y.

10. NAME OF Father: Charles Atwater

11. BIRTHPLACE OF FATHER (State or Country): N.Y.

12. MAIDEN NAME OF MOTHER: Sarah Blair

13. BIRTHPLACE OF MOTHER (State or Country): N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dianna E Besecker

(Address) McCall Idaho

15. Filed June 16 1932 W. Gardner Ready Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 16th, (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1927 19..., to 1932 19..., that I last saw her alive on June 16 32 19..., and that death occurred on the date stated above, at 12:30

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with Cardia Insufficiency

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Ulysses S. Craft M. D.

6-16 1932 (Address) McCall, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 14 yrs. ..... mos. ..... days. In the State 26 yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? None

Former or usual residence Olean N.Y.

19. PLACE OF BURIAL OR REMOVAL: Meridian Idaho

DATE OF BURIAL: June 18 1932

20. UNDERTAKER: A D Robb

ADDRESS: Cascade Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JUL 5 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 79909

Local Registrar's No. 9

1. PLACE OF DEATH

County of Valley

City of McCall, Idaho

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME DR Frank A. BLakeslee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word)

6. DATE OF BIRTH: March (Month) 7th (Day) 1858 (Year)

7. AGE: 74 Yrs. 3 Mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Physician and Surgeon

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF Father: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julius L. Loyghe

(Address) 1605 N. Prospect ave Milwaukee Wis.

15. Filed June 5 1932 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

#9

16. DATE OF DEATH: June (Month) 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2nd 1932, to June 3rd 1932, that I last saw him alive on June 3rd 1932 and that death occurred on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma base of tongue followed by Cardiac Insufficiency

(Duration) 10 yrs. mos. ds.

Contributory (Secondary) Cardiac Insufficiency

(Duration) 10 yrs. mos. ds.

(Signed) Ulysses S. Craft M. D.

19 (Address) McCall, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 10 days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? X

Former or usual residence Minneapolis Minn

19. PLACE OF BURIAL OR REMOVAL: Cascade Ida

DATE OF BURIAL: June 4 1932

20. UNDERTAKER: W. S. Robb

ADDRESS: Cascade Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79910

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 24
(No. Weiser General Hospital) 188c
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amanita C. Meier

(a) Residence. No. 1011 North 9th St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 10-1908

7. AGE: Years 23 | Months 8 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Camp, Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mountain Lake Tel. & Tel Co
10. Date deceased last worked at this occupation (month and year) about 5 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

FATHER
13. NAME George Meier
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Sedonia Leerssen
16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMENT (Address) Camilla Litson Boise
18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 6-24-1932 St. John's Cemetery
19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida
20. FILED 6-24, 1932 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-20 1932
22. I HEREBY CERTIFY, That I attended deceased from 6-19-, 1932, to 6-21-, 1932
I last saw her alive on 6-20-, 1932; death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal fracture of skull. Due to auto accident	6-19-32

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/19, 1932
Where did injury occur? 10 miles N E Weiser
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on Highway 95 N.
Manner of injury Car turned over
Nature of injury Basal fracture of skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F. A. Schmidt, M.D.
(Address) Weiser Idaho

E. V.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79911

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Eliza Edwards

(a) Residence. No. 642 West Butterfield St. 164
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed-

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas. H. Edwards

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 92 | Months 7 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Marblehead Mass.

FATHER
13. NAME Wm Rodgers
14. BIRTHPLACE (city or town) (State or country): Marblehead Mass.

MOTHER
15. MAIDEN NAME Mary Elizabeth Martin
16. BIRTHPLACE (city or town) (State or country): Marblehead Mass.

17. INFORMENT (Address): Marie Odom 642 W. Butterfield

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser - Ida Date June 11 1932

19. UNDERTAKER (Address): L. C. Northam Weiser Idaho

20. FILED 6-17, 1932 W. R. Hamilton Registrar.

E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to ....., 193..
I last saw her alive on June 6, 1932: death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance: None

Name of operation — Date of —
What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. R. Hamilton, M. D.
(Address) Weiser Idaho

RECEIVED JUL 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7912

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 1

(No. 6 Lee)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME London L Lee

(a) Residence. No. 1065 2nd West St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

162

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	9 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Laurence Lee

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Priscilla Leighton

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Laurence Lee Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 7-2-, 1932

19. UNDERTAKER L. C. Northrop (Address) Weiser Idaho

20. FILED 7-11, 1932 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 1, 1932
I last saw him alive on July 1, 1932: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphixia Neonatorum	July 1-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Hyden Hanchey, M. D.
(Address) Weiser - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

E. T.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79913

PLACE OF DEATH

County of Washington

City of Weiser

Registration District No. 86

Primary Registration District No. 2112

Local Registrar's No. 25

(No. 60 ft) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minerva Bowman

(a) Residence. No. Mann Creek St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of David Bowman

6. DATE OF BIRTH (month, day, and year) June 7-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Ransom Wells

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Delia Sweeney

16. BIRTHPLACE (city or town) (State or country) Unk Known

17. INFORMENT (Address) Lawrence Bowman Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida. Date June 9- 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 7-2, 1932 W. R. Hamilton Registrar.

E.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932, to June 8, 1932

I last saw her alive on June 5, 1932; death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. D. Marshall, M. D.

(Address) Weiser

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

79914

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79914

PLACE OF DEATH

County of Ada
City of Ada County
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 56

(No. Died 12 Miles East of Boise.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Morris Weaver.

(a) Residence. No. Walla Walla Washington. St. 167
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White,	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22. 1906.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	4	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Enterprise Oregon.

FATHER

13. NAME John Weaver.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Dora Clark.

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) John Weaver. Walla Walla Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Walla Walla Wash. Date July., 19.1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from July 12, 1932, to July 12, 1932, I ~~last~~ saw him alive on July 12, 1932; death is said to have occurred on the date stated above, at 1 1/9 m.

The principal cause of death and related causes of importance were as follows: Suicide, Carbon Monoxide gas, Cut in rubber tube into Connected with exhaust of his automobile, and Pipe at other end in his bed.

Date of onset

Other contributory causes of importance:

Unable to get employment.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clyde E. Summers Coroner, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

79915

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79915

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 100

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Gallentine

(a) Residence. No. Arare Hotel St. 889
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1878

7. AGE Years 53 Months 10 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bradford Penn.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Kenneth MacKenzie Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bishopsville Nebraska Date July 16 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED 4/2/32, 193 Dr. Wm Kinnaird - G B
Registrar.
A Kinnaird

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. B. Allen Coroner M.D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

79916

PLACE OF DEATH

County of Ada.

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 60

DO NOT WRITE IN THIS SPACE

State File No. 79916

(No. I9½ miles south east of Boise on highway.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Erma Mackey Briscoe.

(a) Residence. No. I3th & Washington Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Delbert Briscoe.

6. DATE OF BIRTH (month, day, and year) Jan. 5. I900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	I9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mode Store.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mannouth
(State or country) Ill.

FATHER

13. NAME Richard B. Mackey.

14. BIRTHPLACE (city or town) Ill.
(State or country)

MOTHER

15. MAIDEN NAME Avola Mackey.

16. BIRTHPLACE (city or town)
(State or country) Ill.

17. INFORMENT Mrs W. E. Bliss.
(Address) Portland Oregon.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date July. 28, 193 2

19. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.

20. FILED 7-27, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 7-10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull resulting from Car Accident happening 19½ miles South East of Boise on Highway.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Truman G. Skaggs Deputy Coroner Ada County, M. D.

(Address) Boise Idaho.

RECEIVED AUG 1932

79917 Stone V

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79917

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 211

(No. 3102 Rose Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James J. Keane

(a) Residence. No. 3102 Rose St.
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Alwilda Keane.

6. DATE OF BIRTH (month, day, and year) Dec. 3-1893

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Resident Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc St. Highway Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Genesse, Idaho.

FATHER

13. NAME Timothy Keane.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Elizabeth Burns.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Mrs. Alwilda Keane. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 7/26/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 7-25, 1932 W. F. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/23/32 193

22. I HEREBY CERTIFY, That I attended deceased from March, 193 2, to July 23, 193 2
I last saw h alive on July 22, 193 2; death is said to have occurred on the date stated above, at 11:25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Harold W. Stanton, M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 2 1932

79918

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79918

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 59

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Edward C. Sims

(a) Residence. No. 1205 N. 4th Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE OF~~

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) M.W.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL ~~CREMATION OR REMOVAL~~ Place Boise, Idaho Date 7-26-32 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 7-26 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1932, to July 23, 1932

I last saw him alive on July 23, 1932: death is said to have occurred on the date stated above, at 6:55p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach with metastasis to other abdominal organs and leg, right, causing necrosis	
Other contributory causes of importance: Inanition Starvation	

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

79919

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79919

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William D Hardwick

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha Henrietta Hardwick

6. DATE OF BIRTH (month, day, and year): Mar 15-1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Post Mastr Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mo.

FATHER

13. NAME: Noah J Hardwick

14. BIRTHPLACE (city or town) (State or country): Ky

MOTHER

15. MAIDEN NAME: Catherine Rhoades

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): Wilbur N. Hardwick

18. BURIAL, CREMATION, OR REMOVAL Place: Jerome Cem Date: July 5, 193 2

19. UNDERTAKER (Address): J A Wiley Jerome Idaho

20. FILED July 7, 1932 Chas F Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 3 193 2

22. I HEREBY CERTIFY, That I attended deceased from July, 193 1, to July 3, 193 2

I last saw him alive on July 2, 193 2: death is said to have occurred on the date stated above, at 6:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Idaho

79920

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79920

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2102
Local Registrar's No. 101

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

87

2. FULL NAME Zasa Browning

(a) Residence. No. 251-11th. Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lorenzo, Idaho

FATHER

13. NAME Stephen A. Browning

14. BIRTHPLACE (city or town) (State or country) Ogden, Utah

MOTHER

15. MAIDEN NAME Amy L. Browning

16. BIRTHPLACE (city or town) (State or country) Franklin Idaho

17. INFORMENT (Address) Mrs. Amy L. Browning Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ogden, Utah Date July 14, 1932

19. UNDERTAKER (Address) Ira Rood Idaho Falls, Idaho

20. FILED July 12, 1932 C. E. Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to July 10, 1932

I last saw him alive on July 9, 1932: death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis with Effusion	June 15
Endocarditis (Rheumatic)	June 10
Other contributory causes of importance:	
Supperative otitis Media	June 1, 1932

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) , M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

79921

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79921

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 331

31

2. FULL NAME Frank Gustav Ranta

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct-9 - 1904

7. AGE Years 27 Months 8 Days 8 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Various

9. BIRTHPLACE (city or town) (State or country) Phoenix, B. C.

PARENTS

10. NAME OF FATHER Gustav Adolph Ranta
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Naasa, Finland
12. MAIDEN NAME OF MOTHER Martha Kajalaine
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Oulu, Finland

14. Informant Hilda Laine
(Address) Kooskia, Idaho

15. Filed July 10, 1932 Jm Verbeekmeer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1932, to ——, 19..., that I last saw him alive on June 16, 1932 and that death occurred, on the date stated above, at 2 a.m. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

..... (duration) 2 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? at this place

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A F Wohlenberg, M. D.

June 19, 1932 (Address) Kooskia, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Harris Ridge Cemetery
Date of Burial June 19/1932

20. Undertaker Geo. W. Tenory
Address Kooskia Idaho

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 20 1932

79922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79922

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 2
Primary Registration District No. 1008
Local Registrar's No. 33

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs. Alice Smith.

(a) Residence. No. 911 2nd Ave. S. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Elbert C. Smith
6. DATE OF BIRTH (month, day, and year): Mar 13 1856.
7. AGE — Years: 76. Months: 3. Days: 24. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: home maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Le Seur Minn.

FATHER
13. NAME: Oliver Perry
14. BIRTHPLACE (city or town) (State or country): Maine U.S.

MOTHER
15. MAIDEN NAME: Lydia Maria Smith
16. BIRTHPLACE (city or town) (State or country): Maine - U.S.

17. INFORMENT (Address): Nelle Keith Dibble Payette Ida
18. BURIAL, CREMATION, OR REMOVAL — Place: Payette Idaho Date: July 8, 1932
19. UNDERTAKER (Address): Glenn C. Landon Payette Idaho
20. FILED: July 15, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 6 1932
22. I HEREBY CERTIFY, That I attended deceased from 1900, 193..., to July 6, 1932
I last saw her alive on July 6, 1932; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

arteriosclerosis	10 yrs

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. C. Woodward, M.D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

79923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79923

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 64

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter DANNEHL

(a) Residence. No. 463 - 3rd Street St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Adelaide Dannehl

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER
13. NAME Fred Dannehl
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Ida. Date 8/5/32, 193 Shipped
19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho
20. FILED 8-5, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 4, 1932
22. I HEREBY CERTIFY, That I attended deceased from March 27, 1932, to August 4, 1932
I last saw him alive on August 4, 1932: death is said to have occurred on the date stated above, at 2:55a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Parynchamatous	
Other contributory causes of importance:	
Uremia	

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. C. SMITH, M. D.
(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 3 1932

Amended 4-6-71

79924

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 8

DO NOT WRITE IN THIS SPACE

State File No. 79924

PLACE OF DEATH

County of Boise

City of

Registration District No.

Primary Registration District No. 2004

Local Registrar's No. 62

(No. Near Troutdale, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Cathers.

(a) Residence. No. 1314 N. 26th St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day and year) Nov. 7 1901

7. AGE Years	Months	Days	If LESS than 1 day, ---hrs. or ---min.
30	8	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Handley, W. Va.

PARENTS

10. NAME OF FATHER A. L. Cathers.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pa.

12. MAIDEN NAME OF MOTHER Olga Bartram.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Fort Gay, West Virginia

14. Informant Hugh Cathers.
(Address) Boise, Idaho.

15. Filed 7-29 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 26th 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ---------, 19---, to ---------, 19---, that I last saw h... alive on im dead 7/26/32, 19---, and that death occurred, on the date stated above, at 11:30Am

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Shanahan Co. M. D.

7/26/32, 19 Idaho City, Idaho.

19. Place of Burial, Cremation, or Removal	Date of Burial
Morris Hill Cemetery	7/29/32 19
20. Undertaker Wm. McBratney.	Address Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

4-1-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 79924

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John W. Cathers (Name on Original Certificate) who died (Was Born or Died) on July 26, 1932 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Nov. 7, 1891	Nov. 7, 1901
Birth Place of mother	Waterlow, Ohio	Fort Gay, West Virginia

Subscribed and sworn to before me this 6th day of April, 1971

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-72

(Seal)

Signed Robert Cliff

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Alden-Waggoner Chapel

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

79925 ✓

PLACE OF DEATH

County of Ada.

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79925

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 315

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Samuel P. Wright.

(a) Residence. No. I224 Chamberlin St. South Boise.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margret R. Wright

6. DATE OF BIRTH (month, day, and year) Sept. II. I860

7. AGE Years 6I Months 8 Days I4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day worker.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arlington
(State or country) Ill.

FATHER
13. NAME Robert Wright.
14. BIRTHPLACE (city or town) London
(State or country) England

MOTHER
15. MAIDEN NAME Emma Huphries.
16. BIRTHPLACE (city or town) London
(State or country) England

17. INFORMENT Mrs Margret R. Wright.
(Address) I224 Chamberlin St. Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill. Date July 27. 1932

19. UNDERTAKER Summers & Krebs
(Address) Boise Idaho.

20. FILED 7-26, 1932 W H Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July. 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1932 to July 25, 1932
I last saw h.....alive on July 25, 1932: death is said to have occurred on the date stated above, at 5:30 P.m. 7-25-32
The principal cause of death and related causes of importance were as follows: Carditis

Date of onset

Other contributory causes of importance:
Arteriosclerosis
Acidosis

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Findings

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W L Frazier, M. D.
(Address) 416 Eastman Bldg

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

V 79926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79926

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 66

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John A. Storms

(a) Residence. No. ..... St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 4, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colorado
(State or country) M W

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Idaho Falls, Ida Date 8/16/32 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 8-15, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 15 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to August 15, 1932

I last saw him alive on August 15, 1932: death is said to have occurred on the date stated above, at 1:35a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Mesenteric vessel	
Other contributory causes of importance: Gangrene of Jejunum	

Name of operation Intestinal Resection Date of 8-14-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Rec'd Aug. 79927

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79927

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 217

(No. 1311 No 14th St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph William Hardman

(a) Residence. No. 1311 No 14th St St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E. Hardman

6. DATE OF BIRTH (month, day, and year) May 20 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seed & Fuel Business & Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) San Francisco California

FATHER

13. NAME William Hardman

14. BIRTHPLACE (city or town) (State or country) Co. Galway Ireland

MOTHER

15. MAIDEN NAME Mary H. Smith

16. BIRTHPLACE (city or town) (State or country) San Francisco California

17. INFORMENT (Address) Wm J. Hardman 1311 No 14th St Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Date 7-30, 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida

20. FILED 8-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/28/1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to 7/28/32, 193

I last saw him alive on July 26, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	Nov. 1930
Chronic Aortitis	?

Other contributory causes of importance:

Myocardial Insufficiency with Hilitation	Nov. 1931

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernest E. Lanbaugh M.D.

(Address) 7/29/32

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 22 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

79928

DO NOT WRITE IN THIS SPACE
State File No. 79928

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 15

PLACE OF DEATH

County of Elmore
City of 56 Miles North of Mt. Home on Sprat creek. (No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nathaniel Gilbert Whitney

(a) Residence. No. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Minnie Whitney

6. DATE OF BIRTH (month, day and year) 8-7-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sheep herder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer J. S. Bennett

9. BIRTHPLACE (city or town) (State or country) Vermont

PARENTS

10. NAME OF FATHER Stewart Whitney
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER — Cutting
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Vermont

14. Informant Minnie Whitney
(Address) Boise, Idaho

15. Filed Aug 9, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at 7:30 P m.
The CAUSE OF DEATH* was as follows: accidental discharge of 22 Calibre Rifle.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Doctors Examination
(Signed) G. S. Zacher Coroner, M. D.
8 5, 1932 (Address) Mt. Home Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. ~~Place of Burial, Cremation, or~~ Removal	Date of Burial
Boise Idaho	19
20. Undertaker G. S. Zacher.	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79929

79929
Local Registrar's No. 63

100-a

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
(No.) Wallace Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Royal Turner

(a) Residence. No. Tacoma, Wash. St. Tacoma, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Gertrude Turner

6. DATE OF BIRTH (month, day, and year) Nov 28 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.

10. Date deceased last worked at this occupation (month and year) July 15 - 32

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Nellie Hess

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT Fred Turner
(Address) 1161 Locust St. Long Beach Cal.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Tacoma Wash Date Shipped July 29 1932

19. UNDERTAKER J. A. Bowers (Ward Undertaking Co.)
(Address) Wallace, Idaho

20. FILED July 29, 1932 C. D. Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932, to July 28, 1932
last saw h. alive on July 25, 1932; death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7-9-32
Glomerular Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Wm. T. Smith, M. D.
(Address) Wallace Idaho

79930

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79930

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 236

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey M. Short

(a) Residence. No. 1205 E. State St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Pauline Short.

6. DATE OF BIRTH (month, day, and year) Feb 26, 1865

7. AGE Years 67 Months 05 Days 26 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boise

FATHER
13. NAME Micheal Short
14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER
15. MAIDEN NAME Harriet ?
16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMENT (Address) Pauline Short Boise

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 8-26 1932 Boise

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 8-24, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/23 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932, to 8/23, 1932.
I last saw h. alive on 8/21, 1932 death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Cirrhosis Liver (Hobnailed Liver)

Other contributory causes of importance:

Gastric hemorrhage

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Fred A. Pettingle, M. D.
(Address) Boise Id

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

79931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 79931

Local Registrar's No. 68

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ROBBINS, W. Wallace

(a) Residence. No. 939 Park Blvd., Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Katie Robbins

6. DATE OF BIRTH (month, day, and year) Mar. 15, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85 85	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME John Robbins

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Saral Delatrish

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMENT (Address) Fern Birch, Veterans Administration, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 8/24/32 93

19. UNDERTAKER McBratney Funeral Home, (Address) Boise, Idaho

20. FILED 8-24, 1932 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-22-32 193

22. I HEREBY CERTIFY, That I attended deceased from 8-12-32, 193, to 8-22-32, 193

I last saw him alive on 8-22-32, 193: death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma in the axilla rt.	
Other contributory causes of importance: Hypostatic pneumonia rt. lung	

Amputation right arm
Name of operation. Date of

What test confirmed diagnosis? mycroscopic Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) F. C. SMITH, M. D.

(Address) Vet. Adm. Boise, Idaho

79932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79932

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 238

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Albert F. Stahl

(a) Residence. No. 1213 North 11th St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Bertha Stahl

6. DATE OF BIRTH (month, day, and year) Dec. 5-1[illegible]

7. AGE Years 58 Months 8 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Frederick Stahl
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Fredericka Richel
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Paul G. Stahl 1018 Hays st. Boise

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 8-26, 1932 Mount Hill

19. UNDERTAKER (Address) Schreiber & Mc Cann Boise Ida

20. FILED 8-25, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-24 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24th, 1932, to Aug 24th, 1932
I last saw him alive on Aug 20th, 1932: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma	
of left lung	

Other contributory causes of importance:
Sacomatous growth on surfaces of body before removed by operation.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [illegible] Bank, M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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74733

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79933

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Riemers

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: about 66 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forest Work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) Wm C Doebler

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 8-20", 1932

19. UNDERTAKER (Address) Wm C Doebler Salmon Idaho

20. FILED 8/22, 1932 Clio C Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows: By over exertion caused while on way to Forest fire, probably heart failure.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm C Doebler, Coroner
(Address) Salmon Idaho

79934

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79934

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel McKay Shields

(a) Residence. No. Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Minney L. Shields

6. DATE OF BIRTH (month, day, and year) March 14-1865

7. AGE Years 67 Months 5 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Albany N. York

FATHER

13. NAME Samuel McKay Shields

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Jordon

16. BIRTHPLACE (city or town) (State or country) N. K.

17. INFORMENT (Address) Mrs. D. M. Shields Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date Aug 19, 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida.

20. FILED 8/17, 1932 [signature] Registrar. 8/17/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1932, to Aug 16, 1932

I last saw him alive on Aug 16, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Auricular fibrillation	
Myocarditis	
Enlarged Prostate with retention	

Other contributory causes of importance:

Name of operation Cystostomy Date of 8-5/32

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] H. B. Rigby, M. D.

(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED AUG 4 1932

DO NOT WRITE IN THIS SPACE
State File No. 79935

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 309

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161 9

2. FULL NAME Infant. Livermore.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 24. 1932.

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or ..... min.
~~Still~~ Born.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME J. P. Livermore.

14. BIRTHPLACE (city or town) Arlington.
(State or country) Washington.

MOTHER

15. MAIDEN NAME Lorna. Mary.

16. BIRTHPLACE (city or town) .....
(State or country) Wisconsin.

17. INFORMENT J. P. Livermore.
(Address) 1142 east. Idaho. Street

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill. Date July 25 1932

19. UNDERTAKER Summers & Krebs
(Address) Boise Idaho

20. FILED 7 25, 1932 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July. 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1932, to death, 193..

I last saw h/m alive on 7-24, 1932.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. F. West, M. D.

(Address) Boise Idaho.

RECEIVED AUG 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79936

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 1310

(No. 1310 N. 14th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Stephen G. Langmaid.

(a) Residence. No. 1310 N. 14th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 3-1831

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
100	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville, Vermont.

FATHER

13. NAME Solomon G. Langmaid

14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER

15. MAIDEN NAME Nancy Green.

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMENT (Address) George W. Langmaid. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 7/26/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 7-25-1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/24/32 193

22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1932, to 7/24, 1932
I last saw him alive on 7/24, 1932 death is said to have occurred on the date stated above, at 9:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	

Other contributory causes of importance:
Fall on floor

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/24, 1932
Where did injury occur? His home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Fell
Nature of injury Bump on front of head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. S. Allen, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79937

Registration District No. 3
Primary Registration District No. 1004 Local Registrar's No. 301

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

168 e

2. FULL NAME Edward Philip Sandner.

(a) Residence. No. 1212. North 13 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 2.1923.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sidney Nebraska.

FATHER

13. NAME Herman Frank Sandner.

14. BIRTHPLACE (city or town) (State or country) Colorado.

MOTHER

15. MAIDEN NAME Ida May Cording.

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) H.F. Sandner. 1212. N. 13 th Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date July. 14. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-13, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fractured by being hit by an Automobile	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 11, 1932
Where did injury occur? 8th & O Farnell St,
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Hit by Auto on street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Clyde E. Dunmeyer Coroner, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79939

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 313
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Fulton Brown

(a) Residence. No. St. McCall Ida,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Germaine Brown

6. DATE OF BIRTH (month, day, and year) May 26 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Forest Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Springfield Mo.

FATHER

13. NAME John F. Brown

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Martha A. Woodard

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs E R Brown McCall Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kendrick Ida. Date 7-24, 1932

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida

20. FILED 7-25, 1932 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/22 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 1932, to 7/22, 1932
I last saw him alive on 7/22, 1932; death is said to have occurred on the date stated above, at 8.50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	7/22/32
Lobar Pneumonia	7/20/32

Other contributory causes of importance: Septicemic Abcess Peritonitis (Gen)

Name of operation Laparotomy Date of 7/6/32
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Heavy manual labor carrying Sleeping
(Signed) Robert M. Coats, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79940

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 395
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 6a

2. FULL NAME Carl Bozich

(a) Residence. No. St. Atlanta Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Licki Osik
(State or country) Jugo-Slavia

FATHER

13. NAME Joseph Bozich

14. BIRTHPLACE (city or town)
(State or country) Jugo-Slavia

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town)
(State or country) Jugo-Slavia

17. INFORMENT Jack Bankovich
(Address) Great Falls Mont.

18. BURIAL, CREMATION, OR REMOVAL
Place Great Falls Mont. Date 7-17 1932

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida.

20. FILED 7-18, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1932, to 7-15, 1932.
I last saw him alive on 7-14, 1932; death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia (Streptococcic)	7-7-32
Other contributory causes of importance:	
Acute Myocarditis	

Name of operation None. Date of
What test confirmed diagnosis? X-ray & lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes. If so, specify Exposure - dust - dampness
(Signed) E. F. West, M. D.
(Address) Boise Idaho.

RECEIVED AUG 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79941

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 19

(No. 607 N. 8th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Algie G. Weese

(a) Residence. No. 607 N. 8th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dealer in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Second hand Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairbury, Neb.

FATHER

13. NAME Bernard L. Weese.

14. BIRTHPLACE (city or town) (State or country) W.Va.

MOTHER

15. MAIDEN NAME Merica Marsters.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Lois L. Weese. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Dry Creek Cem Date 7-10-32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 7-8, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/7/32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to July 7, 1932

I last saw him alive on July 7, 1932; death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	6/7/32
Other contributory causes of importance: Thrombo-angiitis obliteran	1924

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. A. Forbes, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1932 Dr Beaman ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79942

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 314
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 ✓

2. FULL NAME Wm. Dick. Chalmers. Disher.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 41 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Welder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER
13. NAME Thomas. Chalmers Disher.
14. BIRTHPLACE (city or town) (State or country) Glascow. Scotland

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Ada County

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date July 25 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise Idaho.

20. FILED 7-26, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to July 24, 1932
I last saw him alive on July 23, 1932: death is said to have occurred on the date stated above, at 10³ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileus - probably due to mesenteric T.B.	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Edward F. Bruce
(Signed) ....., M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79943

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 19

(No. St. Alphonsus Hospital) 1166

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Emma M. Ross

(a) Residence. No. St. Mountain Home, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

6a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 8 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Samuel D. Ross

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Caroline Murray

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Mrs. W. E. Wilcox Kendall Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 7-6- 1932

19. UNDERTAKER (Address) Schreiber & McCann

20. FILED 7-7, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 4 ths., 1932

I last saw her alive on July 4, 1932, death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Gangrene of Bowel + Toxemia	

Name of operation Resection of Bowel Date of

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Wahle, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79944

PLACE OF DEATH
County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 54

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph D. Gardner 118a

(a) Residence. No. 3 Miles West of Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND or (or) WIFE of: Mary C. Gardner

6. DATE OF BIRTH (month, day, and year): Apr. 23-1860

7. AGE: Years 72 Months 2 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: Joseph Gardner,
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Mary C Henderson
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): Mrs. Mary C. Gardner, R 2, Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cemetery July 1 1932

19. UNDERTAKER (Address): Summers & Krebs Boise Idaho

20. FILED 7-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ June 29, 1932, to Saw, 193

~~I last saw h alive on , 193 ; death is said~~

to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows: Date of onset

Strangulated Hernia

Had No Physician

Other contributory causes of importance: for several years,

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clyde E Summers Coroner, M. D.

(Address) Boise Idaho,

RECEIVED AUG 10 1932

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79945

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 192

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helena Lubken.

(a) Residence. No. 916. E. State St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 6.1848.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	10	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Peter Adlemann.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lesetta Jauman.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT Mrs. Julia L. Austin.
(Address) 916. E. State St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date July. 3.1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8-5, 1932 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-30 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to 6/30/, 1932
I last saw h alive on 6/29/32, 1932; death is said to have occurred on the date stated above, at 3-10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Lung	June 1931
Other contributory causes of importance: Pulmonary Tuberculosis	March 1931

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) [illegible] M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Beech

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79946

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 006

(No. 501 N. 5th. St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Dot Griffith Squier

(a) Residence. No. 501 N. 5th. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Clarence Squier

6. DATE OF BIRTH (month, day, and year): February, 8, 1878

7. AGE: 54 Years, Months: 5, Days: 10, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ottumwa, Iowa

FATHER

13. NAME: Samuel C. Griffith
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Mary Wood
16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMENT (Address): Clarence Squier, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Date: 7/19/32 193

19. UNDERTAKER (Address): Wm. McBratney, Boise, Idaho

20. FILED 7-20 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1930, to July 18th, 1932

I last saw her alive on July 18th, 1932: death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Uraemic convulsions (acute) beginning July 17th 7 a.m. —

Date of onset

Other contributory causes of importance:

Oedema (anasarca) and carcinoma of pylorus of stomach

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.

(Address) Boise, Idaho

RECEIVED AUG 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79947

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 308

(No. 1003 N. 20th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles MacGregor

(a) Residence. No. 1003 N. 20th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah MacGregor

6. DATE OF BIRTH (month, day, and year) Dec. 21-1848

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
83	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Supt. of Iron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mines.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Eugene, Canada.

FATHER

13. NAME Alexander MacGregor.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Ida May Wheat.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Mrs. J. C. Murray. Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Iron Mt. Mich. Date 7/23/32 Shipped 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 7-23, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/22/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 28, 193?, to ....., 193....
I last saw h... alive on June 20, 193?; death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	
not known	

Other contributory causes of importance:
infection of digital joint of R. hand
Incised wound of right hand

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. M. Robinson, M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79948

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 55
(No. Boise, Idaho. R.# 2)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Charles Myron Fruit.

(a) Residence. No. Boise, Idaho. R.# 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Nov. 7-1853

7. AGE Years 78 Months 8 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quincy, Illinois.

FATHER
13. NAME John Lowe Fruit.
14. BIRTHPLACE (city or town) (State or country) Hannahbal, Mo.

MOTHER
15. MAIDEN NAME America Roberts.
16. BIRTHPLACE (city or town) (State or country) Quincy, Illinois.

17. INFORMENT (Address) J. R. Fruit. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 7/13/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 7-12 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/10/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1932, to July 10th, 1932
I last saw him alive on June 15th 1932: death is said to have occurred on the date stated above, at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis and Valvular Heart lesions	

Other contributory causes of importance:

Anasarca for more than a year.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) John Bouck, M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 190

DO NOT WRITE IN THIS SPACE
State File No. 79949

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

157

2. FULL NAME James Chitwood.

(a) Residence. No. Boise, Idaho. R.#5. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Grace Chitwood.

6. DATE OF BIRTH (month, day, and year) July 2-1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Richard Chitwood.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Sarah A. Casteel.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) K. C. Chitwood. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 7/13/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 7-12, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/11/32 193

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to July 11, 1932
I last saw h~~im~~ alive on July 11, 1932; death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of bowels	
With peritonitis	

Other contributory causes of importance: Mesenteric Thrombosis

Name of operation Laparotomy Date of July 11 -
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Springer M. D.
(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79950

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 193
(No. 412 South 12th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Caroline Zurcher Bauman.
(a) Residence. No. 412 South 12th St. 151
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Chris Bauman.
6. DATE OF BIRTH (month, day, and year) Sept. 12-1846
7. AGE Years: 85 Months: 9 Days: 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Switzerland.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Switzerland.

17. INFORMENT (Address) Otto Zurcher. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 7/3/32, 193
19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.
20. FILED 7-5, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/1/32 193
22. I HEREBY CERTIFY, That I attended deceased from Dec. 7th, 1931, to July 1st, 1932
I last saw her alive on June 30th, 1932: death is said to have occurred on the date stated above, at 7:05 P.M
The principal cause of death and related causes of importance were as follows: Date of onset
Gangrene of feet and back —

Other contributory causes of importance:
malnutrition and senility —

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Bosch, M. D.
(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79951

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 362

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Eugene McDaniel

(a) Residence. No. Roosevelt Ave on Bench St. Boise, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1916

7. AGE: Years 15 | Months 7 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lantry Dewey County S. Dak.

FATHER
13. NAME Lewis Ralph McDaniel
14. BIRTHPLACE (city or town) (State or country) Newton Lee.

MOTHER
15. MAIDEN NAME Charlotte Speker
16. BIRTHPLACE (city or town) (State or country) Dorchester Iowa

17. INFORMENT (Address) Lewis Ralph McDaniel Bench Roosevelt ave Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date July 26 1932

19. UNDERTAKER (Address) Summers & Rhodes. Boise Idaho

20. FILED 7-25, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1932, to 7-24, 1932
I last saw him alive on 7-24, 1932; death is said to have occurred on the date stated above, at 7-17 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diptheria Laryngeal	7/16/32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. Heinz, M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUG 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79952

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 30.
(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME William Ohm
(a) Residence. No. South Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	77			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Cigar Maker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 7/21/32 193
19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho
20. FILED 7-21, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/13/32 193
22. I HEREBY CERTIFY, That I attended deceased from July 1st, 193 2 to July 13, 193 2
I last saw h alive on June 12, 193 2 death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Intestinal Obstruction	
Other contributory causes of importance: General Exhaustion	

Name of operation Resection of Sigmoid Date of 7/9/32
What test confirmed diagnosis Clinical was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James H Clement, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED AUG 10 1932

DO NOT WRITE IN THIS SPACE

State File No. 79953

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 302

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Lestia

689

2. FULL NAME Lestia E. Tritthart.

(a) Residence. No. 1158. River. Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Harry Tritthart.

6. DATE OF BIRTH (month, day, and year) June. 16. 1887.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	0	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Broken Bow. Nebraska.

FATHER

13. NAME Fred. L. Francis.
14. BIRTHPLACE (city or town) (State or country) Nebraska.

MOTHER

15. MAIDEN NAME Ellen Dupray.
16. BIRTHPLACE (city or town) (State or country) Nebraska.

17. INFORMENT (Address) Harry Tritthart. 1158. River Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date July. 15. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 7-14, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/13/ 1932

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1932 to 7/13/32, 193

I last saw her alive on 7/13/, 1932 death is said to have occurred on the date stated above, at 6 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Aplastic Anemia	7/6/32
Other contributory causes of importance:	
Terminal Ulcerative Colitis	7/6/32

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest E. Lanbaugh M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

collister,

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79954

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 195

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

589

2. FULL NAME Albert William Beck.

(a) Residence. No. 1101. Fort Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Jennie. L. Beck.

6. DATE OF BIRTH (month, day, and year) January. 29. 1857

7. AGE: 75. Years | Months: 5 | Days: 3. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hotel Owner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME William Beck.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Seigel.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) James. O. Beck. Mayfield, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date July. 5. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 7-5, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to July 2, 1932.

I last saw him alive on July 1, 1932: death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Collister, M. D.

(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79955

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 104
(No. 1302 N. 14)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Paul Harry Spangenberg.
(a) Residence. No. 1302. N. 14 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Janet Spangenberg.
6. DATE OF BIRTH (month, day, and year): April. 25.1881.
7. AGE: Years 51, Months 2, Days 20, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: City Building
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Inspector for Boise Idaho.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Watertown. Wisconsin.

FATHER
13. NAME: George Spangenberg.
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER
15. MAIDEN NAME: Abraham.
16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMENT (Address): Mrs. Janet Spangenberg. 1302. N. 14. th Street. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cemetery. Date July. 17.1932.
19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.
20. FILED 7-18, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-15 1932
22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1932, to 7/15, 1932
I last saw him alive on 7/15 1932 death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hemaplegia	

Other contributory causes of importance:
Arterio-Sclerosis
Toxic

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Fred A Pettingler, M. D.
(Address) Boise Idaho

Bradtan

RECEIVED AUG 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79956

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 105

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Henry Kruckenberg.

(a) Residence. No. 2200 Bannock St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Feb. 11-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME William Kruckenberg.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Tombruska.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Mrs. Emma Trisler. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 7/15/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 7-14, 1932 W. D. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/13/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to June 13, 1932
I last saw h alive on, 193: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 5, 1932
& Prostatic hypertrophy for years	

Other contributory causes of importance:
Respiratory Paralysis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Braftan, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Braytan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79957

1. PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 58
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert C. Dougal

(a) Residence. No. 611½ S. 13th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Rachel Dougal

6. DATE OF BIRTH (month, day, and year) July 7, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Henry Dougal

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Darold Dougal, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 7-20-32, 193

19. UNDERTAKER Wm. McBrathey
(Address) Boise, Idaho

20. FILED 7-20, 1932 W.H. Rhoden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to July 18, 1932
I last saw him alive on July 16, 1932, death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1 1932
& Duodenal Ulcer for Years	

Other contributory causes of importance:

Respiratory Paralysis	1 da

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) T. N. Braytan, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Albert C. Dougal

now lying buried in Morris Hill Cemetery, in the City or Town of Boise

County of Ada State of Idaho, who died on the 18 day of July, 1932, Aged ____years ____months

____days, the cause of death being Cerebral Hemorrhage and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

T. N. Braxtan, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Cloverdale Cemetery in the City or Town of Boise County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Ada it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 28th day of November, A.D. 1977.

Permit issued to:
Relyea Mortuary
Boise, Idaho

Janet M. Wick
by ~~Director~~, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of ____State of Idaho, this ____day of ____, 19__.

Health Officer

FORM BH 56-019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79958

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 57

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME S. M. Christy

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Christy.

6. DATE OF BIRTH (month, day, and year) Aug. 10 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Ella Christy. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 7/21/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 7-20, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/19/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to July 19, 1932
last saw h alive on July 16, 1932: death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Senile Dementia	Jan 1, 1932
Other contributory causes of importance: Cardiac Myocarditis	30 days

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. M. Brayton M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79959

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 310

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Helen A. Maydole.

(a) Residence. No. 1021 Jeffetson St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan.2.1911.

7. AGE Years 21 Months 6 Days 24. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in training at St Alfphonsus Hospital.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem Oregon

FATHER
13. NAME Minard M. Maydole.
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Rosie Wood
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Minard M. Maydole Salmon, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date July.28 1932

19. UNDERTAKER (Address) Summers & Krebs Boise Idaho.

20. FILED 7-28, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July.26. 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1932, to 7-26, 1932
I last saw her alive on 7-26-32, 193...: death is said to have occurred on the date stated above, at 5:50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Morphinism	7-25-32

Other contributory causes of importance:
Cardiac failure

Name of operation None Date of
What test confirmed diagnosis Phys. findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-25, 1932
Where did injury occur? Boise Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Hypodermic - large dose Morphine
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. F. West, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79960

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 194

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eleanor Frances Nelson.

(a) Residence. No. 1520. Rossi St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 8.1918.

7. AGE: Years 14. Months 3 Days 24. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER
13. NAME Chris. F. Nelson.
14. BIRTHPLACE (city or town) Minnesota.
(State or country)

MOTHER
15. MAIDEN NAME Alice Trana.
16. BIRTHPLACE (city or town) Minnesota.
(State or country)

17. INFORMENT Chris. F. Nelson.
(Address) 1520. Rossi. St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date July. 6.1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-5, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1932, to July 2nd, 1932
I last saw her alive on July 1st, 1932; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease -	

Other contributory causes of importance:
congenital heart lesions and acute inflammatory rheumatism

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) John Baik, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
RECEIVED AUG 10 1932
State File No. 79961

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. (illegible)

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Elmore Howard Johnson.

(a) Residence. No. Collister Station. 3 Miles West of Boise.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 8.1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa.
(State or country)

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMENT Mrs. Frances Bisenius.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date July. 14. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-13-32 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-12 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to July 12, 1932

I last saw him alive on July 12, 1932; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Caldwell, M. D.

(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79962

PLACE OF DEATH
County of Ada.
City of Kuna.

Registration District No. 124
Primary Registration District No. 2804
(No.)

Local Registrar's No. 716

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Mary Elizabeth Tallman.

(a) Residence. No. Kuna, Idaho. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles E. Tallman.

6 DATE OF BIRTH (month, day and year) April 15, 1856.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76-			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) --
(c) Name of employer --

9 BIRTHPLACE (city or town) (State or country) Baribou, Wis.

PARENTS

10 NAME OF FATHER Chas. Shipman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Amanda George.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mo.

14 Informant Mrs. George Tallman,
(Address) Kuna, Idaho.

15 Filed 8-10-, 1932 Geo. A. Whitehouse
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11, 1932.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,
that I last saw h... alive on ..., 19...,
and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:
Acute Myocarditis.
... (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Cirrhosis of the Liver- 4 (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Kuna, Id
Did an operation precede death? No. Date of —
Was there an autopsy? No.
What test confirmed diagnosis? None.
(Signed) F. J. Coleman, M. D.
July, 13, 1932. (Address) Kuna, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Kuna Ida — Date of Burial: 7-14 1932

20. Undertaker: F. K. Robertson — Address: Nampa

RECEIVED AUG 4 19[illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79963

PLACE OF DEATH
County of Adams
City of Indian Valley

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Lewis Byers

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 4 1931

7. AGE: Years 1 | Months 4 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. No
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indian Valley

FATHER
13. NAME Earl Byers
14. BIRTHPLACE (city or town) (State or country) Belmont Co Ohio

MOTHER
15. MAIDEN NAME Nellie Murphy
16. BIRTHPLACE (city or town) (State or country) Indian Valley Idaho

17. INFORMENT (Address) X Earl Byers

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address)

20. FILED 7-31, 1932 DR. R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1932, to July 25, 1932,
I last saw him alive on July 25, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally burned	
gas can exploded.	

Other contributory causes of importance:
no house burned

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 22, 193
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury Left 1/2 burned.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. F. Hunt D.C., ~~M.D.~~
(Address) Cambridge, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79964

PLACE OF DEATH

County of Bannock

City of Grace

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 262

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ervin Nielson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

GD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Merle D. Chambers (Nielson)

6. DATE OF BIRTH (month, day, and year) Sept 23, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own barber shop

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 4 yr

12. BIRTHPLACE (city or town) (State or country) Mink Creek Ida

FATHER

13. NAME Hans Nielson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Annie Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Leonard Nielson

18. BURIAL, CREMATION, OR REMOVAL Place Grace, Ida Date 7-28-32 193

19. UNDERTAKER (Address) Hendricks Preston, Ida

20. FILED July 31, 1932 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-25-32 193

22. I HEREBY CERTIFY, That I attended deceased from 3-13-32, 193, to 7-25-32, 193; I last saw him alive on 7-25-32, 193; death is said to have occurred on the date stated above, at 12:30 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Valvular Heart Disease	Oct. 19 1930

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis Hist & Phy Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... no

(Signed) Dr. Z Davies M. D.

(Address) Grace, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79965

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2-164
Local Registrar's No. 267
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dan Letcher

(a) Residence. No. Pocatelllo St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Unknown

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) W. W. Brothers M.D.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date , 193

19. UNDERTAKER Mchan
(Address)

20. FILED 7-30, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1932, to 7-30, 1932
I last saw ~~him~~ alive on 7-29, 1932, death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Gastritis	1928
Other contributory causes of importance:	
Chronic Myocarditis	1931

Name of operation Cystotomy Date of 7-29-32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brothers M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79966

PLACE OF DEATH
County of BANNOCK
City of POCATELLO
Registration District No. 28
Primary Registration District No. 2-16-1
Local Registrar's No. 354

(No. POCATELLO GENERAL HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MAY PAYNE

(a) Residence. No. AMERICAN FALLS IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of S.L. PAYNE

6. DATE OF BIRTH (month, day, and year) 7/6/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RED ROCK MONTANA

FATHER

13. NAME RUFUS WALKER

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMENT (Address) S.L. PAYNE

18. BURIAL, CREMATION, OR REMOVAL Place AMER. FALLS Date JULY 8, 193 2

19. UNDERTAKER MCHAN UNDERTAKING CO
(Address) POCATELLO

20. FILED JULY 7, 193 2 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-6 193 2

22. I HEREBY CERTIFY, That I attended deceased from 7-4, 193 2, to 7-6, 193 2
I last saw ~~her~~ alive on 7-6, 193 2, death is said to have occurred on the date stated above, at 11 #3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	7-4-32

Other contributory causes of importance:

Chronic myocarditis	10 yrs.

Name of operation Exploratory Date of 7-6-32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Brothers, M.D.
(Address) Pocatello Idaho

RECEIVED AUG

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79967

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 263

PLACE OF DEATH

County of Bannock
City of Mc. Cammon
(No.) 182
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilber C. Capell.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	6	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Robin Idaho

PARENTS

10. NAME OF FATHER Erastus Thomas Capell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Robin Idaho.
12. MAIDEN NAME OF MOTHER Sarah Matilda Gunter
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Arimo Idaho

14. Informant Mrs C. T. Capell
(Address) Mc. Cammon Ida.

15. Filed July 31, 1932 Mrs L. L. Fish Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 18 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
On July 18, 1932, to —, 19—
that I last saw h alive on, 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Accidental Drowning
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? no.
What test confirmed diagnosis? Examination
(Signed) C A Rich M. D.
7-18, 1932 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79970

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 2
Primary Registration District No. 2-61 Local Registrar's No. 358

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

665

2. FULL NAME Wm. R. Taylor

(a) Residence. No. County Infirmary St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 28-1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carson City Nevada

FATHER

13. NAME John Henry Taylor

14. BIRTHPLACE (city or town) (State or country) Shepardstown Va

MOTHER

15. MAIDEN NAME Katherine Thomas

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) J. J. Taylor Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date July 9, 1932

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED July 12, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to July 8, 1932
I last saw him alive on July 8, 1932 death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	6 yrs.
Other contributory causes of importance:	
Chronic nephritis	10 yrs.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79971

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 3622

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Oliver Warmoth

(a) Residence. No. North of Pocatello City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Elred

6. DATE OF BIRTH (month, day, and year) June 25, 1862.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton, Mo.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED 7-22, 193 7 S C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21, 193 2.

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 193 2, to 7-21, 193 2

I last saw h alive on 7-21, 193 2: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	7/21/32

Other contributory causes of importance: Ca. gastro-intestinal

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) , M. D.

(Address) Pocatello, Idaho.

RECEIVED AUG 1932

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79972

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 353

(No. Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hubert Lynn Lerwell

(a) Residence. No. Lamont, Idaho. St. 118 15
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 4, 1904

7. AGE Years 27 Months 11 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Philip Lerwell

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Edna Lee.

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) Philip Lerwell Lamont Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date July 5, 1932

19. UNDERTAKER (Address) McHan and Co. Pocatello, Idaho

20. FILED July 4, 1932 D. C. Ralp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-22-, 1932, to July 1, 1932

I last saw him alive on July 1, 1932 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus following appendectomy	

Other contributory causes of importance:

Acute gangrenous appendicitis

Name of operation Appendectomy Date of 6-22-32

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) O. F. Tell, M. D.

(Address) Pocatello, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79973

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2141
Local Registrar's No. 963

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Ed. Carter.

(a) Residence. No. County Infirmary. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME " " " " " " "

14. BIRTHPLACE (city or town) " " " " " " "
(State or country)

MOTHER

15. MAIDEN NAME " " " " " " "

16. BIRTHPLACE (city or town) " " " " " " "
(State or country)

17. INFORMENT (Address) Supt. General Hospital Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Idaho Date July 29 193 2

19. UNDERTAKER A. W. Hall.
(Address) Pocatello, Idaho.

20. FILED 7-29, 193 2 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27 1932.

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1932; to 7-27, 1932
I last saw ~~him~~ alive on 7-27, 1932: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac renal	1930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Brothers, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 3 1932

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79974

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 357

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

144

2. FULL NAME Leah Elaine Call

(a) Residence. No. Lexington Nebraska St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, and year): June 2, 1924

7. AGE: Years 8 | Months 1 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rigby Idaho

FATHER

13. NAME: Basil Call

14. BIRTHPLACE (city or town) (State or country): Lorenzo Idaho

MOTHER

15. MAIDEN NAME: Lola A Hogge

16. BIRTHPLACE (city or town) (State or country): West Weber Utah

17. INFORMENT (Address): Basil Call Lexington Neb

18. BURIAL, CREMATION, OR REMOVAL Place: Rigby Idaho Date: On Arrival, 1932

19. UNDERTAKER (Address): Arthur W. Hall Pocatello Idaho

20. FILED 7- 1932 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1932, to 7-2, 1932

I last saw her alive on 7-2-, 1932; death is said to have occurred on the date stated above, at 11 40 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purpura Hemorrhagica	

Other contributory causes of importance:

Gastro-Intestinal hemorrhage

Name of operation: Blood Transfusion Physical Date of 7-1-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hall, M. D.

(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79975

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 361

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME George Parley Clark

(a) Residence. No. 206 North Ninth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Husband of Mary P. Brim

6. DATE OF BIRTH (month, day, and year) July 4, 1880.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grantsville, Utah.

FATHER

13. NAME George M. Clark
14. BIRTHPLACE (city or town) (State or country) Grantsville, Utah.

MOTHER

15. MAIDEN NAME Mary Whittle
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Virgill Clark Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Oakley, Idaho. Date July 23, 1932.

19. UNDERTAKER (Address) D. E. Johnson Burley, Idaho.

20. FILED July 20, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1932, to 7-20, 1932

I last saw him alive on 7-20, 1932. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of chest perforating heart + base of left lung	12:30 PM

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7-20, 1932

Where did injury occur? Pocatello Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no self inflicted

Manner of injury Gunshot wound (22 ca)

Nature of injury Self inflicted.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. W. Brothers, M. D.

(Address) Pocatello, Idaho.

RECEIVED AUG 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79976

Registration District No. 2
Primary Registration District No. 2-121 Local Registrar's No. 359

(No. 453 E. Putnam)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs. Mary F. George

(a) Residence. No. 453 E. Putnam St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jason R.

6. DATE OF BIRTH (month, day, and year) April 13, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Francis Packard

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Ethel Rush 458 E. Putnam

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date July 14 1932

19. UNDERTAKER Downards Funeral Home (Address) Pocatello

20. FILED July 13, 1932 D. O'Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 12, 1932

I last saw her alive on July 12 1932; death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Debility	
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. C. Loomis, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 2161
(No. St. Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 79977
Local Registrar's No. 356

1619

2. FULL NAME Chris Ernest Fuger

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME J. E. Fuger

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Ella Scadden

16. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

17. INFORMENT (Address) J. E. Fuger, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date July 11, 1932.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED July 11, 1932. D O'Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932, to July 10, 1932
I last saw him alive on July 10, 1932: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (6½ months)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. O. Miller, M. D.
(Address) Pocatello, Idaho.

RECEIVED AUG 8 193[illegible]

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79978

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 360

(No. Marion Hotel - Pocatello, Ida No 4
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Obie H. Pearce

(a) Residence. No. Marion Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 19 - 1891

7. AGE Years 41 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Switchman O.R.C.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) War Service Discharge Papers Canada

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date July 16 1932

19. UNDERTAKER (Address) Downard Funeral Home Pocatello Idaho

20. FILED July 13, 1932 D. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13 1932 to July 13, 1932
I last saw him alive on July 13, 1932 death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dead when I arrived.	

Other contributory causes of importance: Heart. Mitral Insufficiency

Name of operation none Date of —
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? none.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify none
(Signed) [illegible], M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 79979

Local Registrar's No. 355

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. Elwood Rowland

(a) Residence. No. 1705 N. Main St., St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 19-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Wm. N. Rowland

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Stella M. Wells

16. BIRTHPLACE (city or town) (State or country) Hutchison Kan.

17. INFORMENT (Address) Wm N. Rowland Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Date July 6, 1932

19. UNDERTAKER Howard's Funeral Home (Address) Pocatello, Idaho

20. FILED 7-11, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 3, 1932, last saw h alive on —, 193..: death is said to have occurred on the date stated above, at 7.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dead when I arrive - Possibly Heart	
Other contributory causes of importance: —	

Name of operation — Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) A. V. Lyon, M. D.
(Address) Pocatello Idaho

RECEIVED AUG 5 1932

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County [illegible] State Idaho Registered No. 9
Township Pinewood or Village — 79980 or
City — No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Felicity Elizabeth Adrian

(a) Residence. No. St., Ward. —
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Indian	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Adrian

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
71			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Kalispel
(State or country) Reservation, Wash.

PARENTS
10 NAME OF FATHER Andrew
11 BIRTHPLACE OF FATHER (city or town) Same
(State or country)
12 MAIDEN NAME OF MOTHER Magdalen Andrew
13 BIRTHPLACE OF MOTHER (city or town) Same
(State or country)

14 Informant Mrs Geary
(Address) Tekoa, Wash

15 Filed July 28, 1932 John Post REGISTRAR

11—8184 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1932

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 27, 1932, that I last saw her alive on July 25, 1932, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:
Emphysema from Influenza.
(duration) yrs. mos. ds.

CONTRIBUTORY —
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) J. G. Nelson, M. D.
(Address) Tekoa, Wash.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Desmet, Idaho	July 29 1932
20 UNDERTAKER Ignace Geary	**ADDRESS** Tekoa, Wash.

8—209 d
V. S. No. 98

RECEIVED AUG 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79981

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 6
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME Jessie M Fenters

(a) Residence. No. Penniman Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mary Emmerson Fenters

6. DATE OF BIRTH (month, day, and year) Oct - 4 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Henry Fenters
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) John H Fenters 4714 N Lincoln St Spokane Wash

18. BURIAL, CREMATION, OR REMOVAL Place Rockford Wash. Date July 31, 1932

19. UNDERTAKER Geo E Mitchell (Address) St Maries

20. FILED 8-4, 1932 Walter Bokerg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7 - 28 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1932, to July 28, 1932
I last saw her alive on July 25, 1932; death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	7-28-32

Other contributory causes of importance:
Toxemia and Cholecystitis with gall stone case till patient was dying.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Owen D Read, M. D.
(Address) St. Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79982

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 7
(No. Platts Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1015

2. FULL NAME Lucien Beede Wheeler

(a) Residence. No. St Maries Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of M F Wheeler

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Wm Clinton
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Caroline Harding
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) M F Wheeler St Maries Ida

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Ida Date Aug 7, 1932

19. UNDERTAKER Geo. W. Mitchell (Address) St Maries Ida

20. FILED 8-4, 1932 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/31 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/17, 1932, to 7/31, 1932.
I last saw her alive on 7/31, 1932, death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	7/22/32
Other contributory causes of importance:	
Miscarriage, 4 months ago	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clin. Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Owen D. Platt, M. D.
(Address) St. Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79983

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

178

2. FULL NAME Henry B DeCan

(a) Residence. No. St Maries St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs H B DeCan

6. DATE OF BIRTH (month, day, and year) Mar 20 1861

7. AGE: Years 71 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Harness and Auto
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repairing
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Williamson
(State or country) N Y

FATHER
13. NAME Abram DeCan
14. BIRTHPLACE (city or town) .....
(State or country) Holland

MOTHER
15. MAIDEN NAME Susan Bergins
16. BIRTHPLACE (city or town) .....
(State or country) Holland

17. INFORMENT Mrs H B DeCan
(Address) St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date 7/7, 1932

19. UNDERTAKER Geo E Mitchell
(Address) St Maries

20. FILED 8-4, 1932 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-5 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to ....., 193..
I last saw him alive on June 21, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Myocarditis	
arterio-sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) DeCornwall, M. D.
(Address) St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79984

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 4
(No.) St. Maries Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phil Hughes 1009

(a) Residence. No. (Usual place of abode) Spokane St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsmen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Philip Hughes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Flinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) P. H. Hughes Shoshone Ida

18. BURIAL, CREMATION, OR REMOVAL
Place St. Maries Ida. Date 7/17, 1932

19. UNDERTAKER George Mitchell
(Address) St Maries Ida.

20. FILED 8-4, 193 2 Walter Bokerg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-16 193 2

22. I HEREBY CERTIFY, That I attended deceased from July 11, 193 2, to July 16, 193 2
I last saw h alive on July 16, 193 2: death is said to have occurred on the date stated above, at 8:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-11-32

Other contributory causes of importance: Crushing inj. to thorax

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 7-11, 193 2
Where did injury occur? Morley
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury Auto accident
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. E. Conniwell, M. D.
(Address) St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79985

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 3
(No. St. Maries Hospital)
(If death occurred in a hospital or institution give its name instead of street and number.)

188 C

2. FULL NAME James McDonald

(a) Residence. No. St Maries St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mrs J McDonald

6. DATE OF BIRTH (month, day, and year) July 24 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsmen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER

13. NAME Howard McDonald

14. BIRTHPLACE (City or town) (State or country) Mich

MOTHER

15. MAIDEN NAME Millie Vorman

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Howard McDonald St Maries Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date 7/12, 1932

19. UNDERTAKER Exp & Mitchell
(Address) St Maries

20. FILED 8-4, 1932 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-10 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932 to July 10, 1932
I last saw him alive on July 10, 1932 death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic shock	7/10/32

Other contributory causes of importance:
Trying to thorax - fractured ribs - punctured lungs

None
Name of operation Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 7/10, 1932
Where did injury occur? St Maries
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On highway
Manner of injury Automobile accident
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D A Cornwall, M. D.
(Address) St Maries

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79986

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 1
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

184

2. FULL NAME Dert Stancil

(a) Residence. No. near Fernwood Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 25 - 1918

7. AGE Years 14 Months 1 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Benchland Mont

FATHER
13. NAME Aldridge Stancil
14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER
15. MAIDEN NAME Myrtle ~~Point~~ Hanley
16. BIRTHPLACE (city or town) (State or country) Myrtle Point

17. INFORMENT (Address) Myrtle Stancil Fernwood Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Medical Lake Wn Date July 1, 1932

19. UNDERTAKER (Address) Geo. E. Mitchell St Maries

20. FILED 8-4, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 4, 1932
I last saw him alive on July 4, 1932: death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of abdomen Accidental	7/3/32

Other contributory causes of importance:

Name of operation Laporatomy Date of 7/3/32
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/3, 1932
Where did injury occur? near Fernwood, Benewah Co Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. near home
Manner of injury Gunshot wound 22 calibre
Nature of injury abdomen, gun in hands small brother

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. E. Cornwall, M.D.
(Address) St Maries, Ida

RECEIVED AUG 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79987

PLACE OF DEATH
County of Bingham
City of Aberdeen

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Sylvester Morton Jackman

(a) Residence. No. ..... St. Aberdeen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Jackman

6. DATE OF BIRTH (month, day, and year) March 5, 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Alma Jackman Aberdeen Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Salem, Utah Date July 12 1932

19. UNDERTAKER A. W. Davis
(Address) American Falls, Idaho

20. FILED July 9, 1932 M. C. McKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1932, to July 9, 1932
I last saw him alive on July 9, 1932; death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Debility	
Other contributory causes of importance:	

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) M. C. McKinnon, M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79988

PLACE OF DEATH
County of Bingham
City of Sterling

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 8

(No.) 167
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Winford Haralson

(a) Residence. No. 178 Taft Ave. Pocatello Idaho St. Anderson So. Carolina
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 26, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Atlanta
(State or country) Ga

FATHER

13. NAME George Almond Haralson

14. BIRTHPLACE (city or town) Atlanta
(State or country) Ga

MOTHER

15. MAIDEN NAME Mary Connally

16. BIRTHPLACE (city or town) Atlanta
(State or country) Ga

17. INFORMENT (Address) Mrs. Leland Raymond Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Removal
Place Anderson So. Caro. Date July 14 1932

19. UNDERTAKER Arthur A. Hall
(Address) Pocatello Idaho

20. FILED July 9 193 32 M. C. MacKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning by accident	July 8, 32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 8 1932
Where did injury occur? Sterling, Bingham, Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury Drowning
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) M. C. MacKinnon, M. D.
(Address) Aberdeen Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79990

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 21

(No.) 749
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel B. Cody

(a) Residence. No. Blackfoot, Idaho Route 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Aletha Cody

6. DATE OF BIRTH (month, day, and year) Dec. 2, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	six		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farm

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Asheville North Carolina

FATHER

13. NAME Haley Cody

14. BIRTHPLACE (city or town) (State or country) Asheville N C

MOTHER

15. MAIDEN NAME Francis Nance

16. BIRTHPLACE (city or town) (State or country) Asheville N C

17. INFORMENT (Address) Leslie Cody Blackfoot RFD 1

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Shelley Idaho Date , 193

19. UNDERTAKER (Address) E T Peak Blackfoot

20. FILED June 2, 193 2 Mrs Hales E Abee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 2 193 2

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-1-32

Other contributory causes of importance:

Hypertension

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ , 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) J. D. Hargrave M. D.

(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 79991

Registration District No. 126

Primary Registration District No. 1007

Local Registrar's No. 101

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Sarah Ellen Hodsen Norman

(a) Residence. No 311 North Pine St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Norman

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 82 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Clark County Missouria

FATHER

13. NAME: John Hodson

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Maria Giller

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Samuel Norman

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Grove City Cemetery Date 7/12, 1932

19. UNDERTAKER (Address): E. T. Peck Blackfoot, Ida.

20. FILED July 13, 1932 Mrs Walter E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1932, to July 10, 1932

I last saw her alive on July 10, 1932: death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	July 10 1932

Other contributory causes of importance:

Hypertension
arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W W Beck, M. D.

(Address) Blackfoot, Ida

RECEIVED AUG 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1
Primary Registration District No. 1007

DO NOT WRITE IN THIS SPACE
State File No. 79992

Local Registrar's No. 105

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME William Henry Mc Mullen

(a) Residence. No. County Hospital So. Broadway (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Mc. Mullen

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cresent, Iowa

FATHER

13. NAME Alexander Mc. Mullen

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) W. G. Bradley Blackfoot Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Blackfoot Idaho Date July 15, 1932

19. UNDERTAKER (Address) E. J. Funk Blackfoot Idaho

20. FILED July 14, 1932 M. S. Hales E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-12-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1932, to 7-12, 1932

I last saw h— alive on 7-12, 1932: death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-3-32

Other contributory causes of importance:

Hypertension & Chronic nephritis

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193.

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) C. O. Humphreys, M.D.

(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79993

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 97

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Samuel Clark Dowdle

(a) Residence. No. West Center St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Belle Dowdle

6. DATE OF BIRTH (month, day, and year): Feb. 25 1868

7. AGE: Years 64 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Willard Utah

FATHER
13. NAME: John Clark Dowdle
14. BIRTHPLACE (city or town) (State or country): Alabama

MOTHER
15. MAIDEN NAME: Mary Anne Chandler
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Arvilla G. Gates 1235 Raymond Glendale Calif.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place: Hyrum Utah Date: July 8, 1932

19. UNDERTAKER (Address): E. T. Peck Blackfoot Idaho

20. FILED July 7, 1932 Mrs Walter E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 7 – 5 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 – 20, 1932, to 7 – 5, 1932
I last saw him alive on 7 – 5, 1932: death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder & Rectum	12-1-31

Other contributory causes of importance:

Name of operation: ..... Date of: ✓
What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓

(Signed) J. D. Humphries M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2104

DO NOT WRITE IN THIS SPACE
State File No. 79994

Local Registrar's No. 103

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Rex Bergeman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 11, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payson Utah

FATHER

13. NAME Julius Bergeman

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Emma Casting

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Julius Bergeman Blackfoot, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Date July 15, 1932

19. UNDERTAKER E. T. Perkins
(Address) Blackfoot Idaho

20. FILED July 13, 1932 Mrs Nellie E. Catron
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 12, 1932
I last saw him alive on July 4, 1932; death is said to have occurred on the date stated above, at 2:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	July 5 1932

Other contributory causes of importance:

Small abrasion upon foot.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STAT DAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79995

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Elda Astella Fielding

(a) Residence. No. ..... St. R. F. D. #1. Shelley
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15, 1906

7. AGE: Years 26 | Months — | Days 2 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kanesville Utah

FATHER
13. NAME James H. Fielding
14. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

MOTHER
15. MAIDEN NAME Eliza Mayberry
16. BIRTHPLACE (city or town) (State or country) Franklin, Ida.

17. INFORMENT (Address) Mrs. Pearl Lacy Bountiful, Utah

18. BURIAL, CREMATION, OR REMOVAL Place Taylor, Ida. Date July 21, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED July 18, 1932 Mrs Walter E. Catarine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1st, 1931, to July 17, 1932
I last saw her alive on July 15, 1932: death is said to have occurred on the date stated above, at 5:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonis	1928

Other contributory causes of importance:

General oedema	3 wks

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? Shelley Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) F. E. Roberts, M.D.
(Address) Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79996

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Hamilton 18

(a) Residence. No. 645 West Pacific St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Bertha Hamilton

6. DATE OF BIRTH (month, day, and year) Jan 21st 1872

7. AGE Years 60 Months 4 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Wales

FATHER
13. NAME Fred Hamilton
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mrs Eliza Beth Walker
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Bertha Hamilton 645 West Pacific St.

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Idaho Date June 5, 1932

19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho

20. FILED June 3, 1932 Mrs Walter E. Catrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932, to June 3, 1932
I last saw his alive on June 3, 1932: death is said to have occurred on the date stated above, at 1.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tick Fever	

Other contributory causes of importance:

Tick bite

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) H. M. Mitchell, M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79999

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 98

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

165

2. FULL NAME ELEANOR M BUCHANAN

(a) Residence. No. ..... St. Boise, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. M. Buchanan

6. DATE OF BIRTH (month, day, and year) Mar 16, 1901

7. AGE Years 31 Months 3 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER
13. NAME Wm. N. Jones
14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER
15. MAIDEN NAME Charlotte Freeman
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Boise Idaho Date July 7, 1932

19. UNDERTAKER (Address) E. J. Rich Blackfoot Ida

20. FILED July 7, 1932 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932, 193..., to July 6th, 1932, 193...
I last saw her alive on July 5th, 1932: death is said to have occurred on the date stated above, at 2:35AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
POISONING by SODIUM FLUORIDE in "Roach Doom" Self administered with suicidal intent.	7-5-32
Other contributory causes of importance:	
MANIC DEPRESSIVE- Depressed Phase.	12-30-32

Name of operation None Date of .....
What test confirmed diagnosis? Clinical symptoms and patient's statement Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-5, 1932
Where did injury occur? poisoning Blackfoot, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in state institution
Manner of injury ---
Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80000

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 99

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16 2

2. FULL NAME George William Higgins

(a) Residence. No. R.D. # 2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 13, 1930

7. AGE Years 1 Months 6 Days 26 If LESS than 1 day, ... hrs. or ✓ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER
13. NAME Arthur E. Higgins
14. BIRTHPLACE (city or town) West Jordan
(State or country) Utah

MOTHER
15. MAIDEN NAME Thelda Romrell
16. BIRTHPLACE (city or town) McCammon
(State or country) Idaho

17. INFORMENT Arthur E. Higgins
(Address) Blackfoot R.D. # 2

18. BURIAL, ~~CREMATION,~~ OR REMOVAL
Place McCammon Date July 11, 1932

19. UNDERTAKER None
(Address)

20. FILED July 11, 1932 Mrs Hattie E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1932, to July 9, 1932
I last saw him alive on July 9, 1932: death is said to have occurred on the date stated above, at 11:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	July 4 1932

Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80001

PLACE OF DEATH

County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
(No. .....)
(If death occurred in a hospital or institution, [illegible] name instead of street and number.)

Local Registrar's No. 100

1619

2. FULL NAME Robert Fred Rice

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year): July 9" 32

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (city or town) (State or country): Shelley Ida

PARENTS

10. NAME OF FATHER: Wm Rice
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Lebanon. Kas
12. MAIDEN NAME OF MOTHER: Hazel Callis
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Fairbury Neb

14. Informant: Harvey Otter
(Address) 262 Park Pocatello Ida

15. Filed July 12, 1932 Mrs Walter E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9" 1932 July 10" 1932
that I last saw him alive on July 10" 1932
and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:
Prematury birth
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Convulsion
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) F. E. Roberts M. D.
July 11, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Goshen, Idaho
Date of Burial: July 11 1932

20. Undertaker: None.
Address

RECEIVED AUG 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80002

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 102

161-9

2. FULL NAME Doree Louise Beverland
(a) Residence. No. Shelley Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) July 5 1932

7. AGE Years Months Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Idaho

PARENTS
10. NAME OF FATHER John Beverland
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Moore Idaho
12. MAIDEN NAME OF MOTHER Vern Louise Stout
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Burley Idaho

14. Informant Mrs. D. P. McDonald
(Address)

15. Filed July 12, 1932 Mrs Walter E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1932, to July 11, 1932
that I last saw her alive on July 11, 1932
and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH* was as follows:
Premature Birth
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Malnutrition
(duration) yrs. mos. 6 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis
(Signed) F. E. Roberts, M. D.
July 12 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Moore - Idaho
Date of Burial 7-12 1932

20. Undertaker None
Address

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80003

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 127
Primary Registration District No. 1007
Local Registrar's No. 95
(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161-1

2. FULL NAME Garth Elden Miller

(a) Residence. No. Blackfoot Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

FATHER

13. NAME Elden LaGrand Miller

14. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

MOTHER

15. MAIDEN NAME Erma A Porter

16. BIRTHPLACE (city or town) (State or country) Centerville Utah

17. INFORMENT (Address) Elden L Miller Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem Date July 3 1932

19. UNDERTAKER None
(Address)

20. FILED July 3, 1932 Mo Nelson E Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from July 3, 193 7, to July 3, 193 7
I last saw h alive on July 3, 193 7: death is said to have occurred on the date stated above, at 3:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
End of 5th month	

Other contributory causes of importance:

Placenta Previa with Hemorrhage

Name of operation Induced labor Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W W Beck M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80004

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 104
126

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME La Verne Belnap

(a) Residence. No. Moreland St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 13, 1915

7. AGE: 16 Years | Months: 4 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. H.S. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moreland Idaho

FATHER
13. NAME Oliver M. Belnap
14. BIRTHPLACE (city or town) (State or country) Hooper, Utah
50 yrs

MOTHER
15. MAIDEN NAME Jael Laverne Hatch
16. BIRTHPLACE (city or town) (State or country) Neilville Idaho
43 yrs

17. INFORMENT (Address) Oliver M Belnap Blackfoot R.D. #3

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Moreland Date 7-15 1932

19. UNDERTAKER (Address) E. L. ~~Patrick~~ Peck Blackfoot

20. FILED July 13 1932 Wm Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1932, to July 12, 1932
I last saw her alive on July 12, 1932: death is said to have occurred on the date stated above, at 12:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Unknown origin	July 3 1932

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

RECEIVED JUL 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80005

PLACE OF DEATH
County of Bingham
City of Basalt

Registration District No. 121
Primary Registration District No. 8104
Local Registrar's No. 96

(No. 110)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Thomas Lyon

(a) Residence. No. Basalt - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Hannah Balls

6. DATE OF BIRTH (month, day, and year) 9-12-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation all his life.

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Don't Know
14. BIRTHPLACE (city or town) (State or country) ~~Ida~~ ~~Ida~~

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) ~~Ida~~ ~~Ida~~ (State or country)

17. INFORMENT (Address) Edith Lyon Basalt. Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Basalt - Ida Date 7-7 - 1932

19. UNDERTAKER None
(Address)

20. FILED July 6, 1932 Mrs Walter E. Estes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-23-, 1932, to 7-4-, 1932
I last saw h alive on 6-27-, 1932; death is said to have occurred on the date stated above, at 7:45 P. m.
The principal cause of death and related causes of importance were as follows:

Ulcer of Duodenum (Primary Lesion a tumor mass at Duodenum or pyloric outlet of stomach which produced obstruction and caused patient to die from starvation.) — Date of onset Jan. 1932

Other contributory causes of importance: Carcinoma (?)

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify (Signed) Edwin Oelger, M. D.
(Address) Box 86. Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80006

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 94

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph La Cour

(a) Residence. (Usual place of abode) No. 556 St. North University (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Melissa La Cour

6. DATE OF BIRTH (month, day, and year)

7. AGE: 75 Years ✓ Months 9 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER
13. NAME Dent Know
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Dent Know
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) A L Fisher Firth Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Idaho Date July 3, 1932

19. UNDERTAKER (Address) E T Peck Blackfoot Idaho

20. FILED July 2, 1932 Mrs Walter E. Cabrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1932, to July 1, 1932
I last saw h alive on July 1, 1932: death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. W. Mitchell, M. D.
(Address) Blackfoot Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bingham

City of Shelly

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 121

Primary Registration District No. 2194

(No. ..... St.)

File No. 80007

Registered No. 187

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lois Pearl Oler Bitter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

6. DATE OF BIRTH: Feb. (Month) 24 (Day) 1906 (Year)

7. AGE: 26 Yrs. 4 Mos. 20 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: House keeping

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pleasant Grove Utah

10. NAME OF FATHER: James Oler

11. BIRTHPLACE OF FATHER (State or Country): American Fork Utah

12. MAIDEN NAME OF MOTHER: Anne B. Nelson

13. BIRTHPLACE OF MOTHER (State or Country): Pleasant Grove

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee E. Bitter

(Address) Shelley Idaho

15. Filed July 16 1932 Mrs Walter E. Patrick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-29- 1932 to 7-14 1932 that I last saw her alive on 7-13- 1932 and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows: Acute dilation of heart.

(Duration) ..... Yrs. ..... mos. 20 ds.

Contributory (Secondary) Chronic Endocarditis

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) Edwin Cutler M. D.

7-16, 1932 (Address) Box 86 Shelley

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? Shelley Ida

Former or usual residence Shelley, Ida.

19. PLACE OF BURIAL OR REMOVAL: Shelley Cemetery

DATE OF BURIAL: 7-17 1932

20. UNDERTAKER: Jack Wood

ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80008

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 108

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

77

2. FULL NAME EDWIN BUDGE

(a) Residence. No. ..... St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of 0-----

6. DATE OF BIRTH (month, day, and year) March 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	4	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) --
(State or country) Utah

FATHER

13. NAME ~~xxxxx~~ Thomas Budge

14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Hulda Ponton

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT Records of State Hospital So.
(Address) Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Taylor Cem Date July 15, 1932

19. UNDERTAKER M. Clark
(Address) Blackfoot

20. FILED July 15, 1932 Mrs Helen E Coleman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1932, 193..., to July 15, 1932

I last saw him alive on July 15, 1932: death is said to have occurred on the date stated above, at 11:05 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE DEMENTIA	4-22-32
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ..., 193..

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

-- If so, specify

(Signed) Chas. R. Lowe, M. D.

(Address) Blackfoot, Idaho

RECEIVED AUG 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80009

PLACE OF DEATH
County of Bingham
City of Aberdeen

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 7

(No.) 88 a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clem P. Abercrombie

(a) Residence. No. St. Aberdeen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora E. Abercrombie

6. DATE OF BIRTH (month, day, and year) Jan 19, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farm

10. Date deceased last worked at this occupation (month and year) June, 1932

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Springtown Arkansas

FATHER

13. NAME Marion Abercrombie

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) A. L. Abercrombie Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen, Idaho Date July 11, 1932

19. UNDERTAKER (Address) A. W. Davis American Falls Idaho

20. FILED July 8, 1932 Mena Kinnear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to July 7, 1932
I last saw him alive on July 7, 1932: death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	July 1931
Coronary Thrombosis	July 2832

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Mena Kinnear, M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Picabo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80010

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Warren Bales

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Fox 164

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower -

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): Oct 11-1841

7. AGE: Years 90 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): North Lewisburg, Ohio

FATHER
13. NAME: William Bales
14. BIRTHPLACE (city or town) (State or country): New Hampshire

MOTHER
15. MAIDEN NAME: Sarah Cavender.
16. BIRTHPLACE (city or town) (State or country): X

17. INFORMENT (Address): Mrs. Sidney Martin Picabo Ida.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place: Blackfoot Ida Date: July 15, 1932

19. UNDERTAKER (Address): L. Harris Hailey Ida.

20. FILED 7-31, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to July 13, 1932
I last saw him alive on July 13, 1932 death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	3 yr

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify: .....
(Signed) E. W. [illegible], M. D.
(Address) Hailey, Ida

RECEIVED AUG 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80011

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 1
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 Fox

2. FULL NAME Irvin E. Eldredge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 13-1875

7. AGE: Years 57 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 28-1932
11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) (State or country) Coalville Utah

FATHER
13. NAME Hiram Eldredge
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Julia A. Phippen
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Ira Eldredge Carey - Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Carey Cemetery Date July 3, 1932

19. UNDERTAKER (Address) Lena J. Harris Hailey - Ida.

20. FILED 7-31, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1932, to July 1, 1932
I last saw him alive on July 1, 1932 death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Peritonitis	

Other contributory causes of importance:

Name of operation for obstruction Date of 6/30-32
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) E. W. [illegible], M. D.
(Address) Hailey, Ida.

RECEIVED AUG 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BIN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80012

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Perry Fowler

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced
HUSBAND of X
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 12-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1st

11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) (State or country) Rushville Indiana

FATHER

13. NAME X

14. BIRTHPLACE (city or town) (State or country) X

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) J. F. Fowler Hailey, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Masonic Block Date Aug. 2, 1932

19. UNDERTAKER Lyman & Harris
(Address) Hailey Idaho

20. FILED 8-5, 1932 R. F. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1932 to 7-31, 1932

I last saw him alive on 7-31, 1932, death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Cirrosis of liver	3-1-32

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Wright, M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80013

PLACE OF DEATH
County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 5
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Harry Gordon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82			

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc** .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER
13. NAME .....
14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMENT (Address) R. E. Buchanan Bellevue, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Cemetery Date July 22 1932

19. UNDERTAKER Ed Hamm Sr. (Address) Hailey, Ida.

20. FILED 7-28, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21. 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1932 to 7-21, 1932
I last saw him alive on 7-20, 1932 death is said to have occurred on the date stated above, at 7 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Brights Disease	1930

Other contributory causes of importance:
Senility

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80014

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

151 wright.

2. FULL NAME Joseph H. Shipp

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Harrington Shipp

6. DATE OF BIRTH (month, day, and year) May 20 - 1848

7. AGE Years 84 Months 1 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Marian Indiana

FATHER
13. NAME Allen Shipp
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Scharlet X
16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) Sarah Shipp, Bellevue, Ida

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
Place City Plot Date July 7, 1932

19. UNDERTAKER (Address) L. J. Harris Hailey Ida.

20. FILED 7-28, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1932, to 7-5, 1932
I last saw him alive on 7-5, 1932: death is said to have occurred on the date stated above, at 9:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene	5-11-32

Other contributory causes of importance:
Arterio Sclerosis

Name of operation ..... Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 80015

Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Ann Smith — 74.4 Wright

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter W. Smith

6. DATE OF BIRTH (month, day, and year) Sept 18-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Portland Canada

FATHER

13. NAME George Wright

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Walter W Smith Muldoon Ida.

18. BURIAL, CREMATION, OR REMOVAL Place City Plot, Hailey Date July 19, 1932

19. UNDERTAKER (Address) L. Harris Hailey Ida.

20. FILED 7-28, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-18-32
Died Instantly -	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert H. Wright, M. D.
(Address) Coroner Blaine Co. Hailey, Idaho

RECEIVED AUG 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 8

DO NOT WRITE IN THIS SPACE
State File No. 80016

PLACE OF DEATH
County of ~~Canyon~~ Boise
City of ~~Caldwell~~

Registration District No. .....
Primary Registration District No. 2004 Local Registrar's No. 61
(No. 25 miles north Idaho City Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theo W. Smith
(a) Residence. No. Caldwell Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Sept-13-1893
7. AGE Years 38 Months 10 Days 13 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Garden man
(b) General nature of industry, business, or establishment in which employed (or employer) National Forest.
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Caldwell Idaho.

PARENTS
10. NAME OF FATHER Edward B. Smith.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Frankford. Kentucky
12. MAIDEN NAME OF MOTHER Williniel Sebree
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Frankford. Kentucky.

14. Informant (Address) Robert J. Smith. Truckee California
15. Filed 7-29, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 26 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental, blown up — mishole
..... (duration) ..... yrs. ..... mos. ..... ds
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. E. Shanahan Co. M. D.
July 26th, 1932 (Address) Idaho City Idaho

19. Place of Burial, Cremation, or Removal Caldwell Idaho. Date of Burial 7-29 19..
20. Undertaker Summers & Krebs Address Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 80017

Local Registrar's No. 40

(No. 326 S Huron)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Sophie M Gardner

(a) Residence. No. 326 S Huron St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joe Gardner

6. DATE OF BIRTH (month, day, and year) Mar 16 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Henry Mohlmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Lomphere

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) V. B. Gardner Sand Point Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date July 14, 1932

19. UNDERTAKER Turnbull Co (Address) Sand Point Idaho

20. FILED July 14, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to July 9, 1932

I last saw her alive on July 9, 1932: death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Name of operation ——— Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——, 193—

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R T Ross, M. D.

(Address) Sandpoint Ida.

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80018

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2.155
Local Registrar's No. 39

(No. North Forest Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Marie Johnson

74

(a) Residence. No. N Forest Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Carl Johnson

6. DATE OF BIRTH (month, day, and year) July 5 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	II	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Arndt Finseth
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Ragnhild Raanes
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs A.C.Johnson N Forest Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date 7/6/32, 193

19. UNDERTAKER Turnbull Co (Address) Sandpoint Idaho

20. FILED July 6, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 2 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1931, to July 4, 1932
I last saw her alive on July 4, 1932; death is said to have occurred on the date stated above, at 2:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 28
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Stackhouse, M. D.
(Address) Sandpoint

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Registration District 77 AUG 5 19

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 38

Township ____ or Village ____ 80019 or

City Sandpoint No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sadie L. Thew

(a) Residence: No. 504 S. Euclid Ave, St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

76

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sylvester Thew

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 78 | Months: | Days: | If LESS than 1 day, ____ hrs. or ____ min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Home

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) New York
(State or country) N.Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT E.M.Brower
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane, Wash. Date July 5, 1932

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED July 5, 1932 Ugola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932 to July 2, 1932

I last saw h~~er~~ alive on July 2, 1932; death is said to have occurred on the date stated above, at 1:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	Several yrs.
Incipient paralysis of the insane	

Other **contributory causes** of importance:

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Floyd G. Wendle, M. D.

(Address) Sandpoint, Idaho.

C11—8184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 I.
V. S. No. 98

Registration Dist. 1078

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner. State IDAHO Registered No. 41 80020

Township ____ or Village ____

City Sandpoint No. Parnell Hospital St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 2 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles Albert Parnell. 90

(a) Residence: No. Parnell Hospital St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Parnell.

6. DATE OF BIRTH (month, day, and year): Mar. 7, 1874

7. AGE: Years 58 | Months 4 | Days 14 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Champagne Co. Ill.

FATHER

13. NAME: Joseph Parnell

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs. Alice Parnell Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL: Place Sandpoint Cem. Date July 23, 1932

19. UNDERTAKER (Address): D. E. Mohn Sandpoint, Ida.

20. FILED July 23, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to July 18, 1932

I last saw him alive on July 18, 1932, death is said to have occurred on the date stated above, at 10:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Uremia	?

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) R. S. Ross, M. D.

(Address) Sandpoint Ida.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 66

RECEIVED AUG 5 1932

Registration District No 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner. State IDAHO Registered No. 143

Township ____ or Village ____ 80021 or

City Kootenai. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME McGregor Fay Collins. (D)

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Collins.

6. DATE OF BIRTH (month, day, and year) March 31, 1865

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
67	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway.

10. Date deceased last worked at this occupation (month and year) July 1930. 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) Pavilion. (State or country) New York.

FATHER

13. NAME Henry Clay Collins.

14. BIRTHPLACE (city or town) ____ (State or country) New Jersey.

MOTHER

15. MAIDEN NAME Francis Fay.

16. BIRTHPLACE (city or town) ____ (State or country) New York.

17. INFORMANT Mrs. Kate Collins. (Address) Kootenai Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cemetery Place Sandpoint, Idaho Date Aug 2, 1932

19. UNDERTAKER A. L. Moon (Address) Sandpoint, Idaho.

20. FILED Aug 2, 1932 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June, 1931 to July 30, 1932

I last saw him alive on July 30, 1932 death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
chronic valvular heart disease	1931

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Floyd G Wendle, M. D.

(Address) Sandpoint

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 r.
V. S. No. 98

RECEIVED AUG

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80022

PLACE OF DEATH
County of Bonner
City of Priest River Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 7
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Emma Jane Jackson

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Jackson

6. DATE OF BIRTH (month, day and year) Aug 19, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	10	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pklomis Ore.

PARENTS

10. NAME OF FATHER Geo. Knowlton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Zanesville Ohio
12. MAIDEN NAME OF MOTHER Susan McKee
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Zanesville Ohio

14. Informant Hallie Grunwald
(Address) Priest River, Ida

15. Filed July 11, 1932 N. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1930 to July 10, 1932
that I last saw her alive on July 9, 1932
and that death occurred, on the date stated above, at 3:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Fatty degeneration of the heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms & Findin

(Signed) Harold C. Soucy, M. D
July 11, 1932 (Address) Priest River, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
I. O. O. F. Cemetery	July 11 1932
20. Undertaker	Address
Moon Mortuary	Priest River

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 5 1932

Registration Dist. 7078

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 80023

Township or Village or

City Sandpoint - Rural Route One St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 5 mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Cecil Wagner

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 4, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	16	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Mc Lean (State or country) Ill.

FATHER

13. NAME Frank Wagner

14. BIRTHPLACE (city or town) Nashville (State or country) Ind.

MOTHER

15. MAIDEN NAME Anna Phillips

16. BIRTHPLACE (city or town) Hustonville (State or country) Kentucky

17. INFORMANT Mrs. Anna Ruth (Address) Route 1, Sandpoint Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cem. Place Sandpoint Ida. Date July 27, 1932

19. UNDERTAKER L. D. Moon (Address) Sandpoint Idaho.

20. FILED July 27, 1932 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 10 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Fell from raft.	

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 24, 1932

Where did injury occur? Bonner County, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Drowning

Nature of injury Fell from raft and drowned.

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) L. D. Moon Coroner.

(Address) Sandpoint Idaho

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

RECEIVED AUG 1 1932

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 80024

Township or Village Mt Diah P.O. or

City Clarkefork No. Kinnaman's 2457 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. 1 ds.

2. FULL NAME Isiah E. Wood

(a) Residence: No. ____ St., ____ Ward. Yakima 165 Wash

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Laura J. Wood

6. DATE OF BIRTH (month, day, and year): June 29-1875

7. AGE: Years 56 | Months 11 | Days 29 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grants Miner

10. Date deceased last worked at this occupation (month and year): June 28th 1932

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Nebraska

FATHER

13. NAME: James M. Wood

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Mary Fisher

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): M.W. Neff Clarkefork

18. BURIAL, CREMATION, OR REMOVAL: Place Kellogg Ida Date June 30, 1932

19. UNDERTAKER (Address): L.D. Moon Sandpoint Ida

20. FILED July 1, 1932 J.H. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 28, 1932

22. I HEREBY CERTIFY, that I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental traumatism.	
Fall from plane.	

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/28/1932

Where did injury occur? Clarkefork Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

industry

Manner of injury fell from plane

Nature of injury internal ruptures

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify ____

(Signed) L.D. Moon Coroner

(Address) Sandpoint Idaho

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 68

RECEIVED AUG 1 1932

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

80025

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Boundary State IDAHO Registered No. 2

Township Clark Fork, or Village Clarks Fork Idaho or

City ~~Sandpoint~~ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Evelyn Mae Oliver

(a) Residence: No. ____ St., ____ Ward. 161-9

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~

6. DATE OF BIRTH (month, day, and year) ~~

7. AGE: Years | Months | Days | If LESS than 1 day, 2 hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ~~

10. Date deceased last worked at this occupation (month and year) ~~ | 11. Total time (years) spent in this occupation ~~

12. BIRTHPLACE (city or town) Clarks Fork Idaho
(State or country) Bonner Co.

FATHER

13. NAME Felix Oliver

14. BIRTHPLACE (city or town) Higgins
(State or country) Texas

MOTHER

15. MAIDEN NAME Etta May Smith

16. BIRTHPLACE (city or town) Rathdrum
(State or country) Idaho

17. INFORMANT L. E. Acorn M. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Clarks Fork Idaho Date July 11, 1932

19. UNDERTAKER Mrs. U. S. Olson prepared body for burial
(Address) Noxon Mont

20. FILED 7-30-32 John Lawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1932 to ____, 19____

I last saw her alive on 7-9, 1932; death is said to have occurred on the date stated above, at 12 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ~~

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) L. E. Acorn, M. D.

(Address) Sandpoint Ida.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80026

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bowen Curley. 744

(a) Residence. No. 288 Maple. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Skate Curley.

6. DATE OF BIRTH (month, day, and year) May 31 - 1843.

7. AGE: Years 89. Months 10 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banker.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prairie Du Chien Wisconsin

FATHER
13. NAME Joseph Curley.
14. BIRTHPLACE (city or town) (State or country) Lancaster Co. Penn.

MOTHER
15. MAIDEN NAME Delia Bowen.
16. BIRTHPLACE (city or town) (State or country) Coventry. R. Island

17. INFORMENT (Address) Mrs Ethel Curley Smith Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date June 30 1932

19. UNDERTAKER (Address) V. F. McHan. Idaho Falls Ida

20. FILED 6/29, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932, to June 28, 1932
I last saw him alive on June 28, 1932: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	April 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Andrew McCauley, M. D.
(Address) Idaho Falls Idaho

RECEIVED JUL 20 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80027

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 94
(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Brough Longhurst

(a) Residence. No. Iona, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

60

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Longhurst

6. DATE OF BIRTH (month, day, and year): March 25, 1865

7. AGE: Years 67 Months 3 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Porterville Utah

FATHER
13. NAME: Samuel Brough
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Elizabeth Bott
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mr. Frank Longhurst Iona, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: [illegible] Idaho Date: July 11, 1932

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: July 9, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to July 8, 1932
I last saw her alive on July 8, 1932 death is said to have occurred on the date stated above, at 11-15 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperplastic adenomatous goiter	1906

Other contributory causes of importance:
Myocarditis

Name of operation: Thyroidectomy Date of July 8
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Idaho

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80028

Local Registrar's No. 9

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 2140
(No. ..... St.)

2. FULL NAME Harriett Clayton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: baby. (Write the word)

6. DATE OF BIRTH: July (Month) 2 (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or 725 min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho Falls Idaho

10. NAME OF Father: Wilford H. Clayton

11. BIRTHPLACE OF FATHER (State or Country): Roxborough North Carolina

12. MAIDEN NAME OF MOTHER: Harriett Ann Hill

13. BIRTHPLACE OF MOTHER (State or Country): Idaho Falls Rt #1

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) mother
(Address) Idaho Falls.

15. Filed July 3 1932 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2 1932 to July 2 1932, that I last saw her alive on July 2 19[redacted], and that death occurred on the date stated above, at [redacted] m.

The CAUSE OF DEATH* was as follows:
Exhaustion long
day labor. 10 days.

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) Premature 8 mo

(Duration) ..... yrs. ..... mos. ..... ds.

7/2 1932 (Signed) [signature] M. D.
(Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1/2 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence Idaho

19. PLACE OF BURIAL OR REMOVAL: Idaho. DATE OF BURIAL: July 3 1932

20. UNDERTAKER: Jack A. Wood ADDRESS: Idaho Falls.

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80029

Registration District No. 73
Primary Registration District No. 214-0 Local Registrar's No. 93

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

180

2. FULL NAME Harry Albers

(a) Residence. No. 314-11th St St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28, 1932

7. AGE Years | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME R. H. Albers
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Luella Hanni
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) R. H. Albers Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date July 1, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED 6/30, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him ~~alive on~~ after ~~193~~ death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows: Suffication

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) G. A. Aupperle D.O. ~~M.D.~~

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80030

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 102

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mary Ann Sullivan

(a) Residence. No. 276 E. 14 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 14 1850

7. AGE Years 81 Months 10 Days 10 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dubuque Iowa

FATHER
13. NAME Patrick Henry Sherman
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Mary Ann
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Tom Sullivan Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 7/17, 1932

19. UNDERTAKER (Address) V. F. McHan. Idaho Falls Ida.

20. FILED 7/15, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Exophthalmic Goitre	
High Blood Pressure	
Brights Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] Coroner M.D.
(Address) Idaho Falls. Ida.

RECEIVED JUL 20 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80031

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 94

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Lewis Carlyle Fudge
(a) Residence. No. Reno Park Road St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) April 23 1929
7. AGE Years 3 Months 2 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER
13. NAME .....
14. BIRTHPLACE (city or town) (State or country) .....

MOTHER
15. MAIDEN NAME Luella Fudge
16. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

17. INFORMENT (Address) Mrs Ora E. Fudge Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemetery Idaho Falls Date July 5, 1932
19. UNDERTAKER (Address) V. F. McHan Idaho Falls. Idaho
20. FILED July 2, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193..
Where did injury occur? Idaho Falls Ida. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Koster Canal
Manner of injury Drowning
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] Co. Coroner
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80032

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 97
(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Morgan John Lindstrom 183
(a) Residence. No. Leirsville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) July 6 1917
7. AGE Years 14 Months 11 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leirsville, Idaho

FATHER
13. NAME John M. Lindstrom
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Eleanor Haroldson
16. BIRTHPLACE (city or town) (State or country) Hyrum Utah

17. INFORMENT (Address) John M. Lindstrom Leirsville, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Leirsville Date June 13, 1932
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho
20. FILED 6/13, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1932
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to June 10, 1932
I last saw him alive on June 10, 1932: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound Brain (Accidental)	June 10

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury June 10, 1932
Where did injury occur? Leirsville, Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. White Hunting
Manner of injury 22 rifle
Nature of injury Brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80033

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 99

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick Chas. Jephson 18

(a) Residence. No. R.D. 5 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/26/30

7. AGE: Years 1 Months 10 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls. Idaho.

FATHER
13. NAME Leslie Leonard Jephson
14. BIRTHPLACE (city or town) (State or country) New Zealand.

MOTHER
15. MAIDEN NAME Selma Timm
16. BIRTHPLACE (city or town) (State or country) Alma Wisconsin

17. INFORMENT (Address) Leslie L. Jephson. Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Ida Date 7/10, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls. Idaho

20. FILED July 10, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/8 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/8, 1932, to 7/8, 1932

I last saw him alive on Did not, 193...: death is said to have occurred on the date stated above, at 1245 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/8, 1932
Where did injury occur? at child's home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury fell into irrigation ditch
Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) Harry L. Willson, M. D.
(Address) Idaho Falls, Ida.

RECEIVED JUL 20 1932

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80034

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 94
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

194

2. FULL NAME Nina Ellen Maxfield
(a) Residence. No. 140 - East 13th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Curtis Maxfield
6. DATE OF BIRTH (month, day, and year) Sept. 7, 1900
7. AGE Years 31 Months 9 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ucon, Idaho

FATHER
13. NAME George W. Godfrey
14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER
15. MAIDEN NAME Mary Ann Wayman
16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMENT (Address) Mr. Curtis Maxfield Idaho Falls, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Ucon, Idaho Date July 3, 1932
19. UNDERTAKER (Address) Jack G. Wood Idaho Falls, Idaho
20. FILED 6/30, 1932 C. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 1932
22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932, to June 28, 1932
I last saw her alive on June 28, 1932: death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat stroke	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Spencer, M. D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80035

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 106

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

24

2. FULL NAME Cecil Ritchie

(a) Residence. No. Ririe, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27, 1931

7. AGE Years 1 Months 12 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ririe, Idaho

FATHER
13. NAME Rob Ritchie
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Katie Beverly
16. BIRTHPLACE (city or town) (State or country) Shelton, Idaho

17. INFORMENT (Address) Mrs. Rob Ritchie Ririe, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ririe Idaho Date June 27 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED 7/30, 1932 Wm Kinnaird Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1932, to June 26, 1932
I last saw him alive on June 26, 1932; death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic Meningitis	June 24-32

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. R. Abbott, M. D.
(Address) Ririe Ida.

AUG 5 193

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80037

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 107

46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johannah Lofgren
(a) Residence. No. 675 - North Water Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: A. G. Lofgren

6. DATE OF BIRTH (month, day, and year): July 23, 1858

7. AGE: Years 73 | Months 11 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Johannah Johnson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Mr Gus Lofgren, Shelley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: June 28 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED: June 24, 1932 Corey Fimmaird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 23 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to June 23, 1932
I last saw her alive on June 19, 1932: death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	?

Other contributory causes of importance:
Myocarditis
Goitre

Name of operation: none Date of
What test confirmed diagnosis? Physical Ex. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Corey Fimmaird, M. D.
(Address) Idaho Falls Idaho

RECEIVED AUG 15 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80038

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 72
Primary Registration District No. 1210
Local Registrar's No. 161

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME William G. Sieman

(a) Residence. No. 3 miles So. of I. F. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mina Sieman (deceased)

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1843

7. AGE: Years 88 | Months 9 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME Sieman.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Otto Sieman Idaho Falls Ida.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Peterson Iowa Date 8/4, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED 8/2, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 1 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7th, 1932, to Aug 1, 1932
I last saw him alive on April 7, 1932; death is said to have occurred on the date stated above, at 9.45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) A. R. Sodenquist, M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80039

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 104

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Elizina Loisia Hathaway

(a) Residence. No. ..... St. Ucon, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. W. Hathaway

6. DATE OF BIRTH (month, day, and year) April 16 1891

7. AGE Years 41 Months 3 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arizona

FATHER
13. NAME John E. Welker
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Sarah Ann Thornick
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Sarah A. Palmer Chester, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wilford, Ida. Date July 22 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED July 22, 1932 C. Hummond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1932, to July 19, 1932

I last saw her alive on July 19, 1932; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	4 days
Cancer of Rectum	25 days

Other contributory causes of importance:

Cardio-nephritic	2 yrs Estimate

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) J. W. West, M. D.

(Address) Idaho Falls Idaho

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80040

Local Registrar's No. 114

886

PLACE OF DEATH

County of Bonneville

City of Swan Valley

Registration District No. 13

Primary Registration District No. 2140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allen Bendick Tanner.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 30 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	11	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming. (Retired 5 years)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Calif.

PARENTS

10. NAME OF FATHER Allen Bendick Tanner.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York.

12. MAIDEN NAME OF MOTHER Elezibeth Jane Mathews.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Southern States.

14. Informant Edith Oakden
(Address) Irwin, Idaho.

15. Filed Aug 10, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 7 1932
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, ~~That I attended deceased from~~
..... 19 ..... to ..... 19 .....
that I last saw h[illegible] alive on ....., 19 .....
and that death occurred, on the date stated above, at 3:20 P m.
The CAUSE OF DEATH* was as follows:

~~Hypertension~~

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Symptoms

(Signed) [illegible] Dutton [illegible] Rudd Chapman
8-8, 1932 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	8/10/32 19

20. Undertaker [illegible] Address [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED AUG 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80041

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2120
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Edmonds. 79

(a) Residence. No. 312 Lomax St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white.	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas Edmonds.

6. DATE OF BIRTH (month, day, and year) June 30 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mills County Iowa.

FATHER
13. NAME Thomas K. Irby.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Matilda Scott.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Alfred Irby Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Ida. Date 8/16, 1932
19. UNDERTAKER V. F. McFarland. (Address) Idaho Falls Ida.
20. FILED 8/17, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 3 1932
22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932 to Aug 3, 1932
I last saw her alive on , 193 : death is said to have occurred on the date stated above, at 2.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	

Other contributory causes of importance:
Nephritis Poisoning and Uremia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. B. Allen M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80042

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 105

161-9

2. FULL NAME Anna Meyer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) July 23 - 1932

7. AGE Years No Months No Days 4 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho Falls Ida

PARENTS
10. NAME OF FATHER Geo. Meyer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Napolian N. D.
12. MAIDEN NAME OF MOTHER Lydia Wahl
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Napolian N. Da

14. Informant George Meyer
(Address) Twinfolk, Ida

15. Filed July 27, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 27 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1932, to July 27, 1932
that I last saw her alive on July 24, 1932
and that death occurred, on the date stated above, at 10 30 am
The CAUSE OF DEATH* was as follows:
Premature
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Yes
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. G. Roberts, M. D.
July 27, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls. Ida. Date of Burial July 28 1932

20. Undertaker V. F. McHan Address Idaho Falls Idaho

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

AUG 1 = 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80043

Local Registrar's No. 113

1. PLACE OF DEATH

County of Bonneville

City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23

Primary Registration District No. 2150

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Paul Albert Staples

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): —

6. DATE OF BIRTH: Aug (Month) 5 (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many 12 hrs. or — min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho U.S.A.

10. NAME OF Father: Paul Andrew Staples

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Edith Anne Jones

13. BIRTHPLACE OF MOTHER (State or Country): R.F.D. #3 Idaho Falls

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Staples

(Address) Idaho Falls Rt #3

15.

Filed Aug 6 1932 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1932 to Aug 5 1932 that I last saw him alive on Aug 5 1932 and that death occurred on the date stated above, at 11 05 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth 8 month

12 hrs

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Cardiac under development

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

8/5 1932 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Ida — DATE OF BURIAL: Aug 6 1932

20. UNDERTAKER: [illegible] — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80044

PLACE OF DEATH
County of Bonneville
City of Idaho Fallls

Registration District No. 73
Primary Registration District No. 2 1 0 2
Local Registrar's No. 109
(No. L.D.S.Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Samuel Garn
(a) Residence. No. 400 N.Eastern Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth M.Garn
6. DATE OF BIRTH (month, day, and year) March 24,1847
7. AGE: Years 85, Months 4, Days 5; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Phillip Garn
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Mary M.Vought
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT Marlin Garn
(Address) Idaho Falls Rt.#1

18. BURIAL, CREMATION, OR REMOVAL
Place Los Angeles Cal. Date Aug 4, 1932

19. UNDERTAKER Jack A. Moore
(Address) Idaho Falls, Idaho

20. FILED Aug 1, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932 to July 29, 1932
I last saw him alive on July 29, 1932 death is said to have occurred on the date stated above, at 6-30a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. R. Sodergren, M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80045

PLACE OF DEATH
County of Bonneville
City of (Idaho Falls)
Irwin

Registration District No. 23
Primary Registration District No. 2110
Local Registrar's No. 10

(No. 174)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert P. Cornell.

(a) Residence. No. Ranch St.
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER

13. NAME Lewis Cornell.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Isabelle Allen.

16. BIRTHPLACE (city or town) (State or country) Chicago Ill.

17. INFORMENT (Address) A. V. Cornell Chicago Ill.

18. BURIAL, CREMATION, OR REMOVAL Place Irwin Ida. Date Aug 3, 1932

19. UNDERTAKER (Address) V. F. McHaty Idaho Falls Ida.

20. FILED Aug 4, 1932 C. L. Truman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/23 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h. alive on ....., 193...: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	

Other contributory causes of importance:

Mentally unbalanced

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/23 1932

Where did injury occur? Bonneville Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On own farm

Manner of injury Pistol shot

Nature of injury Explosion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REC... AUG 15 193...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80046

PLACE OF DEATH
County of Bonneville
City of Ammon

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 114

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marvin Bailey Mitchell 182

(a) Residence. No. Rt #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 15, 1931

7. AGE Years 1 Months 6 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley, Idaho

FATHER
13. NAME Roland Mitchell
14. BIRTHPLACE (city or town) (State or country) Shelley Idaho

MOTHER
15. MAIDEN NAME Thelma Bailey
16. BIRTHPLACE (city or town) (State or country) Ammon Idaho

17. INFORMENT (Address) Mrs Roland Mitchell Idaho Falls Rt #3

18. BURIAL, CREMATION, OR REMOVAL Place Shelley, Idaho Date Aug 9, 1932

19. UNDERTAKER (Address) Jack G. Ward Idaho Falls, Idaho

20. FILED Aug 8, 1932 W. Fumand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 10.30 m.

The principal cause of death and related causes of importance were as follows: Date of onset

Saw after death
Drowned in
Hillside canal.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. J. Sutton, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80049

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 87
(No. 1st Ave & 5th St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernard Herbst

(a) Residence. No. 507 - 11 Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): 5-22-60
7. AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: [illegible]
14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER
15. MAIDEN NAME: [illegible]
16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMENT (Address): Joe Pearsall Nampa Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 7-22, 193
19. UNDERTAKER (Address): F. K. Robinson Nampa Ida
20. FILED Aug 24, 193 2 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 7-20 193 2
22. I HEREBY CERTIFY, That I attended deceased from 8-11, 193 2, to 7-20, 193 2
I last saw h alive on 7-1, 193 2 death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	7-1-31

Other contributory causes of importance: L

Name of operation None Date of L
What test confirmed diagnosis? V Was there an autopsy? L

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Horton, M. D.
(Address) Nampa Ida

RECEIVED [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80050

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 79

(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Louis W. Vandenbergh

(a) Residence. No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) aug. 8-78

7. AGE Years: 54 Months: 10 Days: 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Auto salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME William Vandenbergh

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mieer

16. BIRTHPLACE (city or town) (State or country) Switz.

17. INFORMENT (Address) Victor Vandenbergh Rathdrum, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 7-6, 1932

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED 7-15, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4, 193 , to July 4, 1932

I last saw him alive on July 4, 1932: death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	5 Pm.

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. B. Dudley, M. D.

(Address) Caldwell Ida

RECEIVED AUG 8 1932

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80051

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ellen Rawlings

(a) Residence. No. 7th St. N. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-26-53

7. AGE Years 78 Months 6 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Wm. Brady

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Bly

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Richard Rawlings Nampa Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida Date July 11 1932

19. UNDERTAKER (Address) F. R. Robinson Nampa Ida

20. FILED 7-9, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to 7/8, 1932

I last saw her alive on 7/7, 1932; death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	7/7/32

Other contributory causes of importance:

Chronic myocarditis mitral insufficiency	10 yrs

Name of operation none Date of .....

What test confirmed diagnosis physical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. P. Ross, M. D.

(Address) Nampa, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80052

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 74

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Jane Ferrenburg 90

(a) Residence. No. 1216 - 12 ave S St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 18-50

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housekeeper

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Brumer
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Bridwell
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) D. Ferrenburg Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 6-28-32, 193..

19. UNDERTAKER F. H. Robinson (Address) Nampa Ida

20. FILED 7-9, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-26 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 26, 1932
I last saw her alive on 23 June 1932: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Other contributory causes of importance: Arterio Sclerosis	

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. E. Ballard M.D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED AUG 8 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80053

Local Registrar's No. 78

Registration District No. 7

Primary Registration District No. 2006

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Clara Belle Sellin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: Oct (Month) 9 (Day) 1874 (Year)

7. AGE: 57 Yrs. 9 Mos. 4 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF Father: Homer Sellin

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Elizabeth Phillips

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Don Coyner

(Address) Nampa Idaho

15. Filed July 18 1932 Lydia Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 13th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to July 13 1932, that I last saw her alive on July 13 1932, and that death occurred on the date stated above, at 4:10 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

.....

.....

.....(Duration) .....yrs. .....mos. 7 ds.

Contributory (Secondary) Influenza

.....(Duration) .....yrs. .....mos. 10 ds.

(Signed) Don Coyner M. D.

7/13 1932 (Address) Nampa

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 11 yrs. 3 mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence Emmett Ida

19. PLACE OF BURIAL OR REMOVAL: Emmett Ida — DATE OF BURIAL: 7/15 1932

20. UNDERTAKER: Lee Buckner — ADDRESS: Emmett Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80054

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 80

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111 a

2. FULL NAME John M. Rosecrans

(a) Residence. No. 116 15" St North St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Verda Miller Rosecrans

6. DATE OF BIRTH (month, day, and year) 3-24- 1887

7. AGE Years 45 Months 4- Days No If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Dakota

FATHER

13. NAME Jno C Rosecrans

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary Anna Lattin

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) C. W. Rosecrans Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kohlerlawn Cemetery 7-24-32, 193

19. UNDERTAKER (Address) Paul L. Case Caldwell Idaho

20. FILED July 26, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-24-32 193

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1932 to 7-24, 1932

I last saw him alive on 7-23, 1932: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	1927
Other contributory causes of importance:	
	✓

Name of operation None Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) J. C. Horton, M. D.

(Address) Nampa Idaho

STATE OF IDAHO 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80055

PLACE OF DEATH

County of Canyon
City of Nampa.

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 79
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

177

2. **FULL NAME** Lillian Illivia Mc Elroy

(a) Residence. No. ..... St. Payette, Ida
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos 1½ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George Mc Elroy

6. DATE OF BIRTH (month, day and year) Jan. 21st 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37.	5	27.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Mc Craw
(State or country) West Virginia

PARENTS

10. NAME OF FATHER L. M. Mc Graw

11. BIRTHPLACE OF FATHER (city or town) Mc Graw
(State or Country) West Virginia

12. MAIDEN NAME OF MOTHER Elizabeth A. Cook

13. BIRTHPLACE OF MOTHER (city or town) Arnett
(State or County) West Virginia.

14. Informant Mrs. L. M. Mc Graw
(Address) Wallowa, Oregon.

15. Filed July 20, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 18 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to July 18, 1932, that I last saw her alive on July 17, 1932, and that death occurred, on the date stated above, at 5:00 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cirrhosis of Liver
Hypertrophic

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of —
Was there an autopsy? yes
What test confirmed diagnosis?
(Signed) W. O. Wells, M. D.
July 19, 1932 (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Wallowa, Oregon	
20. Undertaker	Address
Mrs. Nina M. Talley	Nampa, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80056

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 90
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME William W. Korn.

(a) Residence. No. Rural St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mo.
(State or country)

PARENTS

10. NAME OF FATHER Ben Korn

11. BIRTHPLACE OF FATHER (city or town) Neb.
(State or Country)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country)

14. Informant Ben Korn.
(Address) Nampa, Ida.

15. Filed Aug 4, 1932. Lydia Rodgers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July (Month) 29 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to July 28, 1932
that I last saw him alive on July 28, 1932
and that death occurred, on the date stated above, at 5 P m.
The CAUSE OF DEATH* was as follows:
Peritonitis

(duration) yrs. mos. 12 ds.
CONTRIBUTORY (Secondary) Gangrenous appendicitis
(duration) yrs. mos. 12 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of July 16 32
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Horace Belknap M. D.
July 30, 1932 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa Ida.	8-1-32 19
20. Undertaker	Address
F.K.Robinson.	Nampa Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

B

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80057

PLACE OF DEATH
County of Canyon
City of Rural

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 89

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick William Schaeber

(a) Residence. No. Melba, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of Josphine Schaeber
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 26, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kansas.

PARENTS

10. NAME OF FATHER A. F. Schaeber.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not known

12. MAIDEN NAME OF MOTHER Foote

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not known

14. Informant Mrs F. W. Schaeber
(Address) Melba, Ida.

15. Filed Aug 2, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 30, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to July 30, 1932
that I last saw h[illegible] alive on July 30, 1932
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows: Peritonitis from ruptured Gastric Ulcer
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Gastric Ulcer
(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ?
Did an operation precede death? yes Date of 7-27-32
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) O C Beckwith M. D.
Aug 3, 1932 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa, Ida.	8/2, 1932
20. Undertaker	Address
F.K. Robinson	Nampa Ida.

B

RECEIVED AUG 8 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80058

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2116

Local Registrar's No. 76

(No. 8 miles So. East Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number.)

574

2. **FULL NAME** William A. Ward

(a) Residence. No. 8 miles So. East Nampa St.

(Usual place of abode.)

Length of residence in city or town where death occured 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed,~~ or divorced
HUSBAND of (or) WIFE of Anna Ward

6. DATE OF BIRTH (month, day and year) March 11th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	3	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Colorado

PARENTS

10. NAME OF FATHER Thomas Ward

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Martha A. Russell

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant Joseph R. Ward
(Address) Kuna, Idaho

15. Filed July 11, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 8 (Day) 1932. (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1931, to July 7, 1932
that I last saw him alive on July 7, 1932
and that death occurred, on the date stated above, at 3:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Interstitial Nephritis

about 3 years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Colorado
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) F. J. Coleman, M. D.
7-10, 1932 (Address) Kuna Idaho

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa — Date of Burial: 7-11 1932

20. Undertaker: Wm. D. Talley — Address: Nampa, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80059

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 83

(No. 221-15th Ave. No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. FULL NAME Robert Lee Nibarger

(a) Residence. No. 221-15th Ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 16th 1932

7. AGE Years Months Days If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Idaho

FATHER

13. NAME Richard Nibarger

14. BIRTHPLACE (city or town) (State or country) Shoshone Wyoming

MOTHER

15. MAIDEN NAME Pearl White

16. BIRTHPLACE (city or town) (State or country) Lowassie Missouri

17. INFORMENT (Address) Mrs Pearl Nibarger Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kuna, Ida Date 7-17, 1932

19. UNDERTAKER (Address) Wm D. Talley Nampa, Idaho

20. FILED July 17, 193 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from July 11th PM, 1932, to 4 AM July 17, 1932

I last saw him alive on July 17, 1932: death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
6½ months	

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V C Bugmin Jr, M. D.

(Address) Nampa Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED AUG 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80060

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1007

Local Registrar's No. 2

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Marion Miller

(a) Residence. No. Caldwell Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Eliza Miller

6. DATE OF BIRTH (month, day and year) Aug 13 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	71	11	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Magnyoketa
(State or country) Iowa

PARENTS

10. NAME OF FATHER Josiah Miller
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Julia Goodrich
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mass Brown

14. Informant Alfred E. Miller
(Address) Parma Ida

15. Filed Aug 1, 1932 Ethel Jurries Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 23 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__
that I last saw h__ alive on ____, 19__
and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:
Cyrisipelas, Spot in
Lobar Pneumonia, Heart
Heart - 32 - resolver
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. V. Buckham Coroner
7-25, 1932 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Roswell	7-25 1932
20. Undertaker	Address
C. V. Buckham	Caldwell Ida

RECEIVED AUG 3 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80061

PLACE OF DEATH
County of Canyon
City of Roswell

Registration District No. 3
Primary Registration District No. 2007 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 P

2. FULL NAME Ronald Clyde Hunt

(a) Residence. No. Roswell Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb-27-1929

7. AGE Years 3 Months 4 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Ida

FATHER
13. NAME H. E. Hunt
14. BIRTHPLACE (city or town) (State or country) Moscow Idaho

MOTHER
15. MAIDEN NAME Grace Ottebery
16. BIRTHPLACE (city or town) (State or country) Winona Washington

17. INFORMENT (Address) H E Hunt Roswell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Roswell Date 7-13, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED Aug 1, 1932 Ethel Jurries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to July 11, 1932
I last saw him alive on July 11, 1932: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	7/11/2
Laceration and contusion of brain	7/11/32

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/11, 1932
Where did injury occur? Roswell, Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury Cash register fell down
Nature of injury fracturing skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Eugene Johnson, M. D.
(Address) Jerma, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 8 19..

PLACE OF DEATH

County of Canyon

City of Nampa.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80063

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

889

2. FULL NAME Dorothy Evelyn Wolfe.

(a) Residence. No. 219-13 ave. N. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fe Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-7-20

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
111	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Elas Daniel Wolfe

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Hatty

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMENT (Address) E.D. Wolfe

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 7-8, 1932

19. UNDERTAKER (Address) F.K. Robinson Nampa, Ida.

20. FILED 7-9, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to July 4, 1932

I last saw her alive on July 4, 1932: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Endocarditis	July 2 1932

Other contributory causes of importance:

Septic Infection of Right Knee Joint	June 24 1932

Name of operation Knee Incision Date of 7-1-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. C. Bellmap, M.D.

(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80064

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 76

(No. State Colony & Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME Walter Rammell.

(a) Residence. No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-18-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Providence
(State or country) Utah

FATHER

13. NAME Chas. Herbert Rammell

14. BIRTHPLACE (city or town) Providence
(State or country) Utah

MOTHER

15. MAIDEN NAME Haroldsen

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMENT (Address) Claudis Austen Nampa, Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Spencer Idaho Date 7 - 9, 1932

19. UNDERTAKER F.K. Robinson
(Address) Nampa Ida

20. FILED 7 - 9, 1932 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/8 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/13/, 193..., to 7/8, 1932

I last saw him alive on 7/8, 1932: death is said to have occurred on the date stated above, at 7:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	Since birth

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. P. Rose, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80065

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 77
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Petersen

(a) Residence. No. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 -	-	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME ✓
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ✓ No record
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) J. E. Keith Melba Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED July 18, 1932 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to July 13, 1932
I last saw him alive on July 13, 1932; death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Valvular insufficiency	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. H. Ross, M. D.
(Address) Nampa

RECEIVED AUG 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80066

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 93

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Baby, Sayre (John Lewis)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26 - 32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wilder
(State or country) Idaho

FATHER
13. NAME Lewis Sayre
14. BIRTHPLACE (city or town) .....
(State or country) Mo.

MOTHER
15. MAIDEN NAME Minnie Bowman
16. BIRTHPLACE (city or town) .....
(State or country) Idaho

17. INFORMENT E. O. Paine
(Address) Wilder, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Date Aug 4, 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 8-5, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932, to Aug 3, 1932
I last saw him alive on July 26, 1932: death is said to have occurred on the date stated above, at 11:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Matrimonial	
Malvolum Heart Disease	
(Congenital heart condition)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) Robert E. Talbot, M. D.
(Address) Wilder Idaho

RECEIVED AUG 13 1932

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80067

Registration District No. 3

Primary Registration District No. 1005 Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME Lewis Lee Lindblom

(a) Residence. No. Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April-2-1910

7. AGE Years: 22 Months: 4 Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hinsdale Montana

FATHER

13. NAME L. C. Lindblom

14. BIRTHPLACE (city or town) (State or country) Chicago Minnesota

MOTHER

15. MAIDEN NAME Jessie M. Robb

16. BIRTHPLACE (city or town) (State or country) Endicott Wash

17. INFORMENT (Address) Jessie M Lindblom city

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 8-3, 1932

19. UNDERTAKER (Address) L. V. Peckham Caldwell Ida

20. FILED 8-5, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/28, 1932, to 8/2, 1932

I last saw him alive on Aug 2, 1932 death is said to have occurred on the date stated above, at 2-30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Paralytic)	7/30/32
Other contributory causes of importance: Acute Appendicitis	7/28/32

Name of operation Appendectomy Date of 7/28/32

What test confirmed diagnosis? Operative Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No

(Signed) E. C. Jensen M.D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 1 8 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80068

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 87

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Delia Nichols McCullough

(a) Residence. No. Caldwell, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

46

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. E. McCullough

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho.

FATHER
13. NAME Cash M. Nichols
14. BIRTHPLACE (city or town) Tumwey
(State or country) Iowa.

MOTHER
15. MAIDEN NAME Ellen Bivens
16. BIRTHPLACE (city or town) Atchison
(State or country) Kansas.

17. INFORMENT W. E. McCullough
(Address) Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place New Plymouth Date 7-31, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 7-29-, 1932 J. S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 st, 1932, to July 28, 1932
I last saw h alive on July 28, 1932: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of body of uterus with general metastasis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) G. W. Montgomery, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Tampa

City of Tampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
State File No. 80069

Local Registrar's No. 86

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Calvin Jones. 1185

(a) Residence. No. Tampa Fla St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lavina Jones.

6. DATE OF BIRTH (month, day, and year) Dec 26-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Douglas Co (State or country) Missouri

FATHER

13. NAME Sam Jones.

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Sarah Selber

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Mrs Lavina Jones Tampa Fla.

18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Cem Date 7-13 1932

19. UNDERTAKER (Address) Peckham Funeral Home

20. FILED 7-17-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1932, to July 11, 1932

I last saw him alive on July 1, 1932; death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
due to diaphragmatic	
hernia of the transverse	
colon near splenic flexure	

Other contributory causes of importance:

Name of operation Colostomy Date of July 3rd.

What test confirmed diagnosis? Exp. Op. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. S. Hargrave, M. D.

(Address) Tampa, Fla

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG

PLACE OF DEATH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80070

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Monroe Dukes 749

(a) Residence. No. Middleton St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Stella F Dukes

6. DATE OF BIRTH (month, day, and year) 12-8-1867

7. AGE Years: 64 Months: 7 Days: 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Benton Co. Mo.

FATHER

13. NAME Alfred Dukes

14. BIRTHPLACE (city or town) (State or country) Nashville Tenn

MOTHER

15. MAIDEN NAME Mary M. Carlton

16. BIRTHPLACE (city or town) (State or country) Benton Co Mo.

17. INFORMENT (Address) [illegible] Dukes 1420 Howard St - Boise, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Aug 3, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell, Idaho

20. FILED 8-5, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Aug 1, 1932

I last saw him alive on Aug 1, 1932; death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Cyanophenol Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible], M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 80071

Local Registrar's No. 89

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alphonso William Duncan

(a) Residence. No. Caldwell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 9 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rockland
(State or country) Maine

FATHER

13. NAME Wm H. Duncan

14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Agnes Drinkwater

16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMENT Fayne La Motte
(Address) 139 Garfield Blvd. Montebello, Cal.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Cem. Date Aug. 4, 1932

19. UNDERTAKER J. C. Peckham
(Address) Caldwell, Ida

20. FILED 8-5-, 1932 J. S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-31-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-21-, 1932, to 7-21-, 1932

I last saw h- alive on 7-21-, 1932: death is said to have occurred on the date stated above, at 0:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Kidney Block -	
acute Dilatation	
of Heart.	

Other contributory causes of importance:

Swimming in cold water.
Chronic Myocarditis

Name of operation no Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) David E Baird, M. D.

(Address) Caldwell Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 2 1932

DO NOT WRITE IN THIS SPACE
State File No. 80072

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1606
Local Registrar's No. 81
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. **FULL NAME** John Martin Wilson

(a) Residence. No. 424-14th Ave. No St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 2 yrs. mos. ds. How long in U. S. if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Wilson

6. DATE OF BIRTH (month, day and year) April 8th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	3	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mason
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Haywood Lancashire England

PARENTS

10. NAME OF FATHER Thomas Wilson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Sarah Littlewood
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Isle of Man

14. Informant (Address) Mrs. Nellie Wilson Nampa, Idaho

15. Filed Aug 2, 1932 Lyla Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 24 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1932, to July 24, 1932, that I last saw him alive on July 24, 1932 and that death occurred, on the date stated above, at 8:40A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of the stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Thos E Mahoney M. D.
July 25, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Rosedawn	7/29 1932

20. Undertaker	Address
Wm D. Talley	Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80073

PLACE OF DEATH
County of Canyon
~~City of~~ Rural

Registration District No. 7
Primary Registration District No. 2006
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 88

49

2. FULL NAME Noah W. Griffith
(a) Residence. No. Nampa R. 4 St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Dec 16 - 1870

7. AGE: 61 Years, 7 Months, 19 Days. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): N. C.

PARENTS
10. NAME OF FATHER: Posey Griffith
11. BIRTHPLACE OF FATHER (city or town) (State or Country): N. C.
12. MAIDEN NAME OF MOTHER: Masters
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): N. C.

14. Informant: Mrs N. W. Griffith
(Address) R.D. Nampa Ida

15. Filed Aug 5, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 8 - 3 - 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-24, 1932, to 8-3, 1932
that I last saw him alive on 7-20, 1932
and that death occurred, on the date stated above, at 5:30 P. m.
The CAUSE OF DEATH* was as follows:
Cancer
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) ✓
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? Yes Date of Jan 1932
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) J. Horton, M. D.
8-4, 1932 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Nampa Idaho — Date of Burial: 8-6 1932
20. Undertaker: F. K. Robinson — Address: Nampa

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80074

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 86

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Dara Jane Rodman

(a) Residence. No. 226 - Locust St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Rodman

6. DATE OF BIRTH (month, day, and year) 1-29-64

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME James E. Britton
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Catherine Beakel
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) John Rodman Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Cem Date 7/20, 1932

19. UNDERTAKER F. M. Robinson (Address) Nampa, Ida

20. FILED Aug 4, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-18-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1932 to 7-18, 1932
I last saw her alive on 7-18, 1932; death is said to have occurred on the date stated above, at 5 G. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	1-1-32
Other contributory causes of importance:	
	L

Name of operation None Date of
What test confirmed diagnosis? L Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. C. Horton, M. D.
(Address) Nampa, Idaho

#9

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80075

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 82

(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Sarah Slabaugh

(a) Residence. No. ..... St. Marsing, Idaho

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac C. Slabaugh

6. DATE OF BIRTH (month, day and year) Dec. 9th 1859

7. AGE Years 72 Months 7 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Stark County Indiana

PARENTS

10. NAME OF FATHER Noah Hostetler

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penna

12. MAIDEN NAME OF MOTHER Susan Kaufman

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Holmes Co. Ohio

14. Informant (Address) Mr. Isaac C. Slabaugh ~~R.F.D.~~ # Box # 5 Marsing, Ida

15. Filed Aug 1, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to July 30, 1932

that I last saw her alive on July 30, 1932

and that death occurred, on the date stated above, at 10:10 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Toxemia

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Blood test

(Signed) Wm E. Mangum, M. D.

August 1 1932 (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial Aug 2 1932

20. Undertaker Wm D. Talley Address Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80076

PLACE OF DEATH

County of Canyon
City of Nampa
Juliana

Registration District No. 1006
Primary Registration District No. 7
Local Registrar's No. 76
(No. 1281/2 - 13th Ave. No)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Juliana C. Nicolaysen

(a) Residence. No. 1281/2 - 13th Ave. No St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 12 yrs. mos. ds. How long in U. S. if of foreign birth? 50 yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Jens Nicolaysen

6. DATE OF BIRTH (month, day and year) Sept. 7th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	10	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER — Peterson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant Mrs. Hobart Dodson (Address) Nampa, Idaho

15. Filed July 16, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1926 to July 14, 1932
that I last saw her alive on June 13, 1932
and that death occurred, on the date stated above, at 7:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis + Valvular heart disease

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (duration) 5? yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical

(Signed) H. H. Rodgers, M. D.
July 16, 1932 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa — Date of Burial: July 18 1932
20. Undertaker — Address
Mrs. Nina M. Talley Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80078

PLACE OF DEATH
County of Caribou
City of Soda Springs
Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 16
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Joseph Jorgensen
(a) Residence. No. Soda Springs Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

1/16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) Nov. 25-1927

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
5	7	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Soda Springs Ida

PARENTS
10. NAME OF FATHER Nels H. Jorgensen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Bessie Saulls
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Rugg Vellee Tenn

14. Informant (Address) Nels H. Jorgensen Soda Springs Ida

15. Filed July 16 1932 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 16 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to July 16, 1932
that I last saw him alive on July 16, 1932
and that death occurred, on the date stated above, at 12 45 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Ruptured
appendicitis
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diffuse Peritonitis
(duration) yrs. mos. 11 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? yes Date of 7-8-32
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Dr. Evan M. Kack M. D.
7-16-32, 19 (Address) Soda Springs, Ida

19. Place of Burial, Cremation, or Removal Soda Springs Ida
Date of Burial July 17 1932

20. Undertaker C. S. Whitman
Address Soda Springs

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80079

PLACE OF DEATH
County of Caribou
City of Soda Springs
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 15
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Atwood Olsen
(a) Residence. No. Grace Ida St. 184
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single
6. DATE OF BIRTH (month, day and year)
7. AGE Years 27 Months 1 Days 1 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer & Rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Grace Idaho

PARENTS
10. NAME OF FATHER Fred C. Olsen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Copenhagen Denmark
12. MAIDEN NAME OF MOTHER Louise Atwood
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Murray Utah

14. Informant (Address) Fred C. Olsen Grace Ida
15. Filed July 7, 1932 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 7 ~~1932~~, 1932
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 7, 1932
that I last saw him alive on July 7, 1932
and that death occurred, on the date stated above, at 10 30 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bounds torn out by horn of a bull
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? At his ranch, Grace, Idaho
Did an operation precede death? yes Date of 7/7/32
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) Ellis Kackley, M. D.
7/7/32, 19 (Address) Soda Springs Ida

19. Place of ~~Burial, Cremation~~, or Removal Grace Ida
Date of Burial July 9 1932
20. Undertaker E. L. Whitman
Address Soda Springs Ida

RECEIVED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80081

PLACE OF DEATH
County of Cassia
City of Declo

Registration District No. 117
Primary Registration District No. 2176 Local Registrar's No. 341
(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hyrum Ellis Huntsman
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joan M Huntsman
6. DATE OF BIRTH (month, day and year) May 27 - 1886
7. AGE Years 46 Months 1 Days 10 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Nevada
PARENTS
10. NAME OF FATHER Oren Huntsman
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)
14. Informant (Address) H. C. Huntsman Declo
15. Filed July 28, 1932. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 5, 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 28, 1932 June 28, 1932
that I last saw him alive on June 28, 1932
and that death occurred, on the date stated above, at m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma Face
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Usual
(Signed) Joseph Armstrong M.D.
, 19 (Address) Burley Ida
19. Place of Burial, Cremation, or Removal Declo Date of Burial July 8 1932
20. Undertaker R. E. Johnson Address Burley

RECEIVED AUG 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80082

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 378
(No. ..... 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Elizabeth Mathews

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	W.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 1 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day
	65	1	28	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) American Fork
(State or country) Utah.

PARENTS

10. NAME OF FATHER James Crooks
11. BIRTHPLACE OF FATHER (city or town) Collands
(State or Country)
12. MAIDEN NAME OF MOTHER Ann Osborn
13. BIRTHPLACE OF MOTHER (city or town) Collands
(State or Country)

14. Informant Kate Mathews
(Address) American Fork Ut.

15. Filed Sept 2, 1932. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 29, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1932, to July 29, 1932
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Valvular Heart Disease

.....(duration) .....yrs. .....mos. .....ds.
CONTRIBUTORY .....
(Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) D. C. Johnson Coroner
July 29, 1932 (Address) Burley Ida.

19. Place of Burial, Cremation, or Removal: Rose Hill — Date of Burial: .....
20. Undertaker: D. E. Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED AUG 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80083

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 047
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Henry Worthington 90
(a) Residence. No. Springdale Idaho St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie J. P. Worthington
6. DATE OF BIRTH (month, day and year) July 2nd 1860
7. AGE Years 72 Months — Days 25 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work agriculturist
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer
9. BIRTHPLACE (city or town) Trentsville
(State or country) Toalkie Ut
PARENTS
10. NAME OF FATHER James Worthington
11. BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or Country)
12. MAIDEN NAME OF MOTHER Susanna Pratt
13. BIRTHPLACE OF MOTHER (city or town) England
(State or County)
14. Informant J. P. Worthington
(Address) Burley R.D.
15. Filed Aug 9, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 27 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 27, 1932, to July 27, 1932
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Valvular Heart Disease.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) D. E. Johnson Coroner M.D.
July 29 1932 (Address) Burley Idaho
19. Place of Burial, Cremation, or Removal Burley
Date of Burial 7-29 1932
20. Undertaker Jos. P. Payne
Address

License No. E-271

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80084

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 276 Local Registrar's No. 44
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

40

2. FULL NAME George Henry Lewis
(a) Residence. No. Farm, South + West town
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mae E. Lewis

6. DATE OF BIRTH (month, day and year) May 20. 1877

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	1	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Field Agriculturist
(b) General nature of industry, business, or establishment in which employed (or employer) Amalg. Sugar Co.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

PARENTS
10. NAME OF FATHER Eliao Lewis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales
12. MAIDEN NAME OF MOTHER Eleanor Roberts
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wales

14. Informant (Address) Mrs Mae E. Lewis

15. Filed July 18, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932, to July 9, 1932
that I last saw him alive on July 3, 1932
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute dilatation of heart

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) Leland Francis, M. D.
....., 19..... (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal: Burley, Idaho
Date of Burial: 7/13 1932

20. Undertaker: D. E. Johnson
Address: Burley, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80085

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 343
(No. 118 15)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Mary Ann Nelson
(a) Residence. No. [illegible] St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of N C Nelson

6. DATE OF BIRTH (month) Sept (day) 27 (year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER Joseph Soulsby
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Dorothy Patterson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Mrs. N. C. Nelson
(Address) Burley Idaho.

15. Filed July 20, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1932, to July 10, 1932
that I last saw her alive on July 10, 1932
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Obstruction of ileum caused by adhesions of former operation
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? What test confirmed diagnosis?
(Signed) G. L. Cope, M. D.
7/15, 1932 (Address)

19. Place of Burial, Cremation, or Removal: Burley Idaho — Date of Burial: July 14 1932
20. Undertaker: W. E. Johnson — Address: Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80086

PLACE OF DEATH
County of Cassia
City of Elba.

Registration District No. 19
Primary Registration District No. 2198
Local Registrar's No. 89
(No.) (If death occurred in hospital or institution give name instead of street and number.)

2. FULL NAME Charles Edward Ottley

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanche Lloyd Ottley.

6. DATE OF BIRTH (month, day and year) Dec 8 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	45	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Elba Idaho

PARENTS

10. NAME OF FATHER Peter Henry Ottley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Sophia Godfrey
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant (Address) Mrs C Ottley Elba Idaho

15. Filed Aug 1, 1932 C A Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 30 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to June 30, 1932
that I last saw him alive on June 20, 1932
and that death occurred, on the date stated above, at 3:15 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Endo Carditis
(duration) — yrs. — mos. 14 ds.
CONTRIBUTORY (Secondary) None
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) C A Bates, M. D.
Aug 1, 1932 (Address) Malta Idaho

19. Place of Burial, Cremation, or Removal: Elba Idaho — Date of Burial: July 2 1932
Undertaker: D E Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80087

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 3187
Local Registrar's No. 51

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

36

2. FULL NAME Jay Wilson

(a) Residence. No. ..... St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt. 64	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kalamazoo, Michigan

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hos. Cemetery Date July 5, 1932

19. UNDERTAKER (Address) T. A. Dillberg Hosp. Attd. Orofino - Idaho.

20. FILED July 11, 1932 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1932

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1931, to July 4, 1932
I last saw him alive on July 4, 1932; death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of right humerus	?
Tuberculosis of bone.	

Other contributory causes of importance:

Paranoia	
Death was caused by exhaustion	from
absorption, Septic.	

Name of operation ..... Date of .....
What test confirmed diagnosis? Sym. Sign. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Wm. McKelway, M. D.
(Address) Orofino - Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80088

PLACE OF DEATH
County of Clearwater
City of OYOFINO

Registration District No. 90
Primary Registration District No. 2127 Local Registrar's No. 31
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME DAVID RAY ELY

(a) Residence. No. OYOFINO IDA R.F.D 3 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 41 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ELLA ELY

6. DATE OF BIRTH (month, day and year) OCT 4 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer) FARM WORK
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) WASHINGTON

PARENTS

10. NAME OF FATHER DAVID L. ELY

11. BIRTHPLACE OF FATHER (city or town) (State or Country) INDIANA

12. MAIDEN NAME OF MOTHER MARY SHRIVES

13. BIRTHPLACE OF MOTHER (city or town) (State or County) INDIANA

14. Informant CHAS. ELY
(Address) OYOFINO IDA

15. Filed 7/11, 19 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1932, to July 10, 1932
that I last saw h[illegible] alive on April 13, 1932
and that death occurred, on the date stated above, at 7 0 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis
(duration) yrs. 8 mos. ds.
CONTRIBUTORY (Secondary) Carcinoma of Tongue
(duration) yrs. 4 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical.

(Signed) R. J. Hopkins M. D.
July 11, 1932 (Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal FRAZIER — Date of Burial 7/12 1932

20. Undertaker OYOFINO MORTUARY — Address OYOFINO IDA.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED AUG 3 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80089

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2177 Local Registrar's No. 50

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Maude L. Ross

(a) Residence. No. ..... St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) October 1, 1873

7. AGE: Years 58 | Months 10 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lansing, Michigan

FATHER
13. NAME George W. Logan
14. BIRTHPLACE (city or town) (State or country) Flint, Michigan

MOTHER
15. MAIDEN NAME Alice Sage
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Idaho Date ....., 193

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho

20. FILED 7/10, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1932

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1930, to July 9, 1932

I last saw her alive on July 9, 1932; death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Apoplexy)	

Other contributory causes of importance:
Psychosis with cerebral arteriosclerosis

Name of operation None Date of .....

What test confirmed diagnosis Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

RECEIVED AUG 3 19

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80090

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Patrick Griffin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Julia Griffin

6. DATE OF BIRTH (month, day, and year): Mar 17 1867

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Irland

FATHER
13. NAME: Cornelius Griffin
14. BIRTHPLACE (city or town) (State or country): Irland

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): Irland

17. INFORMENT (Address): Cornelius Griffin Lweiston

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston Ida Date: July 6 193

19. UNDERTAKER (Address): W.A. Shaw Orofino

20. FILED: July 6, 193 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 3 193

22. I HEREBY CERTIFY, That I attended deceased from 3 yrs ago, 193, to July 3rd, 1932
I last saw him alive on 7-3, 1932: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	yrs ago
Nephritis chronic	"
(Terminal Pneumonia)	
acute gastritis	

Other contributory causes of importance:
a mouthfull of snags and bad teeth. Pyorrhea of years standing

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓ ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) E. F. Robertson, M. D.
(Address) Orofino, Idaho

RECEIVED AUG 3 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80091

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Clearwater
City of Pierce

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 48
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME John Reish
(a) Residence No. Headquarters Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE: about 50 Years | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Prospector
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Unknown

PARENTS
10. NAME OF FATHER "
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address): Wayne Herris Orofino

15. Filed 7/8, 19 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 7 (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wayne Herris Coroner M. D.
7/8, 19 (Address) Orofino

19. Place of Burial, Cremation, or Removal: Orofino Ida
Date of Burial: 7/9 1932

20. Undertaker: Orofino Mortuary
Address: Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80092

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena J. Adams

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Femal	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of S.J. Adams

6. DATE OF BIRTH (month, day, and year) Oct 13 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME John Curtis
14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER
15. MAIDEN NAME Hattie Simers
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) S.J. Adams Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date July 11, 1932

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED July 1o, 193 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fell in spring and drowned	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. A. Shaw, Local Reg. '32, M. D.
(Address) Orofino

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80093

PLACE OF DEATH
County of CUSTER
City of MACKAY

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 157

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MARY JANE STEWART

(a) Residence. No. 1640 sS W Temple St. Salt Lake City Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

19 6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8- 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salt Lake City
(State or country)

FATHER

13. NAME HAROLD F STEWART

14. BIRTHPLACE (city or town) SALT LAKE CITY UTAH
(State or country)

MOTHER

15. MAIDEN NAME LORAINE SERMON

16. BIRTHPLACE (city or town) SALT LAKE CITY UT
(State or country)

17. INFORMENT J R Stewart
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 1/25, 1932

19. UNDERTAKER [illegible]
(Address) [illegible] - Ida

20. FILED Aug. 5, 1932 Rose Nowacki
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/25/32 193

22. I HEREBY CERTIFY, That I attended deceased from 7/23/32, 193 to 7/25/32, 193
I last saw her alive on 7/25/32, 193 : death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
LIGHTNING STROKE	
Other contributory causes of importance: SHOCK	

Name of operation ..... Date of .....
What test confirmed diagnosis? HISTORY Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/23/32
Where did injury occur? 8 miles N of Mackay Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury as stated
Nature of injury Shock plus extensive burns

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) F. P. Richards, M. D.
(Address) Mackay Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80094

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME Margurett Ann Jinkins

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 29 1929

7. AGE: Years 2 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston

FATHER
13. NAME Albert Jinkins
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Zina Miller
16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Albert Jenkins Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Date ....., 193..

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Aug 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932, to July 22, 1932
I last saw her alive on July 22, 1932: death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial hemorrhage	At Birth
Mal-nutrition	Jan 1931

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Orson S. Davies, M. D.
(Address) Preston Idaho

RECEIVED AUG 10 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80095

PLACE OF DEATH
County Franklin
City of Dayton

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 a

2. FULL NAME Marvin Lloyd Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 17 1916

7. AGE: Years 16; Months 5; Days 13; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cornish Utah Dayt

FATHER
13. NAME Alfred Jensen
14. BIRTHPLACE (city or town) (State or country) Tren Logan Utah

MOTHER
15. MAIDEN NAME Martha J. Larsen
16. BIRTHPLACE (city or town) (State or country) Paradise Utah

17. INFORMENT (Address) J. Larsen Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Cornish Utah Date Aug. 1, 1932

19. UNDERTAKER (Address) [illegible] Preston Idaho

20. FILED Aug 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Was run over by a S bound freight train	

Other contributory causes of importance:

[illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 7-30 1932
Where did injury occur? Dayton Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Dayton Idaho
Manner of injury Killed
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) M. Hancey Coroner, M.D.
(Address) Preston Id.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80096

PLACE OF DEATH
County of Franklin
City of Clifton

Registration District No. 27
Primary Registration District No. 2114
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Charles Edward Webb

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lilla W webb.

6. DATE OF BIRTH (month, day, and year): Aug 14 1885

7. AGE: Years 46, Months 10, Days 26, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Pool Hall
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Prop.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (city or town) (State or country): Richmond Uth

FATHER
13. NAME: Simon Webb.
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Harriet B Skidmore
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMENT (Address): Simon Webb Richmond Utah

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 193

19. UNDERTAKER (Address): [illegible] Preston Idaho

20. FILED Aug 8, 1932 G. W. Stater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	

Other contributory causes of importance:
Coroner investigation one

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-10 1932
Where did injury occur? Clifton Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Shot wound
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) M. Hancey, M. D.
(Address) Preston

Corner M. Hancey

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

City of Weston Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Jane Coburn

(a) Residence. No. Coburn St. (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Geo Coburn

6. DATE OF BIRTH (month, day, and year) Nov 18 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Brigham City Utah

FATHER

13. NAME Wm Dees

14. BIRTHPLACE (city or town) (State or country) Kenn.

MOTHER

15. MAIDEN NAME Marhha Clifford

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Ida Gorgeson Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place eston Date July 15, 1932

19. UNDERTAKER (Address) M. W. Hendricks Preston

20. FILED Aug 8, 1932 G. O. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 12, 1932

I last saw her alive on July 12 1932 death is said to have occurred on the date stated above, at 5.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 11, 1932
Myocardial Degeneration	
Other contributory causes of importance:	
Hypertension	
Arteriosclerosis	

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orson L. Daines, M. D.

(Address) Preston, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80098

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 4
(No. 451 East Oneida St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillip Henry Margetts

(a) Residence. No. 451 East Oneida St. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maria S. Margetts

6. DATE OF BIRTH (month, day and year) Aug. 23 1851

7. AGE	Years	Months	Days	If LESS than 1 day,
	80	11	5	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake Co. Utah

PARENTS

10. NAME OF FATHER Phillip N. Margetts
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Elizabeth Bateman
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant Maria S. Margetts
(Address) 451 E. Oneida Preston

15. Filed Aug 2, 1932 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 28 1932
that I last saw him alive on July 27, 1932 at 4:30 P m.
and that death occurred, on the date stated above, at
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis.

(duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) General debility
(duration) 3 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G. W. Slater, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal Preston Cemetery — Date of Burial July 31 1932
20. Undertaker Poulsen Mortuary — Address Preston

RECEIVED AUG 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80099

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No.
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary N. McCabe
(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Frank McCabe

6. DATE OF BIRTH (month, day and year) April 3 - 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER James Faull
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant Frank McCabe
(Address) Emmett Idaho

15. Filed 7/8 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 6 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to July 6, 1932
that I last saw h~~er~~ alive on July 6, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis -
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Carcinoma of thy also of inguinal glands and regions
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. L. Reynolds, M. D.
7/8, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Ida	7/8 1932

20. Undertaker O. Buckman Address Emmett Idaho

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80100

PLACE OF DEATH
County of Ada
City of Emmett
Registration District No. 6
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

69

2. FULL NAME James Albert Wells

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or ~~Divorced~~ (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Ruth Olive Wells

6. DATE OF BIRTH (month, day and year) Feb 18-1864

7. AGE	Years	Months	Days	If LESS than 1 day,
	68	4	22	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lanark Illinois

PARENTS

10. NAME OF FATHER David C. Wells
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.
12. MAIDEN NAME OF MOTHER Anna Wolf
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn

14. Informant Ruth Olive Wells
(Address) Emmett Idaho

15. Filed 7/12, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1930, to 1932, 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Angina pectoris
Sudden death
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. L. Reynolds, M. D.
7/12, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	7/13 1932

20. Undertaker C. D. Buckner Address Emmett Idaho

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80101

Registration District No. 6

Primary Registration District No.

Local Registrar's No.

1. PLACE OF DEATH

County of Gem

City of E. Emmett.

If death occurs away from usual residence, give facts called for under special information.

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Katherine Isabel Holmes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
F. M.	White	

6. DATE OF BIRTH: Oct. (Month) 15 (Day) 1931 (Year)

7. AGE: Yrs. 9 Mos. ds. 15 — IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Emmett Idaho

10. NAME OF Father E. E. Holmes.

11. BIRTHPLACE OF FATHER (State or Country) Mercer Utah

12. MAIDEN NAME OF MOTHER Florence J. Beck.

13. BIRTHPLACE OF MOTHER (State or Country) Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. H. Yates.
(Address) Emmett Idaho

15. Filed 8-2- 1932 J. H. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 31 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...,
that I last saw h..... alive on ..... 19...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Accidental drowning

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Reynolds M. D.
8/2 1932 (Address) Emmett Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Idaho — DATE OF BURIAL: Aug 1 1932

20. UNDERTAKER: E. H. Yates — ADDRESS: Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE
State File No. 80102

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Charles C. Sherman

(a) Residence. No. R F D Emmett Ida St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
72 72,	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Webster Center Iowa

FATHER

13. NAME Jason L. Sherman

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Sophia Carter

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mr. Rafferty Emmett

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Ida Date 7-27, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 7-28, 1932 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-24-32 193

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head and chest crushed by a bull.	7-24-32

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ____, 193..

Where did injury occur? In his pasture by his own bull.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury Head & chest crushed.

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) C. H. Yates Coroner, M.D.

(Address) Emmett Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING [illegible] . Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80103

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. —
Local Registrar's No. 191

(No. Gooding Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Jean Judd 1889

(a) Residence. ~~No.~~ Bliss, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-13-27

7. AGE 5 Years | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bliss Ida.

FATHER
13. NAME Edwd. S. Judd
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Mary Gough
16. BIRTHPLACE (city or town) (State or country) S. Dakota

17. INFORMENT (Address) Mrs. E. S. Judd Bliss Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Ida Date 7-23, 1932

19. UNDERTAKER (Address) A. E. Thompson Gooding Ida

20. FILED 7-31, 1932 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1932, to 7-21, 1932
I last saw her alive on 7-20, 1932: death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental injury	
automobile struck by train	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury 20th 1932
Where did injury occur? 1 mile east of Bliss
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. R.R. Crossing
Manner of injury train struck auto
Nature of injury Chest & abdomen crushed

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J H Cromwell M. D.
(Address) Gooding Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80104

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 14
(No. Our Lady of Consolation)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME R. W. Gibson
(a) Residence. No. Bales Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lavina
6. DATE OF BIRTH (month, day, and year): 11-27-1875
7. AGE: Years 57. Months 6 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Stock man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dallas, Ore.

FATHER
13. NAME: Wm. Gibson
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: ✓
16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMENT (Address): Mrs R. W. Gibson Bales, Idaho.
18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Grangeville, Ida. Date 6-24, 1932
19. UNDERTAKER (Address): Hancock Grangeville Ida.
20. FILED 6-30, 1932 W. F. Orr J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1932
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 24, 1932
I last saw him alive on June 24, 1932: death is said to have occurred on the date stated above, at 9:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Asthma	6 years
Emphysema Chronic	4 " ago
Chronic Intestinal Obstruction	2 " ago
Operated for obstruction June 22nd 8 A.M. 5 years duration	

Other contributory causes of importance: Chronic Nephritis

Name of operation Relief of obstruction Date of June 22 '32
What test confirmed diagnosis? Lap. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80105

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 19

(No.) 19
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margret M. Day

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Salomina Day

6. DATE OF BIRTH (month, day, and year) 12 - 7 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Assaiwatomie
(State or country) Miami Co. Kansas

FATHER

13. NAME J. A. Turner

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMENT J. W. Day.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fair View Date July 3, 1932

19. UNDERTAKER C A Hancock
(Address) Grangeville Idaho

20. FILED 8-1-, 1932. B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7 - 1 - 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1930, to 7 - 1 -, 1932

I last saw h alive on 7 - 1 -, 1932; death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1930
Other contributory causes of importance: Chronic Cholecystitis	1927

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) B. Chipman M. D.
(Address) Grangeville Ida.

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80106

PLACE OF DEATH
County of Idaho
City of Salmon River about 4 miles south of Slate Creek
Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

18 V

2. FULL NAME Arthur Bowen

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 23 of July

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. "

10. Date deceased last worked at this occupation (month and year) 4 days ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baker Oregon

FATHER

13. NAME Frank Bowen

14. BIRTHPLACE (city or town) (State or country) Calf

MOTHER

15. MAIDEN NAME Jos Mattox

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) F. Frank Bowen Lamar Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Riggins Date July 5, 1932

19. UNDERTAKER C. A. Konrad
(Address) Grangeville Idaho

20. FILED 8-1-, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-1 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 ; death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowned	7-1-32
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-1 1932
Where did injury occur? Salmon River (Slate Creek)
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) B. Chipman, M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105

Primary Registration District No. 2183

(No. Our Lady of Consolation St.)

File No. 80108

Registered No. 17

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Leo Burke

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Dec. (Month) 12 (Day) 1922 (Year)

7. AGE: 9 Yrs. 7 Mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Stites, Idaho.

10. NAME OF FATHER: Orville Burke

11. BIRTHPLACE OF FATHER (State or Country): Dyer, Wash.

12. MAIDEN NAME OF MOTHER: Lottie Steen

13. BIRTHPLACE OF MOTHER (State or Country): Stites, Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Orville Burke

(Address) Stites, Idaho.

15. Filed July 15 1932 W. F. Orr Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 13 1932, to July 15 1932, that I last saw him alive on July 15 1932, and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial.
The pneumonia followed appendictomy immediately.

(Duration) ..... Yrs. ..... mos. 2. ds.

Contributory (Secondary) Acute Appendicitis

(Duration) ..... yrs. ..... mos. 3. ds.

(Signed) Wesley F. Orr M. D.

7/15 1932 (Address) Cottonwood, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? At home Grangeville, Ida.

Former or usual residence Grangeville Ida.

19. PLACE OF BURIAL OR REMOVAL: Grangeville

DATE OF BURIAL: 7-17 1932

20. UNDERTAKER: Glenn Ailor

ADDRESS: Grangeville Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO. PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 80109
Registered No. 78

1. PLACE OF DEATH
County of Idaho
City of Cottonwood
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lois Rees

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Aug (Month) 21 (Day) 1931 (Year)

7. AGE: Yrs. 11 Mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Cottonwood Ida.

10. NAME OF FATHER: Joseph Rees.

11. BIRTHPLACE OF FATHER (State or Country): Wilbert Mis

12. MAIDEN NAME OF MOTHER: Allyssa Knop.

13. BIRTHPLACE OF MOTHER (State or Country): Acadia Mis.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Joseph Rees.
(Address): Cottonwood

15. Filed July 23 1932 W. F. Orr per I. B. Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

24

16. DATE OF DEATH: July (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1932, to July 23 1932
that I last saw her alive on July 23 1932
and that death occurred on the date stated above, at 7 P. M.
The CAUSE OF DEATH* was as follows:
Meningitis following
Otitis Media.

(Duration) ..... Yrs. ..... mos. 22 ds.
Contributory (Secondary): Otitis Media
(Duration) ..... yrs. ..... mos. 7 ds.
(Signed) Wesley F. Orr M. D.
7/24 1932 (Address) Cottonwood, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood, Idaho — DATE OF BURIAL: 7-24 1932

20. UNDERTAKER: Glenn Ailor Grangeville Ida. — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Idaho
City of Kooskia
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 106
Primary Registration District No. 2184
(No. ..... St.)

State File No. 80110
Local Registrar's No. 332
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Earl Raymond Wright

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Single~~ (Write the word)

6. DATE OF BIRTH: Nov (Month) 11 (Day) 1917 (Year)

7. AGE: 14 Yrs. 8 Mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At Home Student
(b) General nature of industry, business or establishment in which employed (or employer): H.S.

9. BIRTHPLACE (State or Country): Washington

10. NAME OF Father: Rex R. Wright

11. BIRTHPLACE OF FATHER (State or Country): Washington

12. MAIDEN NAME OF MOTHER: Dollie Gibson

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lyle W. Wright
(Address) Lewiston, Idaho

15. Filed July 10 1932 Jm Verbeekmans
Local Registrar

MEDICAL CERTIFICATE OF DEATH 18 V

16. DATE OF DEATH: July (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19...., to ..... 19...., that I last saw h..... alive on ..... 19...., and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Drowning
accidental
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. A. Hancock Coroner M. D.
..... 19..... (Address) Gimeyville Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Clarkston Wash
DATE OF BURIAL: 6/11 1932

20. UNDERTAKER: Brower-Hamm Co.
ADDRESS: Lewiston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80112

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. #0

197

PLACE OF DEATH

County of Jefferson
City of Level
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter John Nordstrom.

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 7, 1885

7. AGE	Years	Months	Days	If LESS than 1 day,
	47	4	24	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer. (Farm)
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Carl Fredrick Nordstrom.

9. BIRTHPLACE (city or town) Sweden.
(State or country)

PARENTS

10. NAME OF FATHER Gustav Nordstrom.

11. BIRTHPLACE OF FATHER (city or town) Sweden.
(State or Country)

12. MAIDEN NAME OF MOTHER Augusta Johnson

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or Country) Sweden.

14. Informant Chas Nordstrom
(Address) Level, Idaho.

15. Filed 8-2, 1932 C. B. Eckersall Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 1 1932
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from
Aug. 2, 1932, to XXXXXXXXXXXXXXX
that I last saw XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX alive on
and that death occurred, on the date stated above, at 8:45P m.

The CAUSE OF DEATH* was as follows:
Gun Shot Wound, admistered by one
Charles Barnett in self defense.
Justifyable homicide.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Coroners Jury.

(Signed) C. B. Eckersall Coroner.
Aug. 2, 1932 (Address) Rigby, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	8/5/32 19

20. Undertaker C. B. Eckersall Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80113

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 37

80

PLACE OF DEATH

County of Jefferson
City of Lorenzo
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glen Robert Harris.

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 7, 1932

7. AGE	Years	Months	Days	If LESS than 1 day,
	0	0	2	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Babe
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Lorenzo, Idaho.

PARENTS

10. NAME OF FATHER Robert Elwin Harris.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Teton City, Idaho.
12. MAIDEN NAME OF MOTHER Luella Drake.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Lorenzo, Idaho.

14. Informant L Harris
(Address) Rigby, Idaho.

15. Filed 7-9, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 9 (Day) 1932 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to July 9, 1932
that I last saw h[illegible] alive on July, 1932
and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:
(1) Tetanus (Trismus)
(2) Convulsions
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Mouth, head abscess
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) H B Rigby, M. D.
July 9, 1932 (Address) Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho	7/10/32 19

20. Undertaker A B Eckersell Address Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80114

PLACE OF DEATH
County of Jefferson
City of Lorenzo

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Jane Walker 90

(a) Residence. No. Lorenzo Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: William Walker

6. DATE OF BIRTH (month, day, and year): Sept 16 1847

7. AGE: Years 84 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Joseph Barber
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: ~~[illegible]~~
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): George Walker Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Archer Ida. Date: Aug. 3, 1932

19. UNDERTAKER (Address): Von J. Keller Rexburg Ida.

20. FILED 8-1, 1932 A B Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to July 30, 1932
I last saw her alive on July 30, 1932; death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Heart disease	

Other contributory causes of importance:

Senility

Name of operation: none Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. R. West, M. D.
(Address) Rigby, Idaho

RECEIVED AUG 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
File No. 80115

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. #1

PLACE OF DEATH
County of Grant
City of Jefferson
(No.) 60
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Christensen.

(a) Residence. No. St.
(If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Eliza Christensen.

6. DATE OF BIRTH (month, day and year) July 4 1867

7. AGE	Years	Months	Days	If LESS than 1 day,
	65	1	1	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Lars Peter Christensen.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark.
12. MAIDEN NAME OF MOTHER Mary Petersen.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denmark.

14. Informant George L Christensen Jr
(Address) Idaho Falls, Idaho. R. #5

15. Filed 8-9, 1932 C B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 5 1932.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ Aug 5, 1932, to 19
~~that I last saw h~~ alive on 19
and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:
Rhumatic Heart disease
(Probable)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis? Symptoms
(Signed) C B Eckersell M.D.
8-6, 1932 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Grant, Idaho.	8/9/32 19

20. Undertaker C B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO AUG 13 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80116

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME William Bonas Wardle.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Pearl Clara Wardle.

6. DATE OF BIRTH (month, day and year) March 5, 1874.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Austin Nevada.

PARENTS

10. NAME OF FATHER Noah Wardle.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Rebaca Brown.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Elton W Wardle
(Address) 612 8th St. Ogden, Utah.

15. Filed 7/24, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 23 1932
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~
July 23, 1932, to 19
that I last saw h~~im~~ alive on July 23, 1932
and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:
Probable Coronary Embolism.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Symptoms
(Signed) [signature] Coroner.
July 24, 1932 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Grant, Idaho.	7/26/32

20. Undertaker [signature] Address Rigby

RECEIVED JUL 26 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80117

Registration District No.

Primary Registration District No. 18

Local Registrar's No. 18

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Letitia Catherine Miller

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Henry J. Miller

6. DATE OF BIRTH (month, day, and year)

7. AGE: 82 Years | Months: 5 | Days: 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Marshalltown Iowa

FATHER

13. NAME: Dr. J. Buchanan

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Mary Walker

16. ~~BIRTHPLACE~~ (city or town) (State or country): New York

17. INFORMENT (Address): Mission Stuart / Jerome

18. BURIAL, CREMATION, OR REMOVAL Place: Jerome Cem. Date: 5/5, 1932

19. UNDERTAKER (Address): D. A. L. Harrison

20. FILED 7/5, 1932 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4, 1932.

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw her alive on July 4, 1932; death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Cardiac failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80118

Registration District No.
Primary Registration District No. 18
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Errett Cushman

(a) Residence. No. 6 Mi N E. Jerome Idaho ~~St.~~ 749
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of: Cordelia Cushman

6. DATE OF BIRTH (month, day, and year): Feb 4 - 1860

7. AGE: Years 72 | Months 4 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: Prentice Cushman
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Margaret Hull
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMENT (Address): Mrs Cordelia Cushman

18. BURIAL, CREMATION, OR REMOVAL
Place: Jerome Cem. Date: June 29, 1932

19. UNDERTAKER (Address): J R Wiley Jerome Idaho

20. FILED 6/28, 1932 Chas. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1932, to June 27, 1932
I last saw him alive on June 27, 1932 death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrage	

Other contributory causes of importance:
Arterio Sclerosis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Ida.

RECEIVED JUL 26 1932

RECEIVED JUN 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80119

PLACE OF DEATH
County of Jerome
City of Eden
Registration District No.
Primary Registration District No. 18
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward Spear

49

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Bertha Spear

6. DATE OF BIRTH (month, day, and year) Feb. 2-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Well Driller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. artesian & water
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Bertha Spear.
18. BURIAL, CREMATION, OR REMOVAL Place Jerome Ida Date 6-5, 1932
19. UNDERTAKER (Address) D. A. Peterson
20. FILED 6/5, 1932 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3rd 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1931, to , 193
I last saw h[illegible] alive on May 31st, 1932: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate & membranous urethra	Sept 1931

Other contributory causes of importance:

Name of operation Prostatectomy Date of 12-1-31
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Donaghy, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OR BINDING

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80120

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 42
Primary Registration District No. ____ Local Registrar's No. 6
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 9

2. FULL NAME Emmett Frank Conklin

(a) Residence. No. ____ St. ____
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 22 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Bertha Conklin

6. DATE OF BIRTH (month, day and year) Dec. 12 1850

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
81	5	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work (Printer) Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9. BIRTHPLACE (city or town) (State or country) Greenwood Ny. State

PARENTS

10. NAME OF FATHER S. J. Conklin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Greenwood New York
12. MAIDEN NAME OF MOTHER Maria Waite
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Greenwood New York

14. Informant D. F. Conklin (Address) Spirit Lake Ida.

15. Filed June 11, 1932 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 9 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1927, to June 8, 1932, that I last saw him alive on June 8, 1932, and that death occurred, on the date stated above, at 2 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(duration) 2 yrs. ____ mos. ____ ds.
CONTRIBUTORY (Secondary) Nephritis
(duration) ____ yrs. ____ mos. 7 ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? No Date of ____
Was there an autopsy? No
What test confirmed diagnosis? Uremalysis
(Signed) A C Spooner, M. D.
June 11, 1932 (Address) Spirit Lake Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Forest Cemetery Cd 9	6-12 1932
20. Undertaker Cossedy Funeral Home	Address Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80121

PLACE OF DEATH

County of Kootenai

City of C. D. A.

Registration District No. 30

Primary Registration District No. 1056

Local Registrar's No. 94

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME INFANT Marshall

(a) Residence. No. C. D. A. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 7-11-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or — min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER

13. NAME Jack Marshall

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Mary Ann Coffeen

16. BIRTHPLACE (city or town) (State or country) Wash

17. INFORMENT (Address) Jack Marshall C.D.A.

18. BURIAL, CREMATION, OR REMOVAL Place C.D.A. Date 7-12, 1932

19. UNDERTAKER Moon & Mortuary (Address)

20. FILED 7-29, 1932 R. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 11, 1932

I last saw him alive on July 9, 1932; death is said to have occurred on the date stated above, at 7a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Difficult labor in breech presentation	
Other contributory causes of importance:	
Premature labor about 4 weeks.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold J. Sturges, M. D.

(Address) Coeur d'Alene Idaho

RECEIVED JUL 25 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80122

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. ~~126~~ 32
Primary Registration District No. 2049
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael W. Frost

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Frost

6. DATE OF BIRTH (month, day, and year) 1857-2-6

7. AGE Years 75 Months 5 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. U. S. Commission City Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall
10. Date deceased last worked at this occupation (month and year) 7-14-1932
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME Roland Frost
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Dont-Know.
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) D. R. Frost Kellogg, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Ida Date 7-18, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Harrison Ida

20. FILED 8-4, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-16 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to July 1, 1932
I last saw him alive on July 1, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	1925

Other contributory causes of importance:

Hypertension	1925
Cerebral Hemorrhage	Jan 16-32

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) John Busby, M. D.
(Address) Spokane Wn

...WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 30
Primary Registration District No. 1050.
(No. ..... St.)

File No. 80123
Registered No. 103

1. PLACE OF DEATH
County of Kootenai.
City of Hooley. Ida.
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Summer Stanley.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	married

6. DATE OF BIRTH
June (Month) 5th (Day) 1873. (Year)

7. AGE
59 Yrs. 1 Mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Signal Maintainer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Beloit. Ohio.

10. NAME OF FATHER Martin Stanley.

11. BIRTHPLACE OF FATHER (State or Country) Ohio.

12. MAIDEN NAME OF MOTHER Don't Know.

13. BIRTHPLACE OF MOTHER (State or Country) Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Summer Stanley.
(Address) Hooley. Idaho.

15.
Filed 7-29 1932 W. J. Sturges Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

21

16. DATE OF DEATH
July (Month) 24th (Day) 1932. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17th 1932, to July 24th 1932.
that I last saw him alive on July 24th 1932.
and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Pulmonary Thrombosis
Don't Know.
(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary) Enlarged Heart.
(Duration) One yrs. ' mos. ~ ds.

(Signed) J. L. Hemingson M. D.
19..... (Address) Hooley. Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Greenwood Cemetery Hooley
DATE OF BURIAL: July 26 1932

20. UNDERTAKER: [illegible]
ADDRESS: Fairfield

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80124

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No.
Primary Registration District No.
Local Registrar's No. 92

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Ora J. Bishop

(a) Residence. No. 1602 - N. 7th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Bishop

6. DATE OF BIRTH (month, day, and year) 2-5-1873

7. AGE: Years 59 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner - Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Liberty Kansas

FATHER
13. NAME Moses Bishop
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Mary Stocker
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs Margaret Bishop CDA.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Thomas Cemetery Date 7-23, 1932

19. UNDERTAKER (Address) Mooney Mortuary CDA.

20. FILED, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-21 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1~~93~~ 1931, to July 16, 1932
I last saw him alive on July 16, 1932: death is said to have occurred on the date stated above, at 6:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J Sturgis M. D.
(Address) CDA Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Athol

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 80125

Local Registrar's No. 97

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Ellen Minthorne

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John W. Minthorne

6. DATE OF BIRTH (month, day, and year) 6-3-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER
13. NAME Tomey Tucker.
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) John W. Minthorne Athol Ida.

18. BURIAL, CREMATION, OR REMOVAL Meridian Mem. Cemetery Date 6-7, 1932

19. UNDERTAKER Cassedy Funeral Home (Address) Rathdrum Idaho.

20. FILED 7/29, 1932 N. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to June 1, 1932
I last saw her alive on June 1, 1932; death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Homer J. Sturgess, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 80126

Local Registrar's No. 99

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Jane Austin

(a) Residence. No. 1152 N. 7th St.
(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1-14-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boonville Mo.
(State or country)

FATHER

13. NAME Jack Glaze.

14. BIRTHPLACE (city or town)
(State or country) KY.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMENT O. F. Austin. C.D.A.
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Coeur d'Alene Forest Cem. Date 7-21, 1932

19. UNDERTAKER Moon's Mortuary C.D.A.
(Address)

20. FILED 7-24, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-19 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to July 19, 1932
I last saw her alive on July 19, 1932; death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	1925.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Otis Kneeland M. D.
(Address) Coeur d'Alene, Ida.

RECEIVED AUG 11 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 80127

Local Registrar's No. 93

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benman Hudlow

(a) Residence. No. 1203 - 3rd St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1877 - 7-16

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Alfred Mc Hudlow

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Caroline Ferraroot-

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mrs Roderick Hudlow Coeur d' Alene

18. BURIAL, CREMATION, OR REMOVAL Place CdAlene Date 7-10, 1932

19. UNDERTAKER Cassedy Funeral Home (Address) CdAlene

20. FILED 7-29, 1932 H. J. Sturgeo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1932, to July 9, 1932
Last saw him alive on July 9 1932; death is said to have occurred on the date stated above, at 4P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	

Other contributory causes of importance:

Ch. Nephritis	
Arterio-Sclerosis	

Name of operation none Date of
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J. Sturgeo, M. D.
(Address) CdA Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80128

PLACE OF DEATH
County of Kootenae
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 96
(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nelson Chisholm

(a) Residence. No. St. East Greenacres, Wash.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie

6. DATE OF BIRTH (month, day and year) Sept. 28, 1870

7. AGE	Years	Months	Days	If LESS than 1 day,
	61	9	23	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mining

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10. NAME OF FATHER
John Chisholm

11. BIRTHPLACE OF FATHER (city or town) (State or Country)
Scotland

12. MAIDEN NAME OF MOTHER
Ellen Van Buskirk

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nova Scotia

14. Informant Mrs. Minnie Chisholm
(Address) East Greenacres, Washington

15. Filed 7-29, 1932 H. J. Sturges Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July 21, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
May 2, 1932, to July 21, 1932
that I last saw him alive on July 21, 1932
and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No Clinical and Laboratory
What test confirmed diagnosis?
(Signed) O. M. Husted, M. D.
July 21, 1932 (Address) Coeur d'Alene Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Crémation, or Removal	Date of Burial
Spokane, Washington	July 28 19

20. Undertaker	Address
Hazen & Jaeger	Spokane, Wn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80129

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 98

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irena Whitney

(a) Residence. No. 910 - Government - Way St. 74a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1858 - 10 - 11

7. AGE Years 73 Months 9 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Music teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July - 22 - 1932
11. Total time (years) spent in this occupation 55 yr.

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Wm R. Whitney
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Rebecca J. Geoner.
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) M G Whitney Coeur d'Alene

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Cem Date 8-1, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 7 - 29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7 - 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 7 - 22 -, 1932, to 7 - 30, 1932
I last saw her alive on 7 - 29, 1932: death is said to have occurred on the date stated above, at 3 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	7-22-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....
(Signed) E. H. Teed, M. D.
(Address) Coeur d'Alene Ida

Woods

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80130

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 95

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret O'Rourke

(a) Residence. No. 1005 Sherman St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2-2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1015

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 5-5-1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Richard Galvin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Fannie Cunningham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mayme O'Rourke C.A. Coeur d'Alene Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Thomas C. Date 7-18, 1932

19. UNDERTAKER (Address) Moore's Mortuary C.D.A.

20. FILED 7-19, 1932 H. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-15 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to July 15, 1932
I last saw h alive on July 15, 1932: death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	July 5. 32
Other contributory causes of importance:	
Senility.	

Name of operation — Date of —
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) John D. Wood, M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80131

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 100
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mrs. Jessie Rue

(a) Residence. No. C.d.A. Homes for the Aged St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oluus Rue (1926) died

6. DATE OF BIRTH (month, day and year) Dec 15 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Norway

14. Informant (Address) C. d. A. Homes Records

15. Filed 7-29-1932 N. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1932 to July 13, 1932 that I last saw her alive on June 6, 1932 and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Bed side examination

(Signed) O. M. Husted, M. D.

July 15, 1932 (Address) Coeur d'Alene, Ida.

19. Place of Burial, Cremation, or Removal: Forest Cemetery — Date of Burial: 7-15 1932

20. Undertaker: Mooney Mortuary — Address: C'd'A.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED AUG 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 80132

PLACE OF DEATH
County of Kootenai
City of Rathdrum — Registration District No. 30
Primary Registration District No. 1050 — Local Registrar's No. 12
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Clara Belle Roberts

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin D. Roberts

6. DATE OF BIRTH (month, day and year) Oct. 12th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	8	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cedar Rapids Iowa

PARENTS

10. NAME OF FATHER Curtis

11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York State

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland.

14. Informant Edwin D Roberts
(Address) Rathdrum Ida.

15. Filed 7-29, 1932 N. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 5, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to July 5, 1932
that I last saw h-r alive on July 5, 1932
and that death occurred, on the date stated above, at 6:40 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of breast
(left) with metastasis
liver, stomach & bowels
about 2 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Frank Neary, M. D.
July 6, 1932 (Address) Rathdrum, Ida

19. Place of Burial, Cremation, or Removal: Pine Grove Cemetery - Rathdrum — Date of Burial 7/7 1932
20. Undertaker: Cassedy Funeral Home — Address: Rathdrum

RECEIVED AUG 11 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80133

PLACE OF DEATH

County of Kootenai

City of Post Rathdrum Registration District No. 30

Primary Registration District No. 1650 Local Registrar's No. 101

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Ellen B. McIntosh

(a) Residence. No. St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Angus E. McIntosh

6. DATE OF BIRTH (month, day and year) April 12 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	3	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Peterboro Co. Ontario Canada

PARENTS

10. NAME OF FATHER David Tickes

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Ellen Murray

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant (Address) Mrs Celta Finley Rathdrum Idaho

15. Filed 7-29, 1932 N. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to July 14, 1932

that I last saw her alive on July 13, 1932

and that death occurred, on the date stated above, at 7:07 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 8 mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank Neary, M. D.

7/14, 1932 (Address) Rathdrum, Ida

19. Place of Burial, Cremation, or Removal: Pine Grove Cemetery - Rathdrum — Date of Burial: 7-17 1932

20. Undertaker: Carey Funeral Home — Address: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80134

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 46

(No. Found dead in a box car N. P.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

66

2. FULL NAME Unknown (Supposedly A Teddy Collins)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6. DATE OF BIRTH (month, day, and year): Not known

7. AGE: About Years 45 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Probably a

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: lumberjack

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not known

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): H. R. Short, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow Date: July 11 1932

19. UNDERTAKER (Address): H. R. Short, Moscow Idaho

20. FILED Aug. 10 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bottle of very bad moonshine found in box car with him.	
Most probably acute alcoholism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. R. Short Coroner M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80135

PLACE OF DEATH
County of Latah
City of Moscow (rural)
Registration District No. 601
Primary Registration District No. 1011
Local Registrar's No. 44

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter ~~Hagen~~ Hagen

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 54 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 54 yrs. 3 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nettie ~~Hagen~~ Hagen

6. DATE OF BIRTH (month, day, and year) Nov. 8, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 54 yrs.

12. BIRTHPLACE (city or town) (State or country) Skein, Norway

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Perry ~~Hagen~~ Hagen, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Idaho Date July 23, 1932

19. UNDERTAKER H. R. Short (Address) Moscow, Idaho

20. FILED Aug. 10, 1932 John Emhoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to July 19, 1932

I last saw him alive on July 18, 1932: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis + Endocarditis chr.	

Other contributory causes of importance:

arthritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Emhoff, M. D.

(Address) Moscow, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80136

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 43

89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Max Wilder Griffith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Anna Griffith

6. DATE OF BIRTH (month, day, and year): Dec. 6, 1878

7. AGE: Years 53 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Business

10. Date deceased last worked at this occupation (month and year): June 1, 1932

11. Total time (years) spent in this occupation: 28 yrs.

12. BIRTHPLACE (city or town) (State or country): North East, Penn.

FATHER

13. NAME: Benjamin Griffith

14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER

15. MAIDEN NAME: Martha Wilder

16. BIRTHPLACE (city or town) (State or country): Vermont

17. INFORMENT (Address): Mrs. Max W. Griffith, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow, Idaho Date: 7/16, 1932

19. UNDERTAKER (Address): H.R. Short, Moscow, Idaho

20. FILED: Aug. 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932, to July 12, 1932

I last saw him alive on July 12, 1932: death is said to have occurred on the date stated above, at 11:55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas. L. Gretman, M. D.

(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80137

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 611 Local Registrar's No. 45

(No.) 131
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry H. Price

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Price

6. DATE OF BIRTH (month, day, and year) Apr. 20, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Virginia City, Nevada

FATHER

13. NAME John Price

14. BIRTHPLACE (city or town) (State or country) Iowa Ill.

MOTHER

15. MAIDEN NAME Emeline Gilbert

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs. Henry H. Price, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 7/26, 1932

19. UNDERTAKER H. R. Short (Address) Moscow, Idaho

20. FILED Aug. 10, 1932 J. Henry Eichorst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Autumn 1930, to July 24 1932
I last saw h. alive on July 24, 1932: death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease	4 yrs ago
Asthma	Autumn 1930
Other contributory causes of importance: Progressive Anemia	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Viola

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 80138

Local Registrar's No. 42

(No.) 170
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlie W. Gregg

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 1, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1927

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Beech City, Ill.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Albert Gregg Viola, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Viola, Idaho Date July 13, 1932

19. UNDERTAKER H.R. Short (Address) Moscow, Idaho

20. FILED Aug. 10, 1932 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide.	
Shot self through heart with 38 caliber revolver, going [redacted] through body.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H.R. Short Coroner, M. D.
(Address) Moscow, Idaho

RECEIVED AUG 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80139

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Carrie Kline Miller

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Miller

6. DATE OF BIRTH (month, day, and year): Not known

7. AGE Years: About 85 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): ,,

MOTHER
15. MAIDEN NAME: ,,
16. BIRTHPLACE (city or town) (State or country): ,,

17. INFORMENT (Address): Geo. T. Miller, Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow Date: 8/1, 1932

19. UNDERTAKER (Address): H. R. Short, Moscow Ida.

20. FILED ....., 193.. / Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 7/30/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1931, to July 30, 1932
I last saw her alive on Dec 28, 1932: death is said to have occurred on the date stated above, at 5-30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Feeble condition for several years and old age infirmity	

Other contributory causes of importance: Fall & broken hip in Dec 1931 & confinement to bed ever since
Broken hip reduction

Name of operation ..... Date of Dec 13th 1931
What test confirmed diagnosis? Clinical X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ ..... Date of injury 12/11 1931
Where did injury occur? At home. Moscow Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At her home in Moscow
Manner of injury Accidental fall
Nature of injury Neck of right femur broken

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) F. M. Leitch, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Southwick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80140

Registration District No. 63

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111 a

2. FULL NAME Axtel Ekman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Julia Ekman

6. DATE OF BIRTH (month, day, and year) Aug. 7, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
54	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Karl Ekman

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Maria Engblom

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Julia Ekman Kendrick

18. BURIAL, CREMATION, OR REMOVAL Place Southwick Date June 13 1932

19. UNDERTAKER (Address) John J. Pickford Troy Ida

20. FILED June 12, 1932 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932, to June 12, 1932

I last saw him alive on June 12, 1932; death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated peptic ulcer	June 8
Peritonitis	" 8

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? History & Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) D. A. Christensen M. D.

(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU TION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80141

PLACE OF DEATH
County of Latah
City of Kendrick R.D.

Registration District No. 63
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Leland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. ~~Single,~~ Married, ~~Widowed,~~ or ~~Divorced~~ (write the word) married

5a. If maried, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Mrs Alice Leland

6. DATE OF BIRTH (month, day, and year) Nov 6 1846

7. AGE Years 85 Months 8 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER
13. NAME Laurel Leland
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME ——
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Miss Ruth Leland Kendrick Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kendrick Date July 27 1932

19. UNDERTAKER (Address) John J. Fleckner Troy Ida

20. FILED July 26, 1932 B. F. Nesbit. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to ....., 193..
I last saw him alive on May, 1932: death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile gangrene left foot	May

Other contributory causes of importance;
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) D. A. Christensen, M. D.
(Address) Kendrick Idaho

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80142

PLACE OF DEATH

County of Latah Registration District No. 64

City of Troy Primary Registration District No. 2144 Local Registrar's No. 164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Catherina Janson

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Gust Janson

6. DATE OF BIRTH (month, day and year): Sept 4 1848

7. AGE: Years 83 | Months 10 | Days 18 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Sweden

PARENTS

10. NAME OF FATHER: John Nilson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: Anna
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Sweden

14. Informant: Gust Janson
(Address): Troy Idaho

15. Filed July 31, 1932 Lucy M Pickard Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1930 to July 22, 1932
that I last saw her alive on July 22 1932
and that death occurred, on the date stated above, at 10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) H. T. Meyer M.D.
July 24 1932 (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal: Hotson cemetery — Date of Burial: July 25 1932

20. Undertaker: John F Pickard — Address: Troy Ida

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80143

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. .....

164

2. FULL NAME William V. Byers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Anna Elza Byers

6 DATE OF BIRTH (month, day and year) Dec 8 – 1857

7 AGE: Years 74 | Months 7 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10 NAME OF FATHER Ephraim Byers
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER ——— Vance
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Joe Johnson
(Address) Troy Ida

15 Filed July 31, 1932 Lucy M Pickerd
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 24 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 24, 1932, that I last saw him alive on June, 1932, and that death occurred, on the date stated above, at 1:00 p.m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) L. Meyer M. D.
July 23, 1932 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Buhlemutary Troy
Date of Burial: July 27 1932

20 Undertaker: John J Pickerd
Address: Troy Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 25 193[illegible] 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80144

PLACE OF DEATH
County of Latah
City of Kendrick

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Wallace Stanley Thorton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 19 1930

7. AGE Years 2 Months 3 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER
13. NAME William Thornton
14. BIRTHPLACE (city or town) (State or country) Leland

MOTHER
15. MAIDEN NAME Anna Marie Porter
16. BIRTHPLACE (city or town) (State or country) Pomeroy Wn.

17. INFORMENT (Address) William Thornton Leland

18. BURIAL, CREMATION, OR REMOVAL Place Leland Date June 15, 1932

19. UNDERTAKER (Address) John J. Pickerd [illegible] Idaho

20. FILED June 14, 1932 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 13, 1932
I last saw him alive on June 13, 1932: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rattle-snake bite	June 13

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Freeze

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6 5

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 80145

Local Registrar's No.

(No.) 94 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Callie Elvira Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew J. Smith

6. DATE OF BIRTH (month, day, and year) June 14 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year) May 1929

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Green County Mo.

FATHER

13. NAME James Wilson Johnson

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Elizabeth Hubbard

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) Mrs Eva E. Jones Palouse Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Freeze Date July 19, 1932

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED July 19th, 1932 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13th, 1932, to July 17th, 1932

I last saw her alive on July 16th, 1932: death is said to have occurred on the date stated above, at 2. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	July 12th

Other contributory causes of importance:

Arterio-sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Thompson, M. D.

(Address) Potlatch

RECEIVED AUG 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80146

PLACE OF DEATH
County of Latah
City of Potlatch

Registration District No. 65
Primary Registration District No. 2141
Local Registrar's No. 74 9

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bunyon C. Lee

(a) Residence. No. ..... St. Hooper Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Do not known

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep Hearder

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1932

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME UNknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) None

18. BURIAL, CREMATION, OR REMOVAL Place Colfax Date Aug. 9, 1932

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash

20. FILED Aug 7, 1932. J. Fr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1932, to Aug 5, 1932.
I last saw him alive on Aug 5, 1932, and death is said to have occurred on the date stated above, at 515 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 3
Other contributory causes of importance:	
Diabetes Mellitus	

Name of operation ✓ Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) J. Fr. Thompson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80147

PLACE OF DEATH
County of Latah
City of East of Garfield Wash.
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Luther Clark Kerns
(a) Residence. No. Ceder Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lillie Kerns
6. DATE OF BIRTH (month, day, and year): Sept, 8. 1859
7. AGE: Years 72, Months 9, Days 20, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Public School
10. Date deceased last worked at this occupation (month and year): May 1930
11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (city or town) (State or country): Palo Alto Co Iowa

FATHER
13. NAME: Henry O. Kerns
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER
15. MAIDEN NAME: Martha Weatherwax
16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMENT (Address): Lillie Kerns Garfield Wash.
18. BURIAL, CREMATION, OR REMOVAL Place: Freeze Date: 7-2, 1932
19. UNDERTAKER (Address): D. D. Kimball Palouse Wash.
20. FILED: June 30th, 1932 Dr J M Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 28 1932
22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1932, to June 28, 1932
I last saw him alive on May 10, 1932; death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency & General Ascites.	

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? Gen Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify
(Signed) W. C. Brandon M. D.
(Address) Garfield Wash

RECEIVED AUG 11 1932

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80148

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No. 126

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edmond Fairfield Tibbitts

(a) Residence. No. ~~Hars~~ St. Harvard Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Minnie Tibbitts

6. DATE OF BIRTH (month, day, and year) July 8-1886

7. AGE Years 46 Months 0 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy
10. Date deceased last worked at this occupation (month and year) July 1932
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Manistee Mich

FATHER
13. NAME Henry S. Tibbitts
14. BIRTHPLACE (city or town) (State or country) not known Mich

MOTHER
15. MAIDEN NAME Mary A Nims
16. BIRTHPLACE (city or town) (State or country) not known New York

17. INFORMENT (Address) Mrs Minnie Tibbitts Harvard Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Harvard Ida Date 7-28, 1932

19. UNDERTAKER (Address) D. D. Kimball Palouse Wn.

20. FILED July 27th, 1932. Dr J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20th, 1932, to July 26th, 1932

I last saw him alive on July 26th, 1932; death is said to have occurred on the date stated above, at 10 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis following strangulated hernia	July 20th

Other contributory causes of importance:

Gangrene of bowel

Name of operation Herniotomy & bowel Resection of Date of July 20th & 25th

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Harvard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
State File No. 80149

Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ira V. Thompson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Elizabeth Mary Thompson

6. DATE OF BIRTH (month, day, and year) Jan. 11, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) July, 1932

11. Total time (years) spent in this occupation 21 yrs.

12. BIRTHPLACE (city or town) (State or country) Lucas, Ohio

FATHER

13. NAME James Thompson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Hanna Wilson

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. I. V. Thompson Harvard, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Date July 17, 1932

19. UNDERTAKER D. D. Kimball
(Address) Palouse, Wash.

20. FILED July 15th, 1932. Jno. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...

I last saw h~~e~~ alive on —, 193...: death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death of unknown disease.	July 15th
H. R. Short (Coroner)	
Moscow, Idaho	

Other contributory causes of importance:

Acute gaseous distention of Stomach

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Jno. Thompson, M. D.

(Address) Potlatch

MARGIN [illegible] FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING [illegible] THIS IS A PERMANENT RECORD. Every [illegible] information should be carefully supplied [illegible] should be stated EXACTLY. PHYSICIANS should [illegible] CAUSE OF DEATH in plain terms, so [illegible] be properly classified. Exact statement of OCCUPATION is very important. See instructions [illegible] certificate.

[illegible] CERTIFICATE OF DEATH [illegible]

City of [illegible]

Registration District No. 47

Primary Registration District No. 2116 Local Registrar's No. [illegible]

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Julia Ray

(a) Residence. No. [illegible] St. [illegible]
(Usual place of abode) (If nonresident give city or town and [illegible])

Length of residence in city or town where death occurred. 5 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. m[illegible]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	6	9	

8. Trade [illegible] [illegible] Housewife [illegible]

[illegible] work was done [illegible]

[illegible] occupation (month and year) [illegible] spent in this occupation [illegible]

12. BIRTHPLACE (city or town) Rock Creek
(State or country) Cassia Co. Idaho.

FATHER
13. NAME Chas Rose
14. BIRTHPLACE (city or town) Ireland G.B.
(State or country)

MOTHER
15. MAIDEN NAME Lavissa Pons
16. BIRTHPLACE (city or town) Shoshone
(State or country) Alturas Co.

17. INFORMENT John Criswell
(Address) R.3. Buhl Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon City Date 7/4, 1932

19. UNDERTAKER W. C. Dobier
(Address)

20. FILED 8/8, 1932 Chas C Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/3

22. I HEREBY CERTIFY, That I attended deceased [illegible], 193..., to [illegible]

I last saw her alive on [illegible], 193...: de[illegible]

to have occurred on the date stated above, at [illegible] m[illegible]

The principal cause of death and related causes of impo[illegible] were as follows:

Alcohol poison [illegible] died about 7 am was [illegible] at 11 P.M. night before

Other contributory causes of importance:

Intemperance

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an aut[illegible]

23. If death was due to exter'l causes (violence) fill in also the [illegible]

Accident, suicide, or homicide? [illegible] Date of injury [illegible]

Where did injury occur? [illegible]
(Specify city or town, county, and St[illegible])

Specify whether injury occurred in industry, in home, or in [illegible] place. [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of [illegible]

no If so, specify [illegible]

(Signed) F. B. Wright

(Address) Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80151

PLACE OF DEATH
County of Lemhi
City of Leadore
Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. D. T. Denny

(a) Residence. No. Leadore St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 23-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Abraham Lipe

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Nancy Yeariam

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) J. R. Denny Leadore Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Yearian Cemetery Date 7/22", 1932

19. UNDERTAKER William C. Doebler
(Address) Salmon Idaho

20. FILED 8/19, 1932 Chas C Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic heart disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William C Doebler Coroner

(Address) Salmon Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Gibbonsville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 80152

Local Registrar's No. 164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lina Ralston

(a) Residence. No. Gibbonsville St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jack Ralston

6. DATE OF BIRTH (month, day, and year): Jan 20 4

7. AGE — Years: 92 — Months: 7 — Days: 11 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Frank Schmidt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Minnie Feldhausen

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Gibbonsville Ida
Mrs Johanna Stiles

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER: Am C Doebler
(Address) Salmon Ida

20. FILED 8/4, 193 2 Chas C Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 1 193 2

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h[illegible] alive on Aug 1, 193 2 ; death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic old age	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F S Wright, M. D.

(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80153

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No. 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Bergreen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 83 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Cemetery Date 7/1st, 1932

19. UNDERTAKER (Address) Mrs C Dubbs Salmon Ida.

20. FILED 8/8, 1932 Chas C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/29" 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1932 to 6/29, 1932

I last saw him alive on 6/28, 1932: death is said to have occurred on the date stated above, at 1-30 P m.

The principal cause of death and related causes of importance were as follows:

Infirmities of old age

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) T B Wright, M. D.

(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80154

PLACE OF DEATH,
County of Lemhi
City of

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 164

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Abraham Reed

(a) Residence. No. Mackey, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 4, 1848

7. AGE: Years 83, Months 9, Days 27, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Virginia

FATHER
13. NAME: Peter Reed
14. BIRTHPLACE (city or town) (State or country): Richmond Va.

MOTHER
15. MAIDEN NAME: Mary Scott
16. BIRTHPLACE (city or town) (State or country): Richmond Va.

17. INFORMENT (Address): Virginia G. Slavin Carmen

18. BURIAL, CREMATION, OR REMOVAL
Place: Mackey Date: 8/3, 1932

19. UNDERTAKER (Address): Wm. C. Doebler Salmon Idaho

20. FILED: 8/8, 1932 Chas. E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932 to July 26, 1932
I last saw him alive on July 26, 1932: death is said to have occurred on the date stated above, at 7-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	

Other contributory causes of importance:
Cystitis

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) T. S. Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80155

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 195

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman Blasengame Neal.

(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single, Married, Widowed, or Divorced~~ (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 28 Sept 1921

7. AGE — Years: 10 | Months: 9 | Days: 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salmon Idaho

FATHER
13. NAME: Henry Neal
14. BIRTHPLACE (city or town) (State or country): Lemhi County

MOTHER
15. MAIDEN NAME: Sadie Blasengame
16. BIRTHPLACE (city or town) (State or country): Oklahoma

17. INFORMENT (Address): Henry Neal Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Salmon Date: 7/14, 1932

19. UNDERTAKER (Address): Wm C. Hackler Salmon Idaho

20. FILED 8/9, 193? Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-12th 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 5-20 P.M.

The principal cause of death and related causes of importance were as follows:

Accidently killed by Lightning while Riding horse.

Date of onset:

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) William C. Hackler Coroner M.D.

(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80156

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 178 (10)

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles E Alexander

44

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Kate S Alexander

6. DATE OF BIRTH (month, day, and year): Feby 5-1871

7. AGE: Years 61, Months 4, Days 9, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lawrence Kan

FATHER
13. NAME: Moses Alexander
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Sarah Wright
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMENT (Address): Kate S Alexander

18. BURIAL, CREMATION, OR REMOVAL
Place: Shoshone Ida Date: 6-17, 1932

19. UNDERTAKER (Address): C E Hickok, Shoshone Ida

20. FILED 6/17, 1932 J. L. Fuller Registrar.
By A M Mahon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 14 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932, to June 14, 1932
I last saw him alive on June 14, 1932: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	June 1930

Other contributory causes of importance: Hard labor,

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Shoshone Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80158

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME John Blackburn

(a) Residence. No. Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Alice Blackburn

6. DATE OF BIRTH (month, day, and year) March 18th 1877

7. AGE Years 55 Months 4 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Madison County assessor for 10 yrs.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Evanston Wyoming

FATHER

13. NAME Alfred L. Blackburn

14. BIRTHPLACE (city or town) (State or country) Lanchester England

MOTHER

15. MAIDEN NAME Catherine Briggs

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Alice Blackburn Archer, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sutton Cem. Date Aug 8th 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida

20. FILED 8/7, 1932 Wyoming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to Aug 4, 1932

I last saw him alive on Aug 3, 1932 death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3 yrs ago

Other contributory causes of importance:

Arterial hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

8/6/32 If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80159

PLACE OF DEATH
County of Madison
City of Sugar City

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Jennie F. Hackett Haynes.

(a) Residence. No. Sugar City St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Clell Haynes.

6. DATE OF BIRTH (month, day, and year) Dec. 10th 1874

7. AGE Years 57 Months 7 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) .....

FATHER
13. NAME Richard Hackett.
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Ann Carey.
16. BIRTHPLACE (city or town) (State or country) Ken.

17. INFORMENT (Address) Maud Skidmore Sugar City.

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Date Aug. 5, 1932

19. UNDERTAKER (Address) Mae O. Kelly Rexburg Ida.

20. FILED 8/6, 1932 J. Ryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 3, 1932
I last saw her alive on Aug 3, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer left Ovary with metastases to abdomen & liver	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
8/6 If so, specify .....
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

RECEIVED AUG 10 19[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80160

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Madison

City of Sugar

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Lloyd Roberts

(a) Residence. No. Sugar City, Idaho St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan, 11 1850

7. AGE Years 82 Months 6 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) North, Whales

PARENTS

10. NAME OF FATHER Danial Roberts

11. BIRTHPLACE OF FATHER (city or town) (State or Country) North Whales

12. MAIDEN NAME OF MOTHER Gwenfred Lloyd

13. BIRTHPLACE OF MOTHER (city or town) (State or County) North, Whales

14. Informant (Address) Mrs W R West Rigby, Idaho

15. Filed 7/18, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 14, 1932 that I last saw him alive on July 8, 1932 and that death occurred, on the date stated above, at 1 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 25 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. R. West, M. D.

7/15, 1932 (Address) Rigby Idaho

19. Place of Burial, Cremation, or Removal Rexburg, Idaho Date of Burial July, 16 1932

20. Undertaker [signature] Address Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80161

PLACE OF DEATH
County of Madison
City of Rexburg #1

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriet Martha Lee.

(a) Residence. No. Rexburg #1. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

92

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Mark W. Lee.

6. DATE OF BIRTH (month, day, and year) May 17-1896

7. AGE Years 36. Months 10 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME James Hope.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Fannie Hinkley
16. BIRTHPLACE (city or town) (State or country) Toola Utah

17. INFORMENT (Address) Mark W. Lee. Rexburg #1.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date Aug 2nd 1932

19. UNDERTAKER (Address) Wm J Kellow Rexburg Ida.

20. FILED 8/3, 1932 J Ryonng Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1932, to 7 30, 1932
I last saw her alive on 7-30, 1932; death is said to have occurred on the date stated above, at 9 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism, cardiac (from)	7-30-31
Varicose veins of legs.	

Other contributory causes of importance:
Pregnancy - Premature separation of placenta before birth of child 7-30-32 - at 7 30 PM

Name of operation none Date of .....
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lorin S Rich, M. D.
8/2/32 (Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Braddock

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80162

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1 29

2. FULL NAME Mrs Claudia Davis
(a) Residence. No. 503 16th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Milton H. Davis

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marion
(State or country) Alabama

FATHER
13. NAME Walter Perry
14. BIRTHPLACE (city or town)
(State or country) Alabama

MOTHER
15. MAIDEN NAME Claudia Marshall
16. BIRTHPLACE (city or town)
(State or country) Alabama

17. INFORMENT Milton H Davis
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Idaho Date 8/1/32 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Ida ho

20. FILED Aug. 1, 1932 J. M. Lyle Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/29/32 193

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to July 29, 1932.
I last saw her alive on July 29, 1932: death is said to have occurred on the date stated above, at 11 15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1931
Other contributory causes of importance: Uremia	July 27-32

Name of operation none Date of
What test confirmed diagnosis? Albumin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. P. Broadwood, M. D.
(Address) Lewiston Idaho

Dr Carrsow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80163

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. 702 8th Ave
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dr Ralph V Kuhn

(a) Residence. No. Osmer Blk St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Marguret Kuhn

6. DATE OF BIRTH (month, day, and year) Nov.11 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Albany
(State or country) Oregon

FATHER
13. NAME Clay C Kuhn
14. BIRTHPLACE (city or town)
(State or country) Not Obtainable

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town)
(State or country) Not Obtainable

17. INFORMENT (Address) Mrs Marguret Kuhn Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida. Date 7/29/32, 193

19. UNDERTAKER Vassar Mortuary Inc.
(Address) Lewiston Idaho

20. FILED Aug 1, 193 2 J. M. Lyle Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/28/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 193 2, to July 28, 193 2
I last saw him alive on July 28, 193 2; death is said to have occurred on the date stated above, at 1.55 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	

Other contributory causes of importance:

Incipient Nephritis	recurrent attacks

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. E. Carrsow, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80164

PLACE OF DEATH
ounty of Mr Pine
City of Southwick

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Barreman 178

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jelphia Lincoln

6. DATE OF BIRTH (month, day, and year): April 24 1852

7. AGE: Years 80 | Months 2 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Eli Barreman
14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER
15. MAIDEN NAME: Van Meter
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): Mrs. W. H. Barreman Southwick Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Southwick Date: July 14, 1932

19. UNDERTAKER (Address): John J. Pickard Troy Idaho

20. FILED 7/13/32, 193 B. B. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7 12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1932, to July 12th, 1932
I last saw him alive on July 12th, 1932: death is said to have occurred on the date stated above, at 8.30 P.M.
The principal cause of death and related causes of importance were as follows: Acute Cystitis and Prostatitis

Date of onset: July 3rd 32

Other contributory causes of importance: Chronic Pyrenephrosis Nephritis Senecal Arts Old age

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to extern causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Russell Truitt, M. D.
(Address) Southwick Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC TION is very important. See instruction on back of certificate.

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80165

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 7

St Joseph Hospital
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel P. Walker

(a) Residence. No. Raymond Hotel St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER
13. NAME J. Knox Walker
14. BIRTHPLACE (city or town) North Carolina
(State or country)

MOTHER
15. MAIDEN NAME Augusta Todd
16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMENT Tom McGrane
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Idaho Date 7/8/32, 193..

19. UNDERTAKER Vassar Mortuary Inc.
(Address) Lewiston Idaho

20. FILED Aug 1, 1932 J. M. Lyle Registrar.
Dr lyle

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/5/32 193..

22. I HEREBY CERTIFY, That I attended deceased from June 26, 193.., to July 5, 193..
I last saw h.. alive on July 5, 193.. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute indigestion	

Other contributory causes of importance:
Partial intestinal obstruction

Name of operation None Date of .....
What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) J. M. Lyle M. D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80166

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1619

2. FULL NAME Baby White.

(a) Residence. No. Orchards. ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. COLOR OR RACE White.

5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7th, 1932.

7. AGE Years ----. Months ----. Days ----. If LESS than 1 day, hrs. or 5 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME William Henry White.

14. BIRTHPLACE (city or town) (State or country) Oklahoma.

MOTHER

15. MAIDEN NAME Lilly Hari.

16. BIRTHPLACE (city or town) (State or country) Kooskia, Idaho.

17. INFORMENT (Address) W H White Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 7/10/32, 193

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED Aug 1, 1932 J. M. Lyle By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 7, 1932

I last saw him alive on July 7, 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature-6½ months	
Mother had acute nephritis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul W Johnson, M. D.

(Address) Lewiston, Idaho.

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80167

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 4

(No. St Josepg Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161-4

2. FULL NAME Jerry Smith.

(a) Residence. No. ..... St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 20th, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
----.	----.	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME Martin L. Smith.

14. BIRTHPLACE (city or town) (State or country) Moscow, Idaho.

MOTHER

15. MAIDEN NAME Clara E. Patock.

16. BIRTHPLACE (city or town) (State or country) Little Rock, Kansas.

17. INFORMENT (Address) M. K. Smith, Clarkston, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Thorn Creek, Idah Date July 25th 193 2.

19. UNDERTAKER Brower-Wann Company. (Address) Lewiston, Idaho.

20. FILED Aug. 1, 193 2. J. Jay Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 20, 193 2 to July 24, 193 2
I last saw h[illegible] alive on July 23, 193 2 death is said to have occurred on the date stated above, at 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paterl fracture	
Ovale Pleu baby	

Other contributory causes of importance:

Name of operation [illegible] Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. O. Clark, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

State File No. 80168

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16 ✓

2. FULL NAME Marion Lee Baker.

(a) Residence. No. 1611 Prospect Avenue. ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 8th, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
---.	---.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME L. G. Baker,

14. BIRTHPLACE (city or town) (State or country) Texas.

MOTHER

15. MAIDEN NAME Alberta Faye Griffitts,

16. BIRTHPLACE (city or town) (State or country) Murdock, Kansas.

17. INFORMENT (Address) L. G. Baker, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date July 17th 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Aug. 1, 1932 J. M. Lyle By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 8th, 1932, to July 16th, 1932

I last saw him alive on July 14, 1932; death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	

Other contributory causes of importance:

Name of operation Cardinal Symptoms

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80169

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. 2

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188

2. FULL NAME Eldon Evert Pedigo

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wathene Westover

6. DATE OF BIRTH (month, day, and year): Nov. 4/1911

7. AGE: Years 20 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 7/18/32
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Craigmont Ida.

FATHER
13. NAME: Lester Pedigo
14. BIRTHPLACE (city or town) (State or country): Gresham Ore.

MOTHER
15. MAIDEN NAME: Margaret Newbill
16. BIRTHPLACE (city or town) (State or country): Oregon City Ore.

17. INFORMENT (Address): Lester Pedigo Craigmont, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Craigmont, Ida. Date: 7/23/, 1932

19. UNDERTAKER (Address): H.R. Merchant Clarkston, Wash.

20. FILED: Aug 1, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18th, 1932, to July 22, 1932
I last saw him alive on July 22nd, 1932: death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	

Other contributory causes of importance:
Injury from Runaway of horses hitched to a binder

Name of operation: none Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/18, 1932
Where did injury occur? Lewis Co Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on Farm
Manner of injury Runaway
Nature of injury Left leg crushed back & legs burned from drag in over straw

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farm worker
(Signed) O. E. Carsson, M. D.
(Address) Lewiston Idaho

RECEIVED AUG 5 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80170

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. 188
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orson Escott Bailey
(a) Residence. No. St. Clarkston Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dora E. Bailey
6. DATE OF BIRTH (month, day, and year) Jan 20 1856
7. AGE Years 76 Months 5 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired merchant & farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Carroll Ill.

FATHER
13. NAME Elijah Bailey
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Almira Holman
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Dora E. Bailey Clarkston Wash
18. BURIAL, CREMATION, OR REMOVAL Place Garden City Date Smith Duffield
19. UNDERTAKER (Address) Brower-Warren Co Lewiston Idaho
20. FILED Aug 1, 1932 J. M. Lyle By L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16th 1932
22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to July 16, 1932
I last saw him alive on July 16, 1932; death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows: Basal skull fracture - Fracture rt. arm at elbow fracture rt. leg between knee & ankle also left ankle. Contusions & lacerations of face & rt arm & hand.
Date of onset
Other contributory causes of importance: Caused by auto hitting him while crossing street on foot.
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 7-15, 1932
Where did injury occur? 6th St Clarkston Wn
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Crossing street following adjournment of public gathering at High School.
Manner of injury Run down by auto
Nature of injury Run over by car.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edgar L. White, M.D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 9 6

Primary Registration District No. 1 0 0 9

DO NOT WRITE IN THIS SPACE
State File No. 80171

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

91 B

2. FULL NAME Sidney A. Green.

(a) Residence. No. Lewiston Orchards. ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Amos Green.

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Julia E. McCandless.

16. BIRTHPLACE (city or town) Statesville, (State or country) N. C.

17. INFORMENT (Address) Mrs. G. N. Mayo. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date July 17th, 1932.

19. UNDERTAKER Brower-Mann Company, (Address) Lewiston, Idaho.

20. FILED Aug 1, 1932 J. M. Lyle Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 11, 193~~2~~, to July 15, 1932.

I last saw h alive on July 15, 193~~2~~. death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	15 yrs ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Carsson, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80172

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. 1009
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Russell Lee Smith
(a) Residence. No. 1431 Bridge St. Clarkston Wa
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 1 Months 7 Days 18 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER
13. NAME Martin Luther Smith
14. BIRTHPLACE (city or town) (State or country) Moscow Idaho

MOTHER
15. MAIDEN NAME Clara E. Pattock
16. BIRTHPLACE (city or town) (State or country) Little Rock Arkansas

17. INFORMENT (Address) M. L. Smith Clarkston Wa
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Thom Creek Ida Date 7/31, 1932
19. UNDERTAKER (Address) Brown-Wayne Co Lewiston Ida
20. FILED Aug 1, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29 1932
22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932, to July 29, 1932
I last saw him alive on July 29, 1932: death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance:
Ileo Colitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) W. O. Clark, M.D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80173

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Frank Floyd.

(a) Residence. No. 422 Adams Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23rd, 1891.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40.	8.	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Saw Mill Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gainsville. Mo.

FATHER

13. NAME J. Floyd.

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Polly Ann Imes.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Mrs. A. W. Brown Spokane, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 7/8/32., 193

19. UNDERTAKER Brower-Wann Company. (Address) Lewiston, Idaho.

20. FILED Aug. 1, 1932 J. M. Lyle Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April, 1932, to July 6, 1932
I last saw him alive on July 4, 1932, death is said to have occurred on the date stated above, at /2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

Dr W.O.Clark.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE
State File No. 80174

Local Registrar's No.

(No. St Joseph Hosptial)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Marie Hennessey

(a) Residence. No. 943 4th St Clarkston Wash St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 19-1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarkston Wash.

FATHER

13. NAME Edward Hennessey

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Marie Wilson

16. BIRTHPLACE (city or town) (State or country) Chicago. Ill.

17. INFORMENT (Address) Mrs Marie Hennessey Clarkston Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida. Date 7/14/32 193

19. UNDERTAKER Vassar Mortuary Inc. (Address) Lewiston Idaho.

20. FILED Aug 1, 193 2 J. M. Lisle Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/12/32 193

22. I HEREBY CERTIFY, That I attended deceased from July 8, 193 2, to July 12, 193 2
I last saw h alive on July 7, 193 2; death is said to have occurred on the date stated above, at 7.15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis fulminating type	July 7, 32

Other contributory causes of importance:
Staphylococcus Blood stream infection

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W O Clark, M.D.
(Address) Lewiston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80175

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. 1342 7th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mabel M McCandless

(a) Residence. No. 821 Boulavard St. Clarkston Wash
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Ruth Grisso

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) E.M.McCandless Clarkston Wash

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date ....., 193..

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED Aug. 1, 1932 J. McLyle Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/16/32 193

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 193 2, to 7-16 32, 193..

I last saw h. alive on 7-16, 193 2; death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (acute dilatation of heart)	7-16-32

Other contributory causes of importance:

Chronic alcoholism	5-20-32
Selenium Poisoning	7-15-32

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) E.L. White, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80177

Registration District No. 9 6
Primary Registration District No. 1009 Local Registrar's No.

(No. 710 14th. Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 4

2. FULL NAME Lillian Shannon Caple.

(a) Residence. No. 927 10th Avenue.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 4th, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75.	4.	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME John Shannon.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) E. S. Caple Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane, Wash. Date Jul. 16th 193 2.

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED Aug 1, 193 2 F. M. Coyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from September, 1932, to July 14, 1932
I last saw her alive on July 14, 1932; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9 mos ago
Organic heart disease.	years
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul W. Johnson, M. D.
(Address) Lewiston, Idaho.

RECEIVED AUG 5 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80178

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Jacob Madison Munden.

(a) Residence. No. ..... St. Kennewick, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 9th, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78.	11.	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Klackamus,
(State or country) Oregon.

FATHER

13. NAME William Gilbert Munden.

14. BIRTHPLACE (city or town)
(State or country) Alabama.

MOTHER

15. MAIDEN NAME Sarah Dean.

16. BIRTHPLACE (city or town)
(State or country) Not known.

17. INFORMENT L. A. Munden,
(Address) Waha, Idaho.,

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date 7/29/32. 193

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Aug 1, 1932 J. M. Ryle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Em Brower, M.D.

(Address) Lewiston, Idaho.

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80179

PLACE OF DEATH
County of Nez Perce
City of Peck

Registration District No. 93
Primary Registration District No. 2371
Local Registrar's No.

(No.) 741
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Fairley

(a) Residence. No. Peck Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/19/1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer-retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME John Fairley
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Lamb
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Earl Fairley Peck Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Ida Date 3/26, 1932

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida.

20. FILED 3/24, 1932 Dan Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1930, to Aug 2, 1930.
I last saw him alive on Aug 2, 1930; death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of brain	
Apoplexy	
Hemiplegia, partial	
Senility	
Other contributory causes of importance:	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ?, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) M. Robertson, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO RECEIVED AUG 10 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80180

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Leigh Campbell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nephi Campbell

6. DATE OF BIRTH (month, day, and year) Feb 15 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Daniel Leigh

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME ------- Morris

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Mrs Harrison Malad Ida

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date July 29 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Ida

20. FILED 7/31, 1932 J. M. Torrens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 1930, to July 26, 1932

I last saw h[illegible] alive on July 26, 1932: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile decay, General	
Debility	
Any Other Cause	
Unknown	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Torrens, M. D.

(Address) Malad Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80181

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 20

(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jeannine Jones

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER
13. NAME Rulon Morse Jones
14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER
15. MAIDEN NAME Mildred Pierce
16. BIRTHPLACE (city or town) (State or country) St. John Idaho

17. INFORMENT (Address) ✓ Rulon M. Jones, R.2. D.#1 Malad Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Pleasantview Ida. Date Aug 1, 1932

19. UNDERTAKER (Address) J. Seay Reese Malad Idaho

20. FILED 7/5/, 193 2 J. M. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 30 1932 193

22. I HEREBY CERTIFY, That I attended deceased from July 20, 193 2 to July 30, 193 2
I last saw her alive on July 30, 193 2 : death is said to have occurred on the date stated above, at 12:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping cough.	July 15

Other contributory causes of importance:
Probably pneumonia
Malaria of brain

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) V. A. Gant, M. D.
(Address) Malad Ida.

RECEIVED AUG 1 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. 2069

Local Registrar's No. 19

DO NOT WRITE IN THIS SPACE
State File No. 80182

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline Williams Jones

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ben L. Jones

6. DATE OF BIRTH (month) May (day) 12 (year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

FATHER

13. NAME William W. Williams

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Mary Hodge

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMENT Mrs Joe Leigh
(Address) Malad Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Samaria Ida. Date July 30, 1932

19. UNDERTAKER J. Ivy Benson
(Address) Malad Ida

20. FILED 7/31, 1932 J. M. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) July (day) 26 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1924 to July 26, 1932; last saw her alive on July 26, 1932; death is said to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:

Myocarditis & mitral insufficiency.

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) V. P. Grant, M. D.
(Address) Malad, Ida.

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Oneida

City of Malad

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26

Primary Registration District No. 2069

(No. ..... , ... St.)

File No. 80183

Registered No. 17

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ruth Lavina Chivers Richards

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: November 29 1873 (Month) (Day) (Year)

7. AGE: 58 Yrs. 7 Mos. 15 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Malad. Idaho.

10. NAME OF FATHER: James H. Chivers

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Eliza Thomas

13. BIRTHPLACE OF MOTHER (State or Country): Wales.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Thomas Richards

(Address) Malad, Idaho.

15. Filed 7/31 1932 J. M. Kerns Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 14 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15 27 1932, to July 14 1932 that I last saw h..... alive on July 10 1932 and that death occurred on the date stated above, at 5 a M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Mitral regurg & mitral stenosis

(Duration) ? Yrs. ..... mos. ..... ds.

Contributory (Secondary) Obesity

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

7/15 1932 (Address) Malad Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Malad. Idaho.

DATE OF BURIAL: 7-17 1932

20. UNDERTAKER: John M Richards

ADDRESS: Logan, Utah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Bruneau

Bettis winter camp

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 74

Primary Registration District No. 2151

DO NOT WRITE IN THIS SPACE

State File No. 80187

Local Registrar's No. 76

183

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dewey Bradshaw

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of [redacted] of Grace Hawkins Bradshaw

6. DATE OF BIRTH (month, day, and year) June 16, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. stock & ranch laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. stock ranch

10. Date deceased last worked at this occupation (month and year) Aug. 6, 1932

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Kingston (State or country) Arkansas

FATHER

13. NAME Joe Bradshaw

14. BIRTHPLACE (city or town) Kingston (State or country) Arkansas

MOTHER

15. MAIDEN NAME Minnie Wright

16. BIRTHPLACE (city or town) Kingston (State or country) Arkansas

17. INFORMENT (Address) Grace Hawkins Bradshaw Bruneau, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Berryville, Ark. Date 8/8, 1932

19. UNDERTAKER C.G.Zacher (Address) Mt. Home, Idaho

20. FILED Aug. 10, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1932, to Aug. 7, 1932

I last saw him alive on Aug. 7, 1932, and death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental gunshot wound	
inflicted by Mark Bradshaw	
(Coroner's jury)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Aug. 6, 1932

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? Bruneau, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury accidental gunshot

Nature of injury wound in abdomen

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. J Eckenrode, M. D.

(Address) Grand View, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80188

PLACE OF DEATH
County of Owyhee
City of Bruneau

Registration District No. 74
Primary Registration District No. 2151 Local Registrar's No. 77

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James L. Wilson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 8, 1932

7. AGE Years	Months	Days	If LESS than 1 day, 10 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bruneau, Idaho

FATHER

13. NAME Albert S. Wilson

14. BIRTHPLACE (city or town) (State or country) Calusa Co. Calif

MOTHER

15. MAIDEN NAME Myrtle Browning

16. BIRTHPLACE (city or town) (State or country) Grove Oklahoma

17. INFORMENT (Address) Albert S. Wilson Bruneau, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bruneau Date Aug. 8, 1932

19. UNDERTAKER None
(Address)

20. FILED Aug. 9, 1932 W. J. Eckenbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 8 1932

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased from 8-8-, 1932, to 8-8-, 1932
I last saw her alive on 8-8-, 1932; death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Not known	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Evans M. D.
(Address) Mtn. Home Ida.

RECEIVED JUL 30 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 80189

Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Lena Tucker

(a) Residence. No. 1708 2nd Ave South (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Tucker

6. DATE OF BIRTH (month, day, and year): Mar 2

7. AGE — Years: 54 | Months: 3 | Days: 21 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Nelse Peter Anderson

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Jane Tucker Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place: Payette Date: July 25 1932

19. UNDERTAKER (Address): Glenn C Shuler Payette Idaho

20. FILED July 25, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to July 23, 1932

I last saw her alive on July 22, 1932; death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left breast	about Sept 1929

Other contributory causes of importance:

Name of operation: Removal of breast Date of: Nov 1-1929

What test confirmed diagnosis? Microscopic Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E Palmer, M. D.

(Address) Ontario, Oregon

RECEIVED JUL 30 19[illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80190

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William W. Kay 89

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Anna Laura Kay

6. DATE OF BIRTH (month, day, and year): July 6th 1855

7. AGE: Years 77 | Months no | Days 1 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER
13. NAME: John Kay
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Margaret Robinson
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMENT (Address): E. Pearl Lester

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette Idaho Date: July 10, 1932

19. UNDERTAKER (Address): C. C. Adkins

20. FILED July 9, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 7, 1932
I last saw him alive on July 7, 1932; death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	at least 1 yr. previously

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Merrill R. [illegible], M. D.
(Address) Payette Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 30 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80191

PLACE OF DEATH
County of Payette
City of Fruitland Ida

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 34.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME V. Eugene. 1 Hickox.
(a) Residence. No. Caldwell Ida. R. 2. St. 188 e
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ~~yrs.~~ none ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: none.
6. DATE OF BIRTH (month, day, and year): Mar. 22-1911
7. AGE: Years 21. Months 3 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farming.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Vancover Washington.

FATHER
13. NAME: D. 1 Hickox.
14. BIRTHPLACE (city or town) (State or country): Denver, Colorado.

MOTHER
15. MAIDEN NAME: Margaret Davis.
16. BIRTHPLACE (city or town) (State or country): Richhill. Missouri.

17. INFORMENT (Address): D. Hickox Caldwell. Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Roswell Idaho. Date: July 19 1932.
19. UNDERTAKER (Address): Glenn C. Landon. Payette Idaho.
20. FILED: July 19 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 17 - 1932.
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at 3:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto accident. Head crushed on highway. unavoidable.	

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify none
(Signed) Edith Landon. Coroner. M.D.
(Address) Payette Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80193

PLACE OF DEATH

County of Power

City of American Falls, Idaho Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 22

(No. Schiltz Memorial Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME John Joe Sattler

(a) Residence. No. Herndon, Kans St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isobel Sattler

6. DATE OF BIRTH (month, day, and year) May 25th 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Herndon, Kansas

FATHER

13. NAME Sebastian Sattler

14. BIRTHPLACE (city or town) (State or country) Austria Hungarian

MOTHER

15. MAIDEN NAME Thirasa MaryRiesier

16. BIRTHPLACE (city or town) (State or country) Herndon, Kans.,

17. INFORMENT (Address) Sebastian Joseph Sattler Greenacres Ida

18. BURIAL, CREMATION, OR REMOVAL Place Date , 193

19. UNDERTAKER A.W. Davis
(Address) American Falls, Ida

20. FILED July 25, 1932 Genevieve Nolt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23rd 32

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Death due to automobile accident July 22nd. It happened about 18 miles south-west of American Falls, Idaho On Old Oregon Trail Hi-way No. 30	

Other contributory causes of importance:

Car driven by Harold Fretag (supposedly under influence of liquor) struck car of John sattler, deceased.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~Suicide, or homicide?~~ Date of injury 7/22 1932

Where did injury occur? Power County.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Hi-way

Manner of injury Fractured skull, broken ribs, broken arm, bridge of nose

Nature of injury crushed.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A.W. Davis, M. D.

(Address) Coroner American Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80194

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 58

(No. County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Fifield

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

749

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, and year) Aug 12, 1866

7. AGE Years 65 Months 11 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Mr. Nelson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME No inf.
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. Stone Seattle, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date July 18, 1932

19. UNDERTAKER (Address) M. C. Thornhill Kellogg Idaho

20. FILED July 18, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1930, 193..., to July 15, 1932
I last saw h.....alive on July 14, 1932: death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 12

Other contributory causes of importance:

Arteriosclerosis	5 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) James R Bean, M. D.
(Address) Wallace

RECEIVED AUG 17 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80195

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 52
(No. East Burke Road)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Walls

(a) Residence. No. East Burke Road
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Hugh Walls

6. DATE OF BIRTH (month, day, and year) Aug. 7th

7. AGE: Years 43 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Portland Ore.

FATHER
13. NAME: Robert M. Smith
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Helen Hall
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Robert Hugh Walls

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Wallace Date: July 5th, 1932

19. UNDERTAKER (Address): Bismarck Undertaking Co Wallace Ida

20. FILED July 5, 1932 C. L. Storey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1930 to July 2 1932
I last saw her alive on July 2, 1932, death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Uremia	
Other contributory causes of importance:	
None	

Name of operation: Laparotomy Date of: May 12
What test confirmed diagnosis: Microscopic Autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dr. H. Woodcock M.D.
(Address) Wallace Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80196

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 60

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Samuel Lee Springer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mae Springer

6. DATE OF BIRTH (month, day, and year) Aug 15-1864

7. AGE Years 67 Months 11 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber.
10. Date deceased last worked at this occupation (month and year) Nov 1921
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known.

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Howard Springer. Wallace Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Post Falls Date July 23 1932

19. UNDERTAKER (Address) J. A. Bever (Ward Wed Co) Wallace Ida.

20. FILED July 23, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931, to July 21, 1932
I last saw him alive on July 21, 1932: death is said to have occurred on the date stated above, at 1:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Oct 1931

Other contributory causes of importance:
Cachexia

Name of operation Exploratory Date of Jan 1932
What test confirmed diagnosis? " Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Paul M. Ellis, M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80197

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Cole

(a) Residence. No. Kellogg Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): married

5a. If maried, widowed, or divorced HUSBAND ~~of~~ ~~(or) WIFE of~~ Hazel Cole

6. DATE OF BIRTH (month, day, and year) Sept 28-1884

7. AGE: Years 47 Months 7 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Millman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) College Grove Ore.

FATHER
13. NAME Joseph Cole
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Alice Van Schoick
16. BIRTHPLACE (city or town) (State or country) Marion Co. Oregon near Salem

17. INFORMENT (Address) Hazel Cole

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wn. Date July 14, 1932

19. UNDERTAKER (Address) R. L. Stout Kellogg Ida

20. FILED Aug 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 11, 1932
I last saw him alive on July 11, 1932: death is said to have occurred on the date stated above, at 3:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	7-10-32
Other contributory causes of importance:	
Lobar pneumonia, bilateral	7-7-32

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

RECEIVED AUG 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80198

Registration District No.
Primary Registration District No.
Local Registrar's No. 45

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Gage

(a) Residence. No. Kellogg, Idaho and St. (part of time in) Marion, Iowa
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
→ (greater part of time)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. W. Gage.

6. DATE OF BIRTH (month, day, and year) November 15 1865

7. AGE: Years 66 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rossville Ill.

FATHER
13. NAME Arthur McClure
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME Laura Bacon
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Helen Gage Tedderson Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Idaho Date July 25 1932

19. UNDERTAKER (Address) Perle Thornhill Kellogg Idaho

20. FILED Aug 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1932, to July 22, 1932
I last saw her alive on July 22, 1932: death is said to have occurred on the date stated above, at 10:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Colon	12 hrs.

Other contributory causes of importance:

Carcinoma of Colon	6 mos.

Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

RECEIVED AUG 8 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 80199

Local Registrar's No. 44

78

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joel Thom. Garner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24-1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Ida.

FATHER
13. NAME Loyd H. Garner
14. BIRTHPLACE (city or town) (State or country) Greenwater - Wis

MOTHER
15. MAIDEN NAME Margaret Clayton
16. BIRTHPLACE (city or town) (State or country) Olive Kans

17. INFORMENT (Address) Mrs. L. H. Garner

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date July 19, 1932

19. UNDERTAKER (Address) L. L. Hunt Kellogg Ida

20. FILED Aug 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932, to July 17, 1932
I last saw him alive on July 17, 1932; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status epilepticus	July 16

Other contributory causes of importance:
Renal insufficiency of some short standing

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. R. Ernest, M. D.
(Address) Kellogg, Idaho

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80200

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 46
(No. Wardner Hospital) 186a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Grant Rowland

(a) Residence. No. 7 St. East Cameron
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Water Co.
10. Date deceased last worked at this occupation (month and year) July 23, 1932
11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho.

FATHER
13. NAME Charles Rowland
14. BIRTHPLACE (city or town) (State or country) Mena. Ark.

MOTHER
15. MAIDEN NAME Flora I. Williams
16. BIRTHPLACE (city or town) (State or country) Mena. Ark.

17. INFORMENT (Address) Kellogg Idaho 7 East Cameron

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Cemetery Date July 27, 1932

19. UNDERTAKER (Address) McReynolds & Strand Kellogg. Idaho.

20. FILED Aug 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23 1932

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1932, to July 23, 1932
I last saw him alive on July 23, 1932 death is said to have occurred on the date stated above, at 5:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, traumatic	2 hrs.
Fracture Left femur, tibia and fibula.	
Crushing injury to Thorax	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 23, 1932
Where did injury occur? Diversen (Kellogg, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Standing on R. R. track.
Nature of injury Hit by R. R. locomotive

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Hazel Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80201

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 56

(No. Do Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Kenobos

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 24 - 188[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Do Hospital Records Wallace Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date July 13, 1932
19. UNDERTAKER (Address) J. A. Brown (Undertaker) Wallace, Ida.
20. FILED July 13, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/24/32, 193..., to 7/10/32, 193...
I last saw h[illegible] alive on 7/9/32, 193...: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Valv. Heart	
Chr Int. Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jarvis R Bean, M. D.
(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80202

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 57

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine N Clark

(a) Residence. No. Burke Ida. St. Burke Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): Feb 19 - 1857

7. AGE: Years 75 | Months 4 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Y.

FATHER
13. NAME: John Clafferty
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMENT (Address): James Clark Burke Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Ida Date: July 16, 1932

19. UNDERTAKER (Address): J. A. Bevin (Ward and Co) Wallace, Ida.

20. FILED July 16, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 14 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932 to July 14, 1932

I last saw her alive on July 14, 1932; death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows: Myocarditis Chr. Several mo. | Date of onset

Other contributory causes of importance: Arteriosclerosis Senile Several yrs

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ida Mowrell, M.D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80203

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 59

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Frances Gould

(a) Residence. No. Burke Ida St. Burke Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Dec 18-1861

7. AGE Years 70 Months 6 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Irion Wisconsin

FATHER
13. NAME Robert N Clossin
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Sarah Rebekah
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Susie Hall Burke Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise Idaho Date July 19 1932

19. UNDERTAKER (Address) J. A. Bower (Ward and Co.) Wallace, Idaho

20. FILED July 19, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1924 to July 15, 1932
I last saw her alive on July 14, 1932; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows: Date of onset
Myocarditis Chr Several yrs

Other contributory causes of importance:
Hypertrophy Chr
Phenolphthalein
Arteriosclerosis Several yrs

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) Wallace Ida

RECEIVED AUG 17 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80204

Registration District No. 70
Primary Registration District No. 1014 Local Registrar's No. 62
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Russell Brown 116

(a) Residence. No. Burke, Ida. St. Burke Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 12-1924
7. AGE: Years 8 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Burke Idaho.

FATHER
13. NAME: Alden Brown
14. BIRTHPLACE (city or town) (State or country): Butte Mont.

MOTHER
15. MAIDEN NAME: Gertrude Gregory.
16. BIRTHPLACE (city or town) (State or country): Moss.

17. INFORMENT (Address): Alden Brown Burke, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Ida. Date: July 30, 1932
19. UNDERTAKER (Address): J. A. Brown (Ward Mort Co.) Wallace Ida.
20. FILED July 30, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 28 1932
22. I HEREBY CERTIFY, That I attended deceased from July 23, 1932, to July 28, 1932
I last saw h.. alive on July 28, 1932, death is said to have occurred on the date stated above, at 8:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	12 hrs
Other contributory causes of importance: Tuberculosis General Perforation Pleurisy Left Lung	
Name of operation: Lumbar Puncture	Date of: July 28
What test confirmed diagnosis: Lumbar Puncture	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Dr. W. Wood, M. D.
(Address) Wallace Ida.

RECEIVED AUG 1 2 1932

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80205

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Edward Calkins

(a) Residence. No. Infirmary (County) St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 58 Months 3 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Not Known.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Chas. Dameron.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Date 7/23, 1932

19. UNDERTAKER (Address) Bruce G. Worstell

20. FILED July 23, 1932 P. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1932, to July 22, 1932
I last saw him alive on July 22, 1932: death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James R Sean, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80206

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 53 J
(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

186

2. FULL NAME Teresa M Binder
(a) Residence. No. Spokane Wash St. Spokane Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug. 11 - 1912
7. AGE Years 19 Months 10 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER
13. NAME Adolph Binder
14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER
15. MAIDEN NAME Rose Compo
16. BIRTHPLACE (city or town) (State or country) Helena Mont.

17. INFORMENT (Address) Adolph Binder 3236 - E - 11th Ave.
18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date 7/14, 1932
19. UNDERTAKER (Address) J. G. Bever (Ward Und Co) Wallace, Ida.
20. FILED July 14, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1932
22. I HEREBY CERTIFY, That I attended deceased from Jul 4, 1932, to Jul 5, 1932
I last saw her alive on Jul 4, 1932; death is said to have occurred on the date stated above, at 12:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Frac. base skull	
Broken neck.	

Other contributory causes of importance:
Auto - accident

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/4, 1932
Where did injury occur? Wallace Public Highway (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Wallace Public Highway
Manner of injury Auto collision
Nature of injury Tantos collided

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Mowery Corony, M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80207

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 54

(No. 16)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Holden

(a) Residence. No. Mullan Idaho St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 13-1923
7. AGE: Years 9 | Months 6 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Joplin Mo.

FATHER
13. NAME: Joseph Holden
14. BIRTHPLACE (city or town) (State or country): Joplin Mo.

MOTHER
15. MAIDEN NAME: Viola Abbott
16. BIRTHPLACE (city or town) (State or country): Joplin Mo.

17. INFORMENT (Address): Mr Joseph Holden Mullan, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Mullan Ida. Date: July 10, 1932
19. UNDERTAKER (Address): J. A. Bower (Ward Undertaking Co) Wallace Ida.
20. FILED: July 10, 1932 C. L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 7 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw him alive on July 7, 1932, death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned after accidentally falling into Pulaway Lake at Mullan Ida	
Other contributory causes of importance: None	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury ..... 193..
Where did injury occur? Mullan Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Pulaway Mullan
Manner of injury Drowned
Nature of injury Fell into River
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. A. Bower Coroner
(Address) Wallace Ida

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80209

PLACE OF DEATH

County of Teton

City of Tetonia

Registration District No.

Primary Registration District No.

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Jane (Balder) O'Brien. 90

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced (or) WIFE of James A O'Brien

6. DATE OF BIRTH (month, day and year) Nov 28 1876

7. AGE — Years: 55 | Months: 8 | Days: 2 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Kaysville Utah

PARENTS

10. NAME OF FATHER: Wm H. Balder.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): unknown

12. MAIDEN NAME OF MOTHER: Emma Evans.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown.

14. Informant: J Phillippi
(Address): Tetonia, Ida.

15. Filed 7-30, 1932 Abbie M Greene Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 7 (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-25, 1932, to 7-30, 1932, that I last saw h alive on 7-30-32, 19, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

aortic stenosis + mitral insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia (duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

7/30, 1932 (Address) Driggs Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Sayton Utah — Date of Burial: 8-4-1932

20. Undertaker: [illegible] Eckersell — Address: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80210

PLACE OF DEATH
County of Teton
City of Victor

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 1
(No. 161 E)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Annie Ruth Roberts
(a) Residence. No. ... St. ...
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 7/12/1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Victor Idaho R. 7. B.

PARENTS

10. NAME OF FATHER: C. S. Roberts.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Kansas.
12. MAIDEN NAME OF MOTHER: Ora May Sands
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Utah.

14. Informant (Address): Blanche W. Scott Victor Idaho R F D.

15. Filed 8/4, 1932 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 7 (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
7-12-, 1932, to 7-13, 1932
that I last saw her alive on 7-12, 1932
and that death occurred, on the date stated above, at 3 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fracture of cervical Vertebra caused from delivery at birth.
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) L. L. Parkinson M. D.
7/13, 1932 (Address) Driggs Ida.

19. Place of Burial, Cremation, or Removal: Victor Idaho — Date of Burial: 7/14 1932
20. Undertaker — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80211

PLACE OF DEATH
County of Twin Falls
City of Mertank

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 345

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gaya Taylor
(a) Residence. No. North Burton Ave. St. Burley Idaho.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 1 - 1911

7. AGE Years 20 Months 9 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Burley Idaho

PARENTS
10. NAME OF FATHER Dave Taylor
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Malta Idaho
12. MAIDEN NAME OF MOTHER Madge Judd
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Panguitch, Utah

14. Informant (Address) Albert C Williams

15. Filed Aug 9, 1932 ~~Burley Idaho~~ Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 12:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental Drowning
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) F. A. Dwight, M. D.
July 12, 1932 Coroner of Twin Falls County

19. Place of Burial, Cremation, or Removal Burley, Idaho
Date of Burial 19

20. Undertaker Payne & Kimball
Address Burley

Vern B. McCulloch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80212

PLACE OF DEATH
County of Twin Falls
City of Hansen

Registration District No. 117
Primary Registration District No. 296 Local Registrar's No. 242
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernice Simmons Buchanan 18 V

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month) July (day) 8 (year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22		3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Secretary
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oakley Idaho

PARENTS

10. NAME OF FATHER Cassius Buchanan
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Marguerite McSaffer
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ill.

14. Informant (Address) Mrs. M. M. Buchanan Burley Idaho

15. Filed July 28, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to July 11, 1932
that I last saw her ~~alive~~ on July 11, 1932
and that death occurred, on the date stated above, at 1:30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [signature], M. D.
, 19 (Address) Burley

19. Place of Burial, Cremation, or Removal: Burley Idaho. Date of Burial: July 15 1932

20. Undertaker: D. E. Johnson Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 1932
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80213

PLACE OF DEATH
County of Twin Falls
City of Oliver

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 129

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Werner
(a) Residence. No. Oliver, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Werner

6. DATE OF BIRTH (month, day and year) Dec 12 / 1858

7. AGE 73 Years | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill

PARENTS
10. NAME OF FATHER Henry Werner
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Werner
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Arthur Werner
(Address) Oliver

15. Filed 7/20, 1932 Elizabeth J. Smith Registrar acs

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 16 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 7th, 1932, to July 16, 1932
that I last saw him alive on July 11th, 1932
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:
Carcinoma Liver and Gall Bladder
(duration) yrs. 7 mos. ds.
CONTRIBUTORY (Secondary) Myocarditis Toxic Chronic
(duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Xray - Laboratory blood, findings
(Signed) Duncan L Alexander M.D.
7-18-32, 19 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Oliver Gemetry | Date of Burial July 20 1932

20. Undertaker F. E. Drake | Address Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2081

DO NOT WRITE IN THIS SPACE
State File No. 80214

Local Registrar's No. 128

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Hattie Ladora Atkeson

(a) Residence. No. Kimberly (Usual place of abode) Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Atkeson

6. DATE OF BIRTH (month, day, and year) 9-29-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stockton Calif.

FATHER

13. NAME Henry White

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Dawson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Opal Douglass Pocatello Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Twin Falls. Date 7-13, 1932

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho.

20. FILED 7/12, 1932 Elizabeth D. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to July 10, 1932

I last saw h[illegible] alive on July 10, 1932: death is said to have occurred on the date stated above, at 4-20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	8 yrs ago

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Davis, M. D.

(Address) Kimberly Idaho.

RECEIVED AUG 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80215

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. ~~2770~~ 131

(No.) 749
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert John Farnsworth

(a) Residence. No. St. Salt Lake City,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Farnsworth

6. DATE OF BIRTH (month, day, and year) 2/20/1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver City, Utah

FATHER
13. NAME Philo T. Farnsworth
14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER
15. MAIDEN NAME Ann Patterson
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) R. E. Farnsworth, Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake City Date 7/25/32 193

19. UNDERTAKER (Address) Johnson (Evans) Twin Falls & Johnson

20. FILED 7/24, 1932 Elizabeth Smith Registrar. ads

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/24 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/24/32, 193..., to 7/24/32, 193...
I last saw him alive on 7/24/32, 193...: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. R. Morgan M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 80216

Local Registrar's No. 127

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

915

2. FULL NAME John Alexander Bryson

(a) Residence. No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Isabella Bryson

6. DATE OF BIRTH (month, day, and year) Feb 3 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lanark Co. Ontario

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Edinburough Scotland

MOTHER

15. MAIDEN NAME Hannah Sim

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Ella M. White 143 - 8th Ave N.

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Grand Forks, N. Dak. Date 193

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls.

20. FILED 7/5, 1932 Elizabeth L. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931 to July 4th, 1932
I last saw him alive on July 2d, 1932; death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and senility	

Other contributory causes of importance:

None	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) H. C. Lemp, M. D.
(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 15 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80218

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 133

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME I. R. Stevens died in Hospital 91b

(a) Residence. No. 326 Blue Lakes N. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22/1866

7. AGE Years 66 Months — Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Stevens
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Stevens Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date July 2[illegible]

19. UNDERTAKER (Address) F. E. Drake Twin Falls Ida

20. FILED 7/28, 1932 Elizabeth J. Smith Registrar. acts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1931, to July 25th, 1932
I last saw him alive on July 25th, 1932: death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	

Other contributory causes of importance:
Senility

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. E. Lamb, M. D.
(Address)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80219

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

18

2. FULL NAME Helen Lucille Hyde

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 7-1930

7. AGE Years 1 Months 7 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Arizona

PARENTS

10. NAME OF FATHER R. A. Hyde
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mich.
12. MAIDEN NAME OF MOTHER Josephine Fowler
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ore.

14. Informant R. T. Weaver
(Address) Buhl Idaho

15. Filed July 21, 1932 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw her ~~alive~~ on July 11, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) F. A. Dwight, M. D.
July 11, 1932 (Address) .....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery
Date of Burial 7/13/1932

20. Undertaker Melville D. Rugg
Address Buhl Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG [illegible] 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80220

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 134

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Zenas Smith

(a) Residence. No. 147 - 7th East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jolena
6. DATE OF BIRTH (month, day, and year): June 17 - 1876
7. AGE: Years 56 | Months 1 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bakery Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (Wholesale)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Island Park Illinois

FATHER
13. NAME: Charles Smith.
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Juliet Dodge
16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMENT (Address): Helen Bailey 262 Lincoln Twin Falls
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem. Date 7 - 30, 1932
19. UNDERTAKER: White Mortuary Inc (Address) Twin Falls Idaho
20. FILED 7/30, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 28 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932 to July 28, 1932.
I last saw him alive on July 28, 1932. death is said to have occurred on the date stated above, at 7:20A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, acute.	July 21, 1932.
Other contributory causes of importance:	
Pleurisy, acute, bilateral.	July 18, 1932
Pneumonia, bilateral.	July 21, 1932

Name of operation: None, Date of: — —
What test confirmed diagnosis? Laboratory and clinical findings. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — — — Date of injury — —, 193..
Where did injury occur? — —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. — — — — —
Manner of injury — — —
Nature of injury — — —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. W. Tagger, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of " "

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80221

Registration District No. 37
Primary Registration District No. 2065
Local Registrar's No. 132

(No. County General Hosp) 46
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Chase

(a) Residence. No. St. Kimberly Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John —

6. DATE OF BIRTH (month, day, and year) May 9 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Modlin

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) C. C. Shatto Hansen Ida R # 2

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Cem. Date 7-27, 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 7/27, 1932 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932, to July 24, 1932
I last saw h[illegible] alive on July 24, 1932: death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomata of cervix	

Other contributory causes of importance:
Operative shock
Cardio renal complication

Name of operation Hysterectomy Date of July 7
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Russell Yeager, M. D.
(Address) Twin Falls Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80222

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 137

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard Turner Steffen 114

(a) Residence. No. 415 - 2nd North St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) March 16-1917

7. AGE Years 15 Months 4 Days 15 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Oscar F Steffen
14. BIRTHPLACE (city or town) (State or country) Warsaw Wisconsin

MOTHER
15. MAIDEN NAME Emma Turner
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Oscar F Steffen 415 - 2nd N. Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Cem Date 8-3, 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho

20. FILED 8/2, 1932 Elizabeth J. Smith Registrar ACS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932, to July 31, 1932

I last saw him alive on July 31, 1932: death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea & enteritis (#14)	July 24, 32

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H Wierlson M. D.
(Address) Twin Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80223

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 136

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie Bell Briggs

(a) Residence. No. 7 Murtaugh, Idaho St. Rout #1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
~~HUSBAND of~~
~~(or)~~ WIFE of Chas. E. Briggs

6. DATE OF BIRTH (month, day, and year) Sept. 3, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Muskingum Co., Ill

FATHER

13. NAME David Peairs

14. BIRTHPLACE (city or town) (State or country) Muskingum Co. Ill.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Chas. E. Briggs Murtaugh, Ida. Rout #1

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date 8-1, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED 8/1, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1932, to July 29, 1932
I last saw her alive on July 29, 1932: death is said to have occurred on the date stated above, at 8:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction from adhesions	7/25/32

Other contributory causes of importance: Tuberculosis Colitis ? (enterostomy 1924)

Name of operation Laparotomy Date of 7/28/32
What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Davis, M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80224

PLACE OF DEATH
County of Twin Falls
City of " "
Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 135

(No. 235-4 ave East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wesley E. Hall 4

(a) Residence. No. Eden St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Walter Hall
6. DATE OF BIRTH (month, day, and year): May, 1893
7. AGE: 39 Years / Months 28 Days / If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ark.

FATHER
13. NAME: Oscar Smith
14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER
15. MAIDEN NAME: Nora Ledbetter
16. BIRTHPLACE (city or town) (State or country): Ark

17. INFORMENT (Address): Walter Hall Eden R#1
18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: July 31 1932
19. UNDERTAKER (Address): L. R. Robbins Twin Falls
20. FILED 8/1, 1932 Elizabeth L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 28 1932
22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to July 28, 1932
I last saw her alive on July 28, 1932; death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Undulant fever	About June 1-1932
Other contributory causes of importance: Chronic valvular heart disease (aortic and mitral insufficiency)	

Name of operation none Date of -
What test confirmed diagnosis? Laboratory test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify -

(Signed) H. W. Slaughter, M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

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PLACE OF DEATH

County of Valley

City of Cascade

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 15

Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE
State File No. 80225

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Wm Moore

(a) Residence, No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Rosella Moore

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
83	Dec 6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME J. P. Moore

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Thornburg

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) W. F. Moore

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Ida Date July 17, 1932

19. UNDERTAKER (Address) A. D. Robb Cascade Ida

20. FILED July 16, 1932 W. G. Ready Registrar.
By Myrtle Purdum

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to July 15, 1932

I last saw h~~im~~alive on July 15, 1932; death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-15-32

Other contributory causes of importance:

Had had two previous strokes.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Lawson L. Ward, M. D.

(Address) Cascade Idaho

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80226

Local Registrar's No.

Registration District No. 15

Primary Registration District No.

(No. ..... St.)

1. PLACE OF DEATH

County of Valley

City of McCall, Idaho

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elmer Walter Johnson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: April (Month) 13th (Day) 1914 (Year)

7. AGE: 18 Yrs. 2 Mos. 23 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): McCall, Idaho

10. NAME OF Father: John S. Johnson

11. BIRTHPLACE OF FATHER (State or Country): Finlamd

12. MAIDEN NAME OF MOTHER: Hannah Sironen

13. BIRTHPLACE OF MOTHER (State or Country): Finland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Johnson

(Address) McCall, Idaho

15. Filed July 8 1932 M. J. Ready Local Registrar

By Myrtle Gardner

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 6th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from One hour 19..., to ... 19..., that I last saw him alive on July 6th 1932, and that death occurred on the date stated above, at 12:30

The CAUSE OF DEATH* was as follows:

Luetic Arteriosclerosis

(Duration) ... yrs. ... mos. One ds.

Contributory (Secondary) Cardiac Insufficiency

(Duration) ... yrs. ... mos. ... ds.

(Signed) Ulysses S. Cravitt M. D.

7-6 1932 (Address) McCall, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 18 yrs. ... mos. ... days. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? Home

Former or usual residence McCall, Idaho

19. PLACE OF BURIAL OR REMOVAL: Jewish Cemetery near McCall

DATE OF BURIAL: July 10 1932

20. UNDERTAKER: A. D. Bott

ADDRESS: Cascade, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80227

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH
County of Valley
City of McCall
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. Charles Thomas Doughty St.)

2. FULL NAME Thomas C Doughty

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Feb (Month) 2 (Day) 1883 1882 (Year)

7. AGE: 49 5 15
50 Yrs. 5 Mos. 16 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hardware Merchant
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): ~~Oklahoma~~ Ohio

10. NAME OF Father: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: —— Darling

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Carl Swanstrom
(Address) Council Idaho

15. Filed July 27 1932 Chris D Thurston Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....19....,
that I last saw h.... alive on ....19....,
and that death occurred on the date stated above, at ....M.
The CAUSE OF DEATH* was as follows:
Accidental drowning in Granite Lake
No inquest held.
(Duration) ....yrs. ....mos. ....ds.
Contributory (Secondary): None
(Duration) ....yrs. ....mos. ....ds.
(Signed) Forrest L Ward M. D.
7-19 1932 (Address) Valley County Coroner Cascade Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....days. In the State....yrs....mos....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Council Idaho
DATE OF BURIAL: 7-20 1932

20. UNDERTAKER: Robt. P Young
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUL 29 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH
County of Valley
City of McCall

Registration District No. 71
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Charles Thomas Doughty

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred about 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, Divorced (write the word) Married

5a. If maried, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of Katherine (Katy) Doughty

6. DATE OF BIRTH (month, day, and year) Feb 2, 1883

7. AGE Years 49 Months 5 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hardware Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME — Darling
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Carl H. Swanstrom

18. BURIAL, CREMATION, OR REMOVAL Place Cornwall Odd Fellow Cemetery Date 7-20, 1932

19. UNDERTAKER (Address) Robt Young

20. FILED July 27, 1932 Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-17 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw him alive on dead , 193 : death is said to have occurred on the date stated above, at 1:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning in Granite Lake Idaho fell off a raft.	

Other contributory causes of importance:

No Inquest held.
Roscoe R. Ward M.D. Valley County Coroner Cascade Idaho.

Name of operation Date of
What test confirmed diagnosis? Nam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 7-17 1932
Where did injury occur? Granite Lake Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Drowned
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Alvin S. Thurston, M. D.
(Address) Cornwall

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 4 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80228

PLACE OF DEATH
County of Washington
City of Midvale

Registration District No. 88
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME Cecil Emerson Snapp

(a) Residence. No. Midvale - Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29-1911

7. AGE Years 20 Months 11 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Midvale (State or country) Idaho

FATHER
13. NAME John Snapp
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Nellie Turnbaugh
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) John Snapp

18. BURIAL, CREMATION, OR REMOVAL
Place Midvale Date June 28 1932

19. UNDERTAKER (Address) J. A. Fiddleton Cambridge

20. FILED 7-7-32 193 DR. R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-27-, 1932, to 6-24-32, 193

I last saw him alive on ..... 193 ; death is said to have occurred on the date stated above, at 9:00 a.m.

died before aid arrived.

The principal cause of death and related causes of importance were as follows: Date of onset

Shock incident to crushing injuries to right chest & liver — caused by passing of a loaded wagon over body.

Other contributory causes of importance:

Injury to lungs & liver — Head injury - extent undetermined

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6-27-1932

Where did injury occur? At father's farm - Midvale Ida (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry - [putting up hay crop]

Manner of injury Wagon load of hay - passed over chest & liver.

Nature of injury Crushing injury - right chest & liver - head injury

24. Was disease or injury in any way related to occupation of deceased? yes, If so, specify he endeavored to stop a runaway team & was thrown under wagon

(Signed) R. T. Whiteman M. D.

(Address) Cambridge Idaho

RECEIVED AUG 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80229

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

49

2. FULL NAME Emma J Bradley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ George C Bradley

6. DATE OF BIRTH (month, day, and year) Mar 27 — 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME Peter P Everts
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Treyhend Barnett
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs Hazel Hazard Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 7-14-, 1932

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED 7-14-, 1932 W. R. Hamilton Registrar.
E. V.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 —, 1932, to July 10, 1932
I last saw him alive on July 9 —, 1932: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Urinary Bladder	April 1-1932

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? Weiser Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) F A Schmuck, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80230

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. ~~[illegible]~~ 86
Primary Registration District No. ~~[illegible]~~ 2112 Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John J Wavrich

(a) Residence No. Weiser Flat St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Gladys Wavrich

6. DATE OF BIRTH (month, day, and year) Feb 8-1881

7. AGE Years 49 Months 5 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME John Wavrich
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Anna Seaman
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) Anna Lund Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 8-1-, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 8-3, 1932 W. R. Hamilton Registrar.
E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1932, to July 29, 1932
I last saw him alive on July 29, 1932: death is said to have occurred on the date stated above, at 2:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis c̄ Decompensation	?
Chronic Glomerular Nephritis	2

Other contributory causes of importance:

"Miner's Consumption"	(?)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
yes If so, specify Miner - years ago
(Signed) Hyden Hancock, M. D.
(Address) Weiser - Idaho

RECEIVED AUG 10 1932 mv.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80231

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. ~~1010~~ 86
Primary Registration District No. ~~86~~ 1010 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME B. Dick Hartley

(a) Residence. No. 154 West Court St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jonery R. Hartley

6. DATE OF BIRTH (month, day, and year) April 12-1884

7. AGE Years 58 Months 3 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. County Assessor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME Wm. H. Hartley
14. BIRTHPLACE (city or town) (State or country) California

MOTHER
15. MAIDEN NAME Jeanette Patterson
16. BIRTHPLACE (city or town) (State or country) California

17. INFORMENT (Address) Mrs B. Dick Hartley Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Date 8-5, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 8-5, 1932 W. R. Hamilton Registrar.

E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug - 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1932, to Aug 3, 1932

I last saw him alive on Aug. 3, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W H Marshall, M. D.

(Address) Weiser

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

802[redacted]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of ~~Nezperce~~ Lewis
City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80232

Registration District No. 60
Primary Registration District No. 2129
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME David William Blanfield

(a) Residence. No. 518 Bridge St St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Irene Jones

6. DATE OF BIRTH (month, day, and year): April 9, 1904

7. AGE: Years 28 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Aug. 6, 1932
11. Total time (years) spent in this occupation: 15 Years

12. BIRTHPLACE (city or town) (State or country): Baker, Oregon

FATHER
13. NAME: David Blanfield
14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER
15. MAIDEN NAME: Mary Button
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Mrs David Blanfield

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston, Ida. Date: 8/8/32, 193

19. UNDERTAKER (Address): H. R. M[redacted]

20. FILED 8/10, 19[redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw h.....alive on Aug 6, 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Punctured heart from broken rib	
Auto truck accident	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/6, 1932
Where did injury occur? Winchester - Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Road work.
Manner of injury Truck left highway - into ravine
Nature of injury Crushed - chest left side

24. Was the injury in any way related to occupation of deceased? Truck driver
[redacted] Wm P. H. Hahl, M. D.
Lewiston Ida.

RECEIVED AUG 24 1932 Rec'd 8-27-32

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80233

80233 67

PLACE OF DEATH
County of Ada
City of BOISE
Route 1,
Registration District No. 7
Primary Registration District No. 2004
Local Registrar's No.
(No. 48)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Docter, William John Fredrick Proesch

(a) Residence. No. Collister Station St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Carolina Roehrich Proesch

6. DATE OF BIRTH (month, day, and year) Dec. 26, 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Medical Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) Wolferoda
(State or country) Hanover, Germany

FATHER

13. NAME William Ludwig ~~John~~ Procsch

14. BIRTHPLACE (city or town)
(State or country) Hanover, Germany

MOTHER

15. MAIDEN NAME Carolina Liberman

16. BIRTHPLACE (city or town)
(State or country) Saxony, Germany

17. INFORMENT Mrs. A. S. Roberts
(Address) Rural 1, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place MORRIS HILL Cemetery Date 8-21, 1932

19. UNDERTAKER Schriber & McCann
(Address) BOISE, IDAHO

20. FILED 8-20, 1932 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-17— 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-17—, 1932, to 8-17—, 1932

I last saw h— alive on Aug 17—, 1932: death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of the Lip	April 1932

Other contributory causes of importance:

Autointoxication and Senile Dementia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) M. Calloway Jaffa, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80234

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 101a Local Registrar's No. 66 80234
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Beckamp 101a
(a) Residence. No. Burke, Ida. St. Burke, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug 6 - 1877
7. AGE Years 55 Months 0 Days ~~16~~ 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb 1931
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Stone Mountain Ga.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) France.

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Mrs Ishmeal Burke Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Aug 22, 1932
19. UNDERTAKER (Address) J. A. Beer Ward Wd Co Wallace Ida.
20. FILED Aug 22, 1932 P. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 15 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Aug 15, 1932
I last saw him alive on Aug 15, 1932: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular both lungs	2 da

Other contributory causes of importance: Hodgins Disease Several Mo.

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. Mon Ward M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80235

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 69

(No. Died 1 ½ Mile east of Orchard Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18 8 e

2. FULL NAME Edward Ray Love.

(a) Residence. No. Salt Lake City Utah. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Edith Love.

6. DATE OF BIRTH (month, day, and year): 1898.

7. AGE Years: 34. Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Electric Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Electric Railweld Sales Corporation.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): Irvin. W. Eyre. Chicago Ill.

18. BURIAL, CREMATION, OR REMOVAL Place: Salt Lake City Utah, Date: Sept. 2. 1932

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 8-31, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~Au~~ , 193 , to , 193

I last saw ~~him alive on~~ dead Aug 30 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accidently killed by being hit by gasoline Spreder.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clyde E. Summers Coroner, M. D.

(Address) Boise Idaho.

RECEIVED SEP 3 1932

80236

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80236

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 374

(No. Nudene Hotel Pocatello.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Isham Cunningham

(a) Residence. No. Nudene Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

58a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Mamie Cunningham

6. DATE OF BIRTH (month, day, and year): 9/26/1890

7. AGE: Years 41 | Months 10 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: O.S.L. Railroad
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): So. Bend Indiana

FATHER
13. NAME: Wm. Cunningham
14. BIRTHPLACE (city or town) (State or country): Nevada Mo.

MOTHER
15. MAIDEN NAME: Mamie Hayes
16. BIRTHPLACE (city or town) (State or country): So. Bend Indiana

17. INFORMENT (Address): Mamie Cunningham Pocatello

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Pocatello Date: Aug 27, 1932

19. UNDERTAKER (Address): McHan Undertaking Co Pocatello

20. FILED: Aug 25, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29th, 1932, to ~~July~~ Aug 24th, 1932

I last saw him alive on Aug 22nd, 1932: death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortitis Endocarditis Myocarditis of Syphilitic origin, with failure of compensation.	years

Other contributory causes of importance:

Chronic Hepatitis.	Probably years

Name of operation: None Date of —

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter E Whalen, M. D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

80237 ✓

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80237

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 72

(No. 7th and Garden Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Vernon Alexander Jacobson

(a) Residence. No. 470 Sunset- Long Beach, Cal. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Oct. 26-1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parma, Idaho.

FATHER

13. NAME Alexander Jacobson.

14. BIRTHPLACE (city or town) (State or country) N. Dakota.

MOTHER

15. MAIDEN NAME Pearl Bollinger.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Mrs. Pearl Jacobson. Long Beach, Cal.

18. BURIAL, CREMATION, OR REMOVAL Place Long Beach, Cal. Date Shipped 9-5-32, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 9-6, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/3/32 193

22. I HEREBY CERTIFY, That I attended deceased from 9/3, 1932, to 9/3, 1932

I last saw him alive on 9/3, 1932; death is said to have occurred on the date stated above, at 3:01 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Don't know

Other contributory causes of importance:

Bed ridden from birth.

Name of operation None. Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. S. Allen, M. D.

(Address) Boise, Idaho.

SEP 6 193[illegible] 80237

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80239

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 381

(No. St. Antony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101-0

2. FULL NAME Leo Wilbert

(a) Residence. No. 734 South Ninth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Leona Wilbert

6. DATE OF BIRTH (month, day, and year) 12/23/1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mailclerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway M. Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Louis B. Wilbert

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Larueda Fought

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Alfred Hansen 734 So. Ninth

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date 9/4/32 193

19. UNDERTAKER McHan undertaking co (Address) Pocatello

20. FILED Sept 2, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 31 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 1932, to Aug 31, 1932

I last saw him alive on Aug 31, 1932; death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation NO Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. F. Leall, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80240

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
80240
Local Registrar's No. 166

(No. Hollister Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph R. Diebolt

(a) Residence. No. Hollister, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Diebolt

6. DATE OF BIRTH (month, day, and year) Apr. 11-1872

7. AGE				If LESS than 1 day, hrs. or min.
60 Years	4 Months	24 Days		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kans.

FATHER

13. NAME Joseph R. Diebolt, Sr,

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMENT (Address) Mrs. J. R. Diebolt Hollister, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Ida. Date Sept. 8 193 2

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 9/8, 193 2 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 4Th 193 2

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death; caused by being dragged by a horse.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/4/32, 193

Where did injury occur? Hollister, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At his home

Manner of injury broken neck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. T. Crater M. D.

(Address) Sheriff, Twin Falls County,

80241

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80241

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 53
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Otto Oswold Smith
(a) Residence. No. Orofino Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mabel Smith

6. DATE OF BIRTH (month, day and year) Dec 28-1865

7. AGE Years 66 Months 7 Days 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber
(c) Name of employer Last) White Pine Lumber Co

9. BIRTHPLACE (city or town) (State or country) South Leeds Wisconsin

PARENTS
10. NAME OF FATHER Crisjohn Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Stanton Germany
12. MAIDEN NAME OF MOTHER Krailing
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) adolph Smith Orofino Ida

15. Filed 8/3, 19 H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1931, to 8 - 1, 1932
that I last saw him alive on 8 - 1, 1932
and that death occurred, on the date stated above, at 5.30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetes Insipidus from July 31st 1931 = Fall from lumber pile on small of back - 7/31/32
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Enlarged prostate -
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? yes, waiting for micro examination of bladder & prostate
What test confirmed diagnosis?
(Signed) M F Robertson, M. D.
8/2, 1932 (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal Lewiston Idaho Date of Burial 8/3 1932
20. Undertaker Orofino Mortuary Address Orofino Idaho

Latest statement of OCCUPATION is very important. See instructions on back.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 13 1932

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80242

Registration District No. 2
Primary Registration District No. 1004
80242 219
Local Registrar's No.

(No. Old Soldiers Home Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Thaddus Stephens Worthington.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 19. 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	92.	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wrights Town. Penn.

FATHER

13. NAME Amasa Worthington.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Amy Spencer.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs Amy W. Black. R.# 2. Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morriws Hill. Date Aug. 2., 1932

19. UNDERTAKER Summers & Krebs. (Address) Boise Idaho.

20. FILED 8-1, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to July 30, 1932
last saw him alive on July 26, 1932 and death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Symptoms

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Tetwiler, M. D.
(Address) .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 80243

80243

CERTIFICATE OF DEATH

Registration District No. .....
Primary Registration District No. 18
Local Registrar's No. .....

PLACE OF DEATH
County of Goodding
City of Wendell
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. **FULL NAME** Juan Menchaca

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Spanish	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Juan Menchaca

6. DATE OF BIRTH (month, day and year) Sept 7/1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Spain

PARENTS

10. NAME OF FATHER Nicholas Menchaca
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spain
12. MAIDEN NAME OF MOTHER Venancia Ybarra
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Spain

14. Informant Mrs Juan Menchaca (Address) Burley Ida

15. Filed 8/20, 1932 C. P. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 19th, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1932 to Aug. 19th, 1932
that I last saw him alive on Aug 19, 1932
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma right lung.

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? ..... What test confirmed diagnosis? Laboratory
(Signed) Chas. P. Zeller, M. D.
8/20, 1932 (Address) Jerome Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Ida	Aug. 21 1932

20. Undertaker	Address
W. E. Johnson	Burley, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

Braxton ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80244

PLACE OF DEATH
County of Ada.
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 234
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 b

2. FULL NAME Palestine Douglas Brown.

(a) Residence. No. 2612 Main street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 6. 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prinston
(State or country) Missouri

FATHER
13. NAME Preston C. Brown.
14. BIRTHPLACE (city or town) Williamburg.
(State or country) Kentucky.

MOTHER
15. MAIDEN NAME Ellen B. Noe.
16. BIRTHPLACE (city or town) Harlen county.
(State or country) Kentucky.

17. INFORMENT William A. Brown.
(Address) 2612 main st. Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL Boise Idaho.
Place Morris Hill Date Aug. 21, 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.

20. FILED 8-20, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Aug 18, 1932
I last saw him alive on Aug 18, 1932; death is said to have occurred on the date stated above, at 11.55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Aug 17, 1932
Other contributory causes of importance:	
Shock & Toxaemia	Aug 18 1932

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) T. N. Brayton, M. D.
(Address) Boise Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH SEP 13 1932 SEP 19 1932

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80245

Registration District No. 2004
Primary Registration District No. 2004 Local Registrar's No. 228

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME Millie Oleata Pierce.

(a) Residence. No. On South bank of Boise River.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John. E. Pierce.

6. DATE OF BIRTH (month, day, and year) March. 8. 1913.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana.

FATHER

13. NAME Robert. H. Sheldon.

14. BIRTHPLACE (city or town) (State or country) South Dakota.

MOTHER

15. MAIDEN NAME Millie. G. Larson.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) John. E. Pierce. General Delivery, Boise. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Aug. 17. 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8-15, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to Aug 13, 1932
I last saw h[illegible] alive on Aug 13, 1932; death is said to have occurred on the date stated above, at 12 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	8-12-32

Other contributory causes of importance:
Due to Traumatic surgery and left Lung Quadrant of 18 months standing.

Name of operation Abdominal for Relief of Obst. Date of
What test confirmed diagnosis? Lab. & Obs. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Oswald T. Nokes, M. D.
(Address) Eastman Bldg. Boise, Ida.

SEP 13 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80246

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 226

(No. St. Alphonsus Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William O'Connell

(a) Residence. No. 1617 N. 17th St. 129
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma H. O'Connell

6. DATE OF BIRTH (month, day, and year) May 15, 1854

7. AGE: Years 78 | Months 2 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retail Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery store

10. Date deceased last worked at this occupation (month and year) May 1, 1932

11. Total time (years) spent in this occupation 23 years

12. BIRTHPLACE (city or town) (State or country) Nicholasville Kentucky

FATHER

13. NAME Timothy O'Connell

14. BIRTHPLACE (city or town) (State or country) Ireland Cotts County

MOTHER

15. MAIDEN NAME Nora Reilley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. J. B. Andes Boise Rt 2

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 8-11, 1932 St. Johns

19. UNDERTAKER (Address) Schreiber & Mr Carrie Boise

20. FILED 8-11, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Aug 9, 1932

I last saw him alive on Aug 9, 1932; death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	
Chronic asthma	
Cardiac Decompensation	

Other contributory causes of importance:

Myocardial Degeneration
Decompensation of Heart

Name of operation none Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) G. H. Wahle, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80247

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 237
(No. 1510 N. 13th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

58a

2. FULL NAME Edward E. Gamel.
(a) Residence. No. 1510 N. 13th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Bertie Gamel.
6. DATE OF BIRTH (month, day, and year): Oct. 24-1871
7. AGE: Years 60, Months 9, Days 27; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Butcher.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Peoria, Ill.

FATHER
13. NAME: Edward Gamel.
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Cynthia Millege.
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMENT (Address): Mrs. Bertie Gamel. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 8/23/32
19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho.
20. FILED 8-23, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/21/32 193
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug 21, 1932
I last saw him alive on Aug 20, 1932 death is said to have occurred on the date stated above, at 12:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	Don't know
Other contributory causes of importance: Inanition	4 wk.

Name of operation None Date of
What test confirmed diagnosis? Blood Ex. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) T. N. Braxton, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80248

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 239
(No. 1607 Idaho Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Dwight Perkins.
(a) Residence. No. 1607 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 7-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Watchmaker.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greig, Lewis Co. New York.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Theora P. Jones. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 8-25-32
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.
20. FILED 8-24, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/23/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to Aug. 23, 1932
I last saw him alive on Aug 23, 1932 death is said to have occurred on the date stated above, at 4P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Arteria Sclerosis and Arthritis deformans.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred McClaughry, M. D.
(Address) Boise, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 80249

Local Registrar's No. 221

(No. 71a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Francis Stoops.

(a) Residence. No. 428 south II. street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Stoops.

6. DATE OF BIRTH (month, day, and year) Dec. 3. 1855.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bladensburg Iowa

FATHER

13. NAME Andrew S. Yaryan

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Burges

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Charles C. Stoops. 428 south II Street Boise.

18. BURIAL, CREMATION, OR REMOVAL Place Star cemetery Date Aug. 9. 1932 Star. Idaho.

19. UNDERTAKER Summers & krebs (Address) Boise Idaho.

20. FILED 8 8, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to Aug 7, 1932

I last saw her alive on Aug 6, 1932: death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Meningitis following acute pneumonia.

Date of onset

Other contributory causes of importance:

Hypertension-aneurism of aorta and valvular heart lesions.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John Boyle, M. D.

(Address) Boise Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932
PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80250

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 65

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Wm. M. Day.

(a) Residence. No. 1001 Ressiegue st. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valeria O. Day.

6. DATE OF BIRTH (month, day, and year) July. 29. 1875.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tumbragewell. England.

FATHER

13. NAME Edward Day.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emley Honey.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Stanley Day. 1001 Ressiegue st. Boise.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Boise Idaho. Date Aug. 11 1932

19. UNDERTAKER (Address) Summers & Krebs Boise, Idaho.

20. FILED 8-10, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Aug 9, 1932
I last saw him alive on Aug 8, 1932 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	Years ago
Other contributory causes of importance: Paralysis of muscles of deglutition & Starvation	2 wk.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. N. Bradshaw, M. D.
(Address)

SEP 13 1932

SEP 13 1932

Nokes.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80251

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 230

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Etta May Wade.

(a) Residence. No. 1110. Fort Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.

4. COLOR OR RACE White.

5. Single, Married, Widowed, or Divorced (write the word) Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 5.1878.

7. AGE Years 54 Months 2 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cheyenne Wyoming.

FATHER

13. NAME John. J. Routson.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Cloe Ann Church.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Miss Mae Wade. 1110. Fort Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Aug. 16.1932

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 8-16, 1932 U W Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1930, to August 14, 1932

I last saw her alive on Aug 14, 1932: death is said to have occurred on the date stated above, at 89 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Chronic nephritis	
Arterio sclerosis	

Name of operation none, Date of

What test confirmed diagnosis? Phy Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred Budge Jr, M.D., M. D.

(Address) Boise Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH AUG 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80252

County of Ada
City of Boise
Registration District No. 2004
Primary Registration District No. 2004
Local Registrar's No. 222

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME Mrs. Marguerite Marquis Butler.

(a) Residence. No. 1006 N. 16th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John A. Butler.

6. DATE OF BIRTH (month, day, and year) Nov. 5-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado.

FATHER

13. NAME Hugh Marquis.

14. BIRTHPLACE (city or town) (State or country) Kan.

MOTHER

15. MAIDEN NAME Agnes Butler.

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) J. A. Butler. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Grand Juntion, Colo. Shipped Date 8/10/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 8-9, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/8/32 193

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1932, 193, to Aug. 8, 1932 193
I last saw her alive on 2:00 P.M., 193: death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock - following an injury in an automobile accident.	

Other contributory causes of importance:

None

Name of operation ---- Date of
What test confirmed diagnosis? -- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? Hill City road
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Auto accident
Nature of injury Multiple fractures.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. S. Spencer, M. D.
(Address)

SEP 13 1932

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80253

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 240

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Lester Morley Dunford.

(a) Residence. No. 120. N. 7 th Street. Windsor St. Hotel.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 6.1887.

7. AGE Years: 44 Months: 10 Days: 20. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Pressman at the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho Statesman.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City. Utah.

FATHER

13. NAME George. Henry Dunford.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Sedenia. T. Pack.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Mrs. J.A. Black. Oasis Apartments. Lewiston Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Aug. 30.1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 8-29, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 26 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ saw Aug. 27, 1932, to ~~....., 193..~~

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis

Found dead in bed had been suffering from Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Clyde E. Summers Coroner M. D.

(Address) Boise Idaho, Ada County

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80254

SEP 13 1932

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 9
Primary Registration District No. 1004 Local Registrar's No. 231
(No. Salvation Army Maternity Home.) 38
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Dewey McDonald.

(a) Residence. No. Boise, Route #5. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) August 13-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME M. W. McDonald.

14. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

MOTHER

15. MAIDEN NAME Mattie Mills.

16. BIRTHPLACE (city or town) (State or country) Lava Hot Springs, Ida.

17. INFORMENT (Address) M. W. McDonald. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill. Date 8/16/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 8-16 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/16/32 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1932, to Aug 16, 1932
I last saw him alive on Aug 13, 1932. death is said to have occurred on the date stated above, at 9.30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis (congenital) fulminating.	

Other contributory causes of importance:

Don't Know.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Bratton, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 242

Greenaway

DO NOT WRITE IN THIS SPACE

State File No. 80255

(No. 46)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura May Watson.

(a) Residence. No. 304. West Bannock Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Pink. D. Watson.

6. DATE OF BIRTH (month, day, and year) August. 21. 1877.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cheyenne Wyoming.

FATHER

13. NAME Edward Miller.

14. BIRTHPLACE (city or town) (State or country) St Louis. Mo.

MOTHER

15. MAIDEN NAME May Reece.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Pink. D. Watson. 304. W. Bannock St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Sept. 1. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8-31, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931 to Aug 30, 1932

I last saw h[illegible] alive on Aug 15, 1932: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus and Fecal Fistula	May 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. V. Greenaway, M. D.

(Address) 615 Eastman Bldg. Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80256

Registration District No. 3

Primary Registration District No. 1004

Local Registrar's No. 220

(No. St. Luke's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Spofford McCauley

(a) Residence. No. St. Luke's Hospital (Usual place of abode) Emmett, Ida (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 14-1878

7. AGE Years 54 Months 3 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nashville Tenn

PARENTS

10. NAME OF FATHER Wilson McCauley

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) " "

14. Informant Mona McCauley Danielson (Address)

15. Filed 8 5, 1932 W H Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 31 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to July 31, 1932 that I last saw him alive on July 29, 1932 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Cancer of Liver

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Troutdale Ida

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Old tumor

(Signed) James Stewart, M. D.

Aug 3, 1932 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: Aug 3 1932

20. Undertaker: D Bucknum — Address: Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 13 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80257

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 229

(No. St Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John T. Reeves 49

(a) Residence. No. St. Cascade

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME Don't know.

14. BIRTHPLACE (city or town) (State or country) Woodson Co. Kansas

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Kansas.

17. INFORMENT (Address) Lylin B. Anderson Jerome Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~, Place Pioneer Cem. Date 8-13, 1932

19. UNDERTAKER Schreiber McCann
(Address) Boise, Ida.

20. FILED 8-15, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1932, to 8-12, 1932

I last saw him alive on 8-11, 1932 death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Cystoscopic exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Ralph Todd M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80258

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 224

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

133

2. FULL NAME James N. Wilson.

(a) Residence. No. 1315 Howard street, Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male,	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Wilson.

6. DATE OF BIRTH (month, day, and year) June 18. 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	I	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oil City
(State or country) Penn.

FATHER

13. NAME Nathan Wilson

14. BIRTHPLACE (city or town)
(State or country) Scotland.

MOTHER

15. MAIDEN NAME Polly Coast.

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMENT (Address) William C. Wilson. 1315 Howard st, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Boise Idaho. Date Aug. 11, 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8-10, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 9 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1932, to Aug 9, 1932

I last saw h alive on Aug 8, 1932; death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppression of Urine	
Cystotomy	

Other contributory causes of importance:

Senility — 5 yrs.
Diabetes Mellitis — 6 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Attorney., M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 13 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80259

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 218

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

764

2. FULL NAME Martha Francis Brown

(a) Residence. No. 307 South 5th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. H. Brown

6. DATE OF BIRTH (month, day, and year) Nov. 19-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke N. C.

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) W. D. Brockman 307 So. 5th St.

18. BURIAL, CREMATION, OR REMOVAL Place Pioneer Date 7-31, 1932

19. UNDERTAKER Schreiber & McCann (Address) Boise, Ida.

20. FILED 8-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) 7-28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to July 25, 1932

I last saw h~~e~~ alive on July 25, 1932; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Callaster, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80260

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 98
(No. ~~Soldiers Home~~)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Fred Kull

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5, 1850

7. AGE Years: 82 Months: 1 Days: 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) J. W. Farmer Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 8-23, 1932

19. UNDERTAKER (Address) Paul L. Case Caldwell, Idaho.

20. FILED 8-25, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug 22, 1932
I last saw him alive on Aug 21, 1932. death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Sep 13 1932

1. PLACE OF DEATH
County of Ada.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80261

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 233

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Frank H. Thompson.

(a) Residence. No. 1407 Grove Street, Boise Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jennie K. Thompson.

6. DATE OF BIRTH (month, day, and year) April .8. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsis

FATHER

13. NAME Benjamen Thompson.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Ruth Webster.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Isla M. Fitzpatrick. 121 Jerry st. Billings, Mont.

18. BURIAL, CREMATION, OR REMOVAL Place Reardan, Wash Date Aug. 21, 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.

20. FILED 8-19, 1932 W W Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 17. 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ Aug. 17, 1932, to , 193 .
I ~~last saw~~ alive on , 193 : death is said to have occurred on the date stated above, at 11 30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide, Shot himself in head with 38 Colts Colts revolver	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Clyde E Summers Coroner, M. D.
(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80262

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 241

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME James Cronk.

(a) Residence. No. Beacon & Division Street. No. Street Number.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 21. 1931.

7. AGE Years 1 Months 2 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Virgil Cronk.

14. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Leona Koeby.

16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMENT James Cronk.
(Address) R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Aug. 30. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 8-29, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27 1932

22. I HEREBY CERTIFY, That ~~I attended~~ deceased ~~from~~ Aug 27, 1932, to ....., 193..

I last ~~saw h.....alive on~~ ....., 193.. : death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Accidently drowned in irrigation ditch.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Clyde E. Summers Coroner, M.D. 4th county

(Address) Boise Idaho,

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80263

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 223

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Oscar H. Dickinson.

(a) Residence. No. 824. Fort Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alice A. Dickinson.

6. DATE OF BIRTH (month, day, and year): May.5.1868.

7. AGE: Years 64 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Wholesale.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho City Idaho.

FATHER

13. NAME: Shadrach Dickinson.

14. BIRTHPLACE (city or town) (State or country): Virginia.

MOTHER

15. MAIDEN NAME: Mary Hughes.

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Alice A. Hughes. 824.Fort st. Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL: Boise Idaho. Place Pioneer.cemetery Date Aug. 10 1932

19. UNDERTAKER (Address): Summers & Krebs. Boise Idaho.

20. FILED 8-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug.6. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1927, to Aug. 6, 1932

I last saw him alive on Aug 6, 1932: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	1930
Cardiac Decompensation	1929
Chronic Arthritis	1927

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernst E. Aanbaag M.D.

(Address)

SEP 13 1932

Dr Lanbaugh

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80264

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 227

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Frank M. Kern.

(a) Residence. No. I4I8 north 28. street, Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Helene Kern.

6. DATE OF BIRTH (month, day, and year) Febr. 4. I864.

7. AGE Years 68 Months 6 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Butcher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Heilbronn. Germany.

FATHER

13. NAME John Kern.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Eggensburger.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT Felix F. Kern.
(Address) I4I8. North 28. street, Boise

18. BURIAL, CREMATION, OR REMOVAL Boise, Idaho.
Place Morris Hill Date 7-13, 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.

20. FILED 8-12, 1932 W H Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. IO 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1932, to Aug. 10, 1932

I last saw him alive on Aug. 10, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Angina	10/4/32

Other contributory causes of importance:

Auricular Fibrillation	1931
Cardiac Decompensation	12/31.

Name of operation none Date of

What test confirmed diagnosis Electrocardiogram + B.C. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernest E. Lanbaugh M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 3 1932

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80265

PLACE OF DEATH

County of Ada

City of Eagle

Registration District No. 9-10

Primary Registration District No. 9-10 Local Registrar's No. 1

(No. Eagle, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 f

2. FULL NAME Willian Andrew Feagle.

(a) Residence. No. Eagle, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Mary Anna Feagle

6. DATE OF BIRTH (month, day, and year) Aug. 22-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newburn, Va.

FATHER

13. NAME William Feagle.

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Mary Jane Wolse.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Mary A. Feagle. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 8/3/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 7/31, 193 [illegible] Registrar.
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/31/32 193

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to July 31, 1932
I last saw h alive on , 1932; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular.	
Arteriosclerosis	

Other contributory causes of importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred A. Tallentyre, M. D.
(Address) Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80266

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 235

PLACE OF DEATH
County of Ada
City of Boise
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

St 1 13 1932

2. FULL NAME Anna Holland Page. 92

(a) Residence. No. 516 Bannock St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): April 25 1874
7. AGE: Years 58 | Months 3 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Teacher.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country): Boise

FATHER
13. NAME: Edgar Burrows Page.
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Kate Virginia Flowry
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Charles Page. Boise
18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Date: 8-23, 1932 Boise
19. UNDERTAKER (Address): Schreiber & Williams Boise, Idaho
20. FILED 8-23, 1932 W N Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8/21 1932
22. I HEREBY CERTIFY, That I attended deceased from 8/8/32, 1932, to 8/21, 1932
I last saw h[illegible] alive on 8/21, 1932; death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism.	
Other contributory causes of importance:	
Op for appendiceal Abscess.	

Name of operation appendix Date of 8/8/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A. Silvernail M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80267

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 99

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Jess Riahard Smith Jr.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Jess Richard Smith

14. BIRTHPLACE (city or town)
(State or country) N.D.

MOTHER

15. MAIDEN NAME Maureen Mc Connell

16. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho.

17. INFORMENT (Address) Jess Richard Smith Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Aug. 29, 1932

19. UNDERTAKER Paul E. Case
(Address) Caldwell Idaho.

20. FILED 9-9-, 1932 J. S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1932, to Aug. 29, 1932.
I last saw him alive on Aug. 29, 1932: death is said to have occurred on the date stated above, at 6.25 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	Aug. 16. 32
Other contributory causes of importance: Prematurity with malnutrition	July 6 '32
Congenital hypertrophic pyloric Stenosis	July 6 32.
Name of operation Ramsted Date of	Aug. 18. 32
What test confirmed diagnosis Clinical as there an autopsy?	No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, Specify .....
(Signed) Harmon A. Treasure M. D.
(Address) Boise Idaho

SEP 13 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80268

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 232

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Mary D. L. Johnson

(a) Residence. No. St. Idaho City
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 33 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Victor Johnson

6. DATE OF BIRTH (month, day, and year) May 17, 1866

7. AGE 66 Years | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho City Idaho

FATHER

13. NAME Fredick Linstead

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Marie C. Ladhoff

16. BIRTHPLACE (city or town) (State or country) Lubec Germany

17. INFORMENT (Address) Joseph W. Duquette Idaho City Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho City Ida Date 8-19, 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 8-18, 1932 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/16/1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1932, 193, to Aug. 16, 1932

I last saw her alive on Aug. 16, 1932; death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Malignant Hypertension	1929
(2) Cerebral Hemorrhage	7/12/32
Other contributory causes of importance:	
(3) Broncho Pneumonia	8/13/32

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest E. Lustaugh, M. D.

(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80269

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 225

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph. B. Trembly.

(a) Residence. No. 1213 Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Florence Trembly.

6. DATE OF BIRTH (month, day, and year) March. 25. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albright (State or country) West Virginia.

FATHER

13. NAME John Trembly.

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Mrs Dr. P. P. French. 1213 Harrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Idaho. Morris Hill Date Aug. 11. 1932

19. UNDERTAKER Summers & Krebs (Address) Boise Idaho.

20. FILED 8-11, 1932 U. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to Aug 9, 1932
I last saw h alive on Aug 8, 1932, death is said to have occurred on the date stated above, at 9:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer-	
Massive Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L Stewart, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80270

PLACE OF DEATH
County of Adams
City of Fruitvale

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Lou R Spear

(a) Residence. No. ..... St. Fruitvale
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced, (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, and year) Jan 8, 1897

7. AGE Years 35 Months 6 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Robert Spear
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Dessa Tomlinson
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Brother at Fruitvale.

18. BURIAL, CREMATION, OR REMOVAL Place Fruitvale Date Aug 7, 1932

19. UNDERTAKER (Address) Robert Young Council

20. FILED Sept 10, 1932. Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1932, to Aug 5, 1932
I last saw him alive on Aug 5, 1932: death is said to have occurred on the date stated above, at between 12:00 - 3:00 am m.
The principal cause of death and related causes of importance were as follows:
Suicide. Shot self thru head with 30-30 rifle
Despondency over illness at the time, which was an acute French Month
Other contributory causes of importance:
infection and a generalized Eczema of 4-5 days duration

Date of onset

Name of operation 0 Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Aug 6, 1932
Where did injury occur? Fruitvale Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury see above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Alvin S. Thurston, M. D.
(Address) Council.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80271

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 376

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Gonzalez

(a) Residence. No. 169 Wilson Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 30, 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello (State or country) Idaho

FATHER
13. NAME John Gonzalez
14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER
15. MAIDEN NAME Fannie Santos
16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMENT (Address) Mr John Gonzalez

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Aug. 20, 1932

19. UNDERTAKER Downing Fun. Home (Address) Pocatello, Idaho

20. FILED Aug 20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1932, to Aug 19, 1932
I last saw her alive on Aug 19, 1932: death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Heart Disease (mitral Valvular disease & myocarditis	1930
Other contributory causes of importance:	
decompensated	Aug 14, 1932

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) A. C. McDougall, M. D.
(Address)

RECEIVED SEP 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80272

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 2-8
Primary Registration District No. 2-16
Local Registrar's No. 372
(No.) In Hills 5 Mile, s East of Poca., City.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James C. Lawson

(a) Residence. No. 902 South Grant St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Mary E. Jamison

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Teamster & Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc:

10. Date deceased last worked at this occupation (month and year): Unemployed

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Henry Lawson

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary A. Burnett

16. BIRTHPLACE (city or town) (State or country): Virginia.

17. INFORMENT (Address): Mary A. Litz, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Ida. Date: , 193

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Aug. 25, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 22, 1932.

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Died while Walking in Mountains	
Other contributory causes of importance:	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Arthur W Hall Coroner M.D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 21 6 1

DO NOT WRITE IN THIS SPACE
State File No. 80273

Local Registrar's No. 373

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

40

2. FULL NAME Latty Boyce

(a) Residence. No. 333 W. Hayden St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma J. Boyce

6. DATE OF BIRTH (month, day, and year) 1/21/1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Geneva Co Missouria

FATHER

13. NAME Wm G. Boyce

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Susan Giger

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Emma J Boyce

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date 8/15/32 193

19. UNDERTAKER McHan Undertaking Co
(Address) Pocatello

20. FILED 8/15/32 193 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Irregularly, but Seen years, 193 to , 193
I last saw h alive on the 4th July, 193 2; death is said to have occurred on the date stated above, at 8:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Chronic Prior to 1923.

Other contributory causes of importance:

Sudden Death

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William F Howard M. D.
(Address) Pocatello Idaho

RECEIVED SEP 3 1932

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80274

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 371 90

(No. 710 West Bonneville St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Boam

(a) Residence. No. 710 West Bonneville St. Sublette, Wyoming.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wife of Thomas Boam

6. DATE OF BIRTH (month, day, and year) April 1, 1860.

7. AGE: Years 72 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME William Chambers
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Will Boam Sublette, Wyoming.

18. BURIAL, CREMATION, OR REMOVAL Place Diamondville, Wyo. Date Aug. 24, 1932

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Aug. 22, 1932 D C Ray Registrar. 8/22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 20, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932, to Aug 20, 1932

I last saw him alive on Dec 18/2, 1932: death is said to have occurred on the date stated above, at 8 30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	

Other contributory causes of importance:

Senile Indigestion

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80275

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 378

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur William Gregory

(a) Residence. No. ..... St. .....
(Usual place of abode) Blackfoot Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/27/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) .....

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Frank J. Hansen
18. BURIAL, CREMATION, or REMOVAL Blackfoot
Place ..... Date ....., 193..
19. UNDERTAKER Booth Undertaking Co
(Address) Pocatello
20. FILED Aug 31, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing injury to chest & rupture of heart.	
Automobile turn over (Accidental)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Arthur W Hall Coroner, M.D.
(Address) Pocatello

RECEIVED SEP 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80276

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 366

(No. St. Anthony's Hospital, 41)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Geng

(a) Residence. No. ..... St. Chicago, Illinois
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. mfg. business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago
(State or country) Illinois

FATHER
13. NAME Charles Geng
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Kerner
16. BIRTHPLACE (city or town) Chicago Ill.
(State or country)

17. INFORMENT Mrs Laura Geng
(Address) Chicago Illinois

18. BURIAL, CREMATION, OR REMOVAL
Place Chicago, Illinois Date Aug. 13, 1932

19. UNDERTAKER Downards Funeral Home
(Address)

20. FILED Aug 9, 1932 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 —, 1932, to Aug 8, 1932
I last saw h.. alive on Aug 8 1932, death is said to have occurred on the date stated above, at 11 m. PM
The principal cause of death and related causes of importance were as follows:

Cerebro Thrombosis — Date of onset
Pulmonary Edema

Other contributory causes of importance:
Influenza Bronchitis
Cystitis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REGISTERED 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80277

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 29
Primary Registration District No. 2161
Local Registrar's No. 327

(No. St. Antony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Metzler

(a) Residence. No. 335 N. Fifth Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. E. Metzler

6. DATE OF BIRTH (month, day, and year) 7/2/1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Omaha Nebraska

FATHER

13. NAME August Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Francis Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Geo E. Metzler Pocatello

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date 8/31/32 193

19. UNDERTAKER McHan Undertaking Co
(Address) Pocatello

20. FILED 8/31/32 193 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to Aug 27, 1932

I last saw her alive on Aug 27, 1932: death is said to have occurred on the date stated above, at 10:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance:	

Pelvic exploration Name of operation Date of Aug 22-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. D. Miller, M.D.

(Address) Pocatello, Idaho

RECEIVED SEP 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bannock
City of Pocatello

DO NOT WRITE IN THIS SPACE
State File No. 80278

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 365

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

201

2. FULL NAME Mrs Irene Houtz

(a) Residence. No. 554 N. Garfield St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Bert Houtz

6. DATE OF BIRTH (month, day, and year) Jan. 5, 1880

7. AGE Years 52 Months 7 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elba Idaho

FATHER
13. NAME W. L. Rice
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mr. Bert Houtz 554 N. Garfield

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Aug. 7, 1932

19. UNDERTAKER (Address) Downard's Funeral Home Inc. Pocatello, Idaho

20. FILED Aug 2, 1932 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932, to Aug 4, 1932
I last saw her alive on Aug 3, 1932: death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Depressed fracture of skull - followed with brain abscess and necrosis of bone	

Other contributory causes of importance:

Name of operation Craniotomy Date of 6-28-32
Necrosed fragments removed
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? Horse kick when child
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Horse kick
Nature of injury Severe multiple depressed fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) O. F. Teall, M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80281

PLACE OF DEATH
County of Bannock
City of Downey

Registration District No. 8 3
Primary Registration District No. 2160
Local Registrar's No. 7
(No.) 160
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cleda Fay Woddoups
(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Downey, Idaho
(State or country)

PARENTS

10. NAME OF FATHER William L. Woddoups
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lewiston, Utah
12. MAIDEN NAME OF MOTHER Cora Burrup
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Downey Ida

14. Informant Mark Waddoups
(Address)

15. Filed Sept 5, 1932 Mary C. Coffin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug - 4 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July - 31 -, 1932, to Aug - 4 -, 1932.
that I last saw her alive on July - 31 -, 1932.
and that death occurred, on the date stated above, at 10 30 A.m.
The CAUSE OF DEATH* was as follows:
Sudden death.
Hair Lip & Cleft palate
Insanitation.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Hair Lip & Cleft Palate
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) D. F. Partridge M. D.
Aug - 4 - 1932 (Address) Downey, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 80282

Local Registrar's No. 368

(No. St. Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Schoolcraft

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161-4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 11, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME J. V. Schoolcraft

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Ida Cleaveland

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) J. V. Schoolcraft Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Aug. 13, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Aug. 12, 1932. D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 12, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 8/11/32, 193..., to 8/12/32, 193...
I last saw him alive on 8/11/32, 193...: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature - Dyspnea	
Blue Baby	
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. F. Leuth, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80283

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 379

(No. St. Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Ann Price (Infant)

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 30.1932.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Harry M. Price

14. BIRTHPLACE (city or town) (State or country) Oakley, Idaho.

MOTHER

15. MAIDEN NAME Gertrude Overton

16. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

17. INFORMENT (Address) Harry M. Price Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Aug. 31, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Aug. 31, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 30, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1932, to 8-30, 1932

I last saw her alive on 8-30, 1932; death is said to have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (6 mo.)	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 80284

Local Registrar's No. 369

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Lion Park Dudley

(a) Residence. No. North of Poca., City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Nora Carlson

6. DATE OF BIRTH (month, day, and year): June 6, 1891.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Box Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: O. S. L. R. R.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clifton, Idaho.

FATHER

13. NAME: Brigham S. Dudley

14. BIRTHPLACE (city or town) (State or country): Illinois.

MOTHER

15. MAIDEN NAME: Delilla Allen

16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMENT (Address): Mrs. T. Keller, Mink Creek, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Ida. Date: Aug. 16, 1932.

19. UNDERTAKER (Address): Arthur J. Hall, Pocatello, Idaho.

20. FILED Aug. 16, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 13, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot Wound in head by his own Hand. (Suicidal)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicid Date of injury 8-13-1932

Where did injury occur? Pocatello Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Around home

Manner of injury Gun shot - 22 Caliber rifle

Nature of injury Thru forehead.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur J. Hall Coroner, M. D.

(Address) Pocatello, Idaho.

RECEIVED SEP 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80285

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 265
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Boyle

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): July 1856

7. AGE: Years 76 | Months 0 | Days 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10. NAME OF FATHER: Patric Boyle.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland.

14. Informant: Mrs. C C Peoples
(Address): Lava Hot Springs

15. Filed Aug-31-, 1932. Mrs. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 1, (Day) 1932. (Year)

17. I HEREBY CERTIFY, That I attended deceased from
on Aug 1, 1932, to , 19
that I last saw him alive on July 31, 1932
and that death occurred, on the date stated above, at 1:00 A. m.
The CAUSE OF DEATH* was as follows:
Chronic Cardiac Valvular Heart Disease
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary): None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) C A Rich, M. D.
8-3-32 (Address) Lava Hot Spgs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED SEP 8 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bannock
City of Pocatello

DO NOT WRITE IN THIS SPACE
State File No. 80286

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 367
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME William Howard Wilkes
(a) Residence. No. 548 West Carson St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Lola Allen
6. DATE OF BIRTH (month, day, and year): May 26, 1907.
7. AGE: Years 25, Months 2, Days 15, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gro. Store
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 2 Yrs.

12. BIRTHPLACE (city or town) (State or country): Afton, Wyoming.

FATHER
13. NAME: William E. Wilkes
14. BIRTHPLACE (city or town) (State or country): St. Charles, Idaho.

MOTHER
15. MAIDEN NAME: Mary Blacker
16. BIRTHPLACE (city or town) (State or country): Wales, England.

17. INFORMENT (Address): William E. Wilkes, Pocatello, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Afton, Wyoming. Date: Aug. 13, 1932.
19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.
20. FILED: Aug. 11, 1932. D. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 10, 1932.
22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1932, to Aug 10, 1932
I last saw him alive on Aug 10, 1932: death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppuration appendicitis with peritonitis	7/24/32

Other contributory causes of importance:
Empyema

Name of operation: Laparotomy & Drainage Date of Aug. 3/32
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) O F Teall, M. D.
(Address) Pocatello, Idaho.

RECEIVED AUG 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80287

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 375
(No. St. Antony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Hattie Howard

(a) Residence. No. 318 N. Third St.
(Usual place of abode)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/25/1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Topeka Kansas

FATHER
13. NAME Thomas Jefferson
14. BIRTHPLACE (city or town) St. Louis
(State or country) Missouri

MOTHER
15. MAIDEN NAME Lucinda Han
16. BIRTHPLACE (city or town) Arkansas
(State or country)

17. INFORMENT Emma Irwin
(Address) Pocatello Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Kansas City Mo Date Aug 31, 1932

19. UNDERTAKER 8/23/32
(Address) McHan Undertaking Poc.

20. FILED 8/23/32 1932 D C Rey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932, to Aug. 23, 1932
I last saw her alive on Aug. 23, 1932: death is said to have occurred on the date stated above, at 11 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	Aug 10 1932
Chronic parenchymatous Nephritis	Several years
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. H. Hughart, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80288

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 266
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

7-1a

2. FULL NAME Margaret Elizabeth Reese

(a) Residence. No. Lava Hot Springs, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of Noah Reese

6. DATE OF BIRTH (month, day, and year) Feb. 4, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellsville, Utah.

FATHER

13. NAME Charles John

14. BIRTHPLACE (city or town) (State or country) Wales, England.

MOTHER

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) Wales, England.

17. INFORMENT (Address) Mrs. George Banks Rawlins, Wyoming.

18. BURIAL, CREMATION, OR REMOVAL Place Lava Hot Springs Date Aug. 8, 1932.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED ~~Aug. 8~~ Aug 31 1932, 193~~2~~. Mrs. G. V. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Aug. 5, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 5, 1932
I last saw her alive on Aug 4, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
(Cerebral hemorrhage)	
Other contributory causes of importance:	
Hypertension	

Name of operation None Date of
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Peck, M.D.
(Address) Lava Hot Springs, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80289

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 370
(No. St. Anthony's Hosp.) 86 b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jean Mercedes Briscoe
(a) Residence. No. St. Los Angeles, Calif.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) May 31, 1923
7. AGE Years 9 Months 3 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER
13. NAME W. H. Briscoe Jr.
14. BIRTHPLACE (city or town) (State or country) Salt Lake

MOTHER
15. MAIDEN NAME Julia Lenore Grady
16. BIRTHPLACE (city or town) (State or country) Perry Iowa

17. INFORMENT (Address) W. H. Briscoe Jr.
18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Aug. 21, 1932
19. UNDERTAKER (Address) Downards Funeral Home Pocatello Idaho
20. FILED 8-12, 1932 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug. 11th, 1932, to Friday Aug 19th, 1932
I last saw her alive on Aug 19th, 1932: death is said to have occurred on the date stated above, at 6 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess following mastoiditis	July 29th
Other contributory causes of importance:	
Secondary meningitis resulting from abscess	Aug 17th

Name of operation none Date of —
What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) Walter E. O. Lilien, M. D.
(Address) 312 Carlson Bldg. Pocatello

FORM V. S. No. 5-25 M. 1-19.

RECEIVED SEP 6 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 37
Primary Registration District No.
File No. 80291
Registered No. 10

1. PLACE OF DEATH

County of Benewah County
City of 3&1/2 Miles West of DeSmet, Idaho. (No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jannie Lee Simmons.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Sept. (Month) 13. (Day) 1930 (Year)

7. AGE: 1 Yrs. 11 Mos. 8 ds.
IF LESS than 1 day how many 15 hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): At Home Benewah Co. Idaho.

10. NAME OF FATHER: Jerry A. Simmons.

11. BIRTHPLACE OF FATHER (State or Country): Boone County Mo.

12. MAIDEN NAME OF MOTHER: Ruth Elisa Morgan.

13. BIRTHPLACE OF MOTHER (State or Country): Whitman County, Wash.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jerry A Simmons
(Address) Farmington Wn Rout #3

15. Filed Aug. 23 1932 John Post Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. 22, 1932 (Month) (Day) (Year) 19 113

17. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1932 19 to Aug 22, 1932 19 that I last saw h. er alive on Aug. 22, 1932 19, and that death occurred on the date stated above, at 3 A. M.
The CAUSE OF DEATH* was as follows:
Cholrea Morbis

(Duration) Yrs. mos. 3 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) C B Eliger M. D.
Aug. 22, 1932 (Address) Tekoa, Washington.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence: Benewah County, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Tekoa | DATE OF BURIAL: Aug 23 1932

20. UNDERTAKER: C. K. Hawkins | ADDRESS: Tekoa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED SEP 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80292

PLACE OF DEATH
County of Bannock
City of St Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 8

(No.) 11 a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Wanamaker

(a) Residence. No. St Maries St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863-Nov

7. AGE Years 69 Months 9 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Plaster
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Ottovil Ohio

FATHER
13. NAME Peter Wanamaker & Agnes
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Neahner
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Peter Wanamaker Coeur City Wash

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Aug 2, 1932

19. UNDERTAKER (Address) Geo E Mitchell St Maries

20. FILED 9-13, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from about 6/1, 1931, to July 31, 1932
I last saw him alive on July 31, 1932: death is said to have occurred on the date stated above, at 12 m. midnight
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phlegmonous gastritis	Unknown
Other contributory causes of importance:	
Peptic ulcer, gastric	10 years
Arterio sclerosis	5-6 years

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C A Robins, M. D.
(Address) St Maries, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 16 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Joe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 80293

Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

148

2. FULL NAME Agnes Z Crowder Mrs

(a) Residence. No. St Joe St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Harding Mary

6. DATE OF BIRTH (month, day, and year) April 1 - 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ackerworth N D

FATHER

13. NAME Orb B Crowder

14. BIRTHPLACE (city or town) (State or country) Aberdeen S D

MOTHER

15. MAIDEN NAME Alice Dyes

16. BIRTHPLACE (city or town) (State or country) Huntington W V

17. INFORMENT (Address) Alice Smith Portland Ore

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Ida Date Aug 15, 1932

19. UNDERTAKER Geo A Mitchell (Address) St Maries Ida

20. FILED 9-13, 1932 Walter Bokerg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1932, to Aug 12, 1932

I last saw he alive on Aug 12, 1932: death is said to have occurred on the date stated above, at 3:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Eclampsia	
Other contributory causes of importance: Albuminuria	

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Drew D A Capt, M. D.

(Address) St Maries Ida.

RECEIVED SEP 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80294

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 13

(No. 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. W. Scott

(a) Residence. No. St. Maries St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 18-1857.

7. AGE: Years 74 Months 9 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Eginect
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amidore - Co - California

FATHER
13. NAME W. W. Scott
14. BIRTHPLACE (city or town) (State or country) Jackson - Col

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Rev. R. T. Ferrell E-937 - 17th Ave. Spokane - Wn.

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Aug 27, 1932

19. UNDERTAKER (Address) Geo E. Mitchell St Maries Ida

20. FILED 9-13, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1931, to Aug 25, 1932.
I last saw him alive on Aug 25, 1932; death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	

Other contributory causes of importance:

Name of operation Prostatectomy Date of 10/29/31
What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. Cornwall, M. D.
(Address) St Maries

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80295

PLACE OF DEATH

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 12049 Local Registrar's No. 10
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Crickson

(a) Residence. No. Cardweells Spur St. Benewah Co Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT C A Robins
(Address) St Maries Ida

18. BURIAL, CREMATION, OR REMOVAL
Place St. Maries Date 8 - 5, 1932

19. UNDERTAKER Fred Mitchell
(Address) St Maries Ida

20. FILED 9-13, 1932 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8 - 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 8 - 3, 1932, to 8 - 3, 1932

I last saw him alive on 8 - 3, 1932; death is said to have occurred on the date stated above, at 7:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Not known

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C A Robins M. D.

(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ... 6 1932

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80296

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.) 89
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Alvinzi Morgan

(a) Residence. No. St. Maries, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Louise Morgan

6. DATE OF BIRTH (month, day, and year) 10/9/1853

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wilbur, Wn Date 8-5, 1932

19. UNDERTAKER Geo. E. Mitchell (Address) St Maries

20. FILED 9/13, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-3 1932

22. I HEREBY CERTIFY, That I attended deceased from about 10/2, 193[illegible], to 8-3, 1932

I last saw him alive on 5-22, 1932 death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	4 yrs ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. A. Robins M. D.

(Address) St. Maries, Idaho

RECEIVED SEP 16 1932

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80297

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Daniel H Porter

(a) Residence. No. Butlers Bay St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	74	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME John Porter

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Sarah Anderson

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Gibson G Porter

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Aug 9, 1932

19. UNDERTAKER (Address) Geo E Mitchell St. Maries, Ida

20. FILED 9-13, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to Aug, 1932

I last saw him alive on —, 193..: death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
	?

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) DeLorenwall, M. D.

(Address) St. Maries, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80298

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 111.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernard J. Fairless

(a) Residence. No. Shelley, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 27. 1919

7. AGE: Years 13 | Months 6 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley Idaho

FATHER

13. NAME O. Fairless

14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER

15. MAIDEN NAME Lillian Johnson

16. BIRTHPLACE (city or town) (State or country) Taylor Idaho

17. INFORMENT (Address) O. Fairless Shelley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Shelley, Idaho Date Aug. 15, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Aug 18, 1932 Mrs Walter E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1932, to Aug 15, 1932

I last saw him alive on Aug 13, 1932: death is said to have occurred on the date stated above, at 2-30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Hist 7 about 2 wks duration
Other contributory causes of importance: Acute dilatation.	8/13/32

Name of operation None Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. E. Guyett, M. D.

(Address) Shelley, Idaho

STATE OF IDAHO SEP 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80300

PLACE OF DEATH
County of Bingham
City of Blackfoot, Idaho
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 112.
(No. State Hosp. South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME W.E.Collins

(a) Residence. No. State Hosp South, Blackfoot, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Never Married

6. DATE OF BIRTH (month, day, and year) April 1860(?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Trapper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation No data

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Henery Collins

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ellen Griffith

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Records of State Hosp. So.

18. BURIAL, CREMATION, OR REMOVAL
Place Aug Cem. Date Aug 29, 1932

19. UNDERTAKER Robert Marvin Clark
(Address) Blackfoot

20. FILED Aug 29, 1932 Mrs Nellie L Cotter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to Aug. 28, 1932
I last saw him alive on Aug. 27, 1932 : death is said to have occurred on the date stated above, at 3-55 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rt. side of face and right Jaw.	1929

Other contributory causes of importance:
None known

Name of operation Removed 1929 Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Chas. R. Lowe, M. D.
(Address)

Sec. 3, Chapter 189, Laws of 1917, requires that a certificate of death be filed with the local registrar of the district in which death occurs within 24 hours after death. See instruction on back of certificate.

CEIVED SEP 9 1932

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80301

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 113

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arvel Clark Kniffin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 30, 1926

7. AGE: Years 6; Months 2; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello

FATHER
13. NAME John E Kniffin
14. BIRTHPLACE (city or town) (State or country) Pocatello,

MOTHER
15. MAIDEN NAME Elmira Bell Scott
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) John E. Kniffin Blackfoot

18. BURIAL, CREMATION, OR REMOVAL
Place Grove City Cemetery Aug 31, 1932

19. UNDERTAKER (Address) E. T. Peck Blackfoot, Ida.

20. FILED Aug. 31, 1932 Mrs. Walter E. Patrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1st, 1932, to 8-28, 1932
I last saw him alive on 8-28, 1932: death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic neuritis with stilitation of heart follow diphtheria of 3 wks previous	8-10-32

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Tumbage Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. E. Hampton M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP [illegible] 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
80302
State File No.

PLACE OF DEATH
County of Bingham
City of Sterling

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 10

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Androw C. Stroh

(a) Residence. No. St. Sterling Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wiebke Stroh

6. DATE OF BIRTH (month, day, and year) June 4, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) April 1929

11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (city or town) Renstate
(State or country) Germany

FATHER

13. NAME Mr. Unknown Stroh

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT Guest Neubauer
(Address) Sterling Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place American Falls Idaho Date Aug 17, 1932

19. UNDERTAKER A. W. Davis
(Address) American Falls Idaho

20. FILED Aug 15, 1932 Merel Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 14 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1930, to August 14, 1932

I last saw him alive on Aug 10, 1932: death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Apr. 1930
Chronic Myocarditis	Apr. 1930
Cerebral Apoplexy	Aug 7, 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. C. McKinnon, M. D.

(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80303

PLACE OF DEATH
County of Bingham
City of Sterling

Registration District No. 116
Primary Registration District No. 2195-
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Bertha Wilhelmina Stroschein

(a) Residence. No. Sterling St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick W Stroschein

6. DATE OF BIRTH (month, day, and year) Jan 30, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own Home

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gauger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT Violet Stroschein
(Address) Sterling, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida Date Aug 30, 1932

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho

20. FILED Sept 5, 1932 M. C. McMannamon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/29, 1932 to Aug 27, 1932
I last saw her alive on Aug 27, 1932: death is said to have occurred on the date stated above, at 8:15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio- Sclerosis	1929
Sub Acute Nephritis	1931
Chronic Myocarditis	1929
Cerebral Apoplexy	August 27, 32
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) M. C. McMannamon, M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 80304

Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Hansen

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Maude Hansen

6. DATE OF BIRTH (month, day, and year): Dec 18-1898

7. AGE: Years 54 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hirum Utah

FATHER

13. NAME: Hans Hansen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Mrs. Andrew Hansen Hailey - Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Eagle Rock Date: Aug 27 1932

19. UNDERTAKER (Address): L. Harris Hailey - Ida.

20. FILED 8-31, 1932 R. H. Wright. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead -	
Angina Pectoris	
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert H. Wright Coroner Blaine Co. M. D.
(Address) Hailey, Idaho

RECEIVED SEP 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80305

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Gray Cramer. For 884

(a) Residence. No. / St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Aug 4 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eureka Nevada

FATHER

13. NAME Charles E Hauser

14. BIRTHPLACE (city or town) (State or country) X

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) Mrs Julia Hauser Hailey Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Hailey Cemetery Date Aug. 9, 1932

19. UNDERTAKER J. Harris (Address) Hailey Ida

20. FILED 8-31, 1932 R. H. Wright. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug 7, 1932
I last saw her alive on Aug 7, 1932; death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6-1-32

Other contributory causes of importance:

Carcinoma of Stomach	
Duct Bladder + Intestine	1931

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Picabo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 80306

Local Registrar's No. 10

886

(No. ,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David B Smith

Fox

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Jane Gibson

6. DATE OF BIRTH (month, day, and year): April 6-1861

7. AGE: Years 71 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brooklyn New York -

FATHER
13. NAME: James Smith
14. BIRTHPLACE (city or town) (State or country): X

MOTHER
15. MAIDEN NAME: Jane Burnette -
16. BIRTHPLACE (city or town) (State or country): X

17. INFORMENT (Address): Mrs Eliza Jane Smith Picabo Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Gayle Plot Date Aug 24 1932

19. UNDERTAKER (Address): L. L. Harris Hailey - Ida.

20. FILED 8-31, 1932 F. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Aug 22, 1932.
I last saw him alive on Aug 22, 1932: death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify E. W. Fox
(Signed) , M. D.
(Address) Hailey, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80307

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 9

(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rebeckey Smith

(a) Residence. No. ✓ St. Wright
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): Feb 15-1856

7. AGE: Years 76 | Months 6 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minneapolis Indiana

FATHER
13. NAME: Mr Leasure
14. BIRTHPLACE (city or town) (State or country): X

MOTHER
15. MAIDEN NAME: Hamilton
16. BIRTHPLACE (city or town) (State or country): X

17. INFORMENT (Address): Lilie Ray Hailey Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: County Plot Date: Aug 21 1932

19. UNDERTAKER (Address): L. Harris Hailey Ida.

20. FILED 8-31, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-12, 1932, to Aug 19, 1932
I last saw her alive on Aug 19, 1932: death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Don't Know

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho.

RECEIVED SEP 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80308

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 8

(No. 129 Wright)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John T. Harmon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 26-1847
7. AGE: Years 85 | Months 2 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fortscott Kansas.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Mrs. W. A. Sullivan Hailey - Idaho.
18. BURIAL, CREMATION, OR REMOVAL. Place City Plot Date Aug 19, 1932
19. UNDERTAKER (Address): L. Hamm Hailey Ida.
20. FILED 8-31, 1932 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 17 1932
22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1932 to 8-17, 1932
I last saw him alive on 8-17, 1932: death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs.
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Robert H. Wright - M. D.
(Address) Hailey, Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 80309

Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Fischer

122

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Wid.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of +

6. DATE OF BIRTH (month, day, and year) Aug 22-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Osage Iowa

FATHER

13. NAME August A. Fischer

14. BIRTHPLACE (city or town) (State or country) Berlin Germany.

MOTHER

15. MAIDEN NAME Mary Rodeskdy.

16. BIRTHPLACE (city or town) (State or country) Bohemia Co Austria

17. INFORMENT (Address) Mrs Chris Armstrong 228 So Main Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Cemetery Date Sept 1 1932

19. UNDERTAKER (Address) L. Harris Hailey Idaho

20. FILED 8-31, 1932 P. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 30 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to Aug 30, 1932
I last saw h— alive on Aug 30 1932 death is said to have occurred on the date stated above, at 5-a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Prostate	1 yr
Other contributory causes of importance:	
Mental Lesion -	1 yr

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. [illegible], M. D.
(Address) Hailey, Idaho

SEP 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80310

PLACE OF DEATH
County of Boise
City of Horseshoe Bend

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 63

(No. Horseshoe Bend, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Hugh B. Groomer.

(a) Residence. No. Horseshoe Bend, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 3-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining Man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savanna, Mo.

FATHER

13. NAME Marshall Groomer.

14. BIRTHPLACE (city or town) (State or country) Don't Know.

MOTHER

15. MAIDEN NAME Margaret Crowder.

16. BIRTHPLACE (city or town) (State or country) Don't Know.

17. INFORMENT (Address) Edward Groomer. Horseshoe Bend, Ida.

18. BURIAL, CREMATION, OR REMOVAL Horseshoe Bend Cemetery Date 7/24/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 8-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/22/32 193

22. I HEREBY CERTIFY, That I attended deceased from 7-21-, 1932, to , 193

I last saw him alive on 7-21-, 1932; death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-19-32

Other contributory causes of importance:

Age- arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Emmett, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80311

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 45

(No. Great Northern Yards)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Nilsson

(a) Residence. No. Great Northern Yards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of martha Nilsson

6. DATE OF BIRTH (month, day, and year) Aug 29 1882

7. AGE Years 49 Months 11 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME not Known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Martha Nilsson Gt. Nothern

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date Aug 26, 1932

19. UNDERTAKER (Address) Turnbull Co Sandpoint Ida.

20. FILED Aug 25, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24 1932

22. I HEREBY CERTIFY, That I ~~attended~~ examined deceased ~~from~~ in ....., 1930, to ....., 193..
I last saw him alive on Did not attend, 193..: death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1929
Chronic valvular heart disease	1929

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Floyd C Wendle, M. D.
(Address) Sandpoint, Ida.

RECEIVED SEP 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80312

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155.
(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 48

74 9

2. FULL NAME Nels Rajos

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day,
	83			hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) County Indigent
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Parnell Hospital
(Address) Sandpoint, Idaho.

15. Filed Aug 31, 1932 Viola Allen Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 27, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1931, to 1932
that I last saw him alive on Aug 26, 1932
and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
Chronic interstitial nephritis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Floyd G Wendle, M. D.
Aug 31, 1932 (Address) Sandpoint, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Pinehurst Cemetery — Date of Burial: Aug. 30, 1932

20. Undertaker: R. E. Wessa — Address: Priest River Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80313

PLACE OF DEATH
County of Bonner
City of Kootenai

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 9

2. FULL NAME William Edward Russell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Russell

6. DATE OF BIRTH (month, day and year) July 14, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	1	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Fairfield
(State or country) Iowa

PARENTS

10. NAME OF FATHER William Russell

11. BIRTHPLACE OF FATHER (city or town) Jefferson County
(State or Country) Iowa

12. MAIDEN NAME OF MOTHER Emma Whitten

13. BIRTHPLACE OF MOTHER (city or town) Glendale
(State or Country) Iowa

14. Informant Mrs. Eldora Huss
(Address) Kootenai, Idaho.

15. Filed Aug 23, 1932 Viola Allen Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
that I last saw him alive on Aug 20, 1932
and that death occurred, on the date stated above, at 11:05 a.m.
The CAUSE OF DEATH* was as follows:
Hemiplegia cerebral hemorrha
.....
.....(duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Syphilis
.....(duration) 10 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Floyd G. Kendall, M. D.
Aug 23, 1932 (Address) Sandpoint, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Pinecrest Cemetery	Aug 23 1932

20. Undertaker	Address
RL E. Wessa	Priest River Idaho

PREGISTERED SEP [illegible] 1932

Registration District No 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

80314

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 47

Township ____ or Village Westmond, Idaho. or

City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? 59 yrs. ____ mos. ____ ds.

2. FULL NAME Ole Andrus Olson. 77

(a) Residence: No. ____ St., ____ Ward. ____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fredericka Olson.

6. DATE OF BIRTH (month, day, and year): Apr. 27, 1848

7. AGE: Years 84 | Months 3 | Days 10 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Shoemaker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Shop.

10. Date deceased last worked at this occupation (month and year): Feb. 1931.

11. Total time (years) spent in this occupation: 3yrs

12. BIRTHPLACE (city or town) (State or country): Norway.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMANT (Address): George Olson Westmond Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Westmond Idaho Date: Aug. 10, 1932

19. UNDERTAKER: A. D. Moon (Address): Sandpoint, Idaho.

20. FILED: Aug 9, 1932 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from December, 1931, to August, 1932

I last saw him alive on February 10, 1932; death is said to have occurred on the date stated above, at 5:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Dementia	December 1931

Other **contributory causes** of importance:

Cerebral Hemorrhage	8-6-32.

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) V. D. Graves, M. D.

(Address) Sandpoint Idaho

C11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8-2091
V. S. No. 98

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80315

PLACE OF DEATH

County of Bonner

City of Clarkefork.

Registration District No. 8

Primary Registration District No. 2157

Local Registrar's No. 3,

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Steward.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of: Eva Steward

6. DATE OF BIRTH (month, day and year): Sept. 24, 1863.

7. AGE: Years 68 | Months 11 | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Newton Ill

PARENTS

10. NAME OF FATHER: J. B. Steward
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Mrs. Omer Starr
(Address): Meridian, Idaho. R. 2

15. Filed Aug 27, 19 32 John Larson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 24, (Day) 19 32 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 12:15 p.m.

The CAUSE OF DEATH* was as follows: Probable Acute Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) L. B. Moon Coroner
Aug 27, 19 32 (Address) Sandpoint, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Clarkefork, Idaho.	Aug. 27, 19 32
20. Undertaker: R. E. Wesa	Address: Trout River, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

SEP 14 1932

PLACE OF DEATH

County of Bonn

City of Guise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80316

Registration District No. 73

Primary Registration District No. 21 1 0 Local Registrar's No. 131

(No.) 88 b

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Freeman

(a) Residence. No. Guise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 68 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Shepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Partnership in stockraising

10. Date deceased last worked at this occupation (month and year) 8-26-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Co. Virginia

FATHER

13. NAME John J. Thomas

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Robena S. Thomas

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Darius Sessions Rigby, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Milo Date 8-30, 1932

19. UNDERTAKER (Address) V. L. McHan Ida Falls

20. FILED Aug 30, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/26 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at about 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Strangulated Hernia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature] Coroner, M. D.

(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Registration District No 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 46

Township ..... or Village ..... 80317 or

City Sagle. No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Slavko Bradetich 40

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 6, 1912

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria.

FATHER

13. NAME Antone Bradetich.

14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER

15. MAIDEN NAME Anna Bozick

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) John Bradetich Sagle Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Pinecrest Cemetery Date Aug. 10 1932

19. UNDERTAKER (Address) L. D. Moon Sandpoint, Idaho

20. FILED Aug 9, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1930, to July 21st, 1932

I last saw him alive on July 21st 1932 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	1929

Other contributory causes of importance: Dropsy

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) F. R. Evans, M. D.

(Address) Sandpoint Idaho

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 f
V. S. No. 98

FORM V. S. No. 5-A-25M. 1-19 SEP 14 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80318

Local Registrar's No. 127

1. PLACE OF DEATH

County of Bonneville

City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73

Primary Registration District No. 2150

(No. L.D.S. Hospital St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Steven Young

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: August (Month) 24 (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many 17 hrs. or 10 min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho Falls, Idaho.

10. NAME OF Father Bradley R. Young.

11. BIRTHPLACE OF FATHER (State or Country) Shelly, Idaho.

12. MAIDEN NAME OF MOTHER Eva May Robinson

13. BIRTHPLACE OF MOTHER (State or Country) Lyman, Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L.D.S. Hospital
(Address) Idaho Falls, Ida.

15. Filed Aug 25 1932 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH 161a

16. DATE OF DEATH: August (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1932, to Aug 24 1932, that I last saw him alive on Aug 24 1932, and that death occurred on the date stated above, at 2:50 P.M.

The CAUSE OF DEATH* was as follows:

Premature 7 mo.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. R. Bodenquist M. D.

8/25 1932 (Address) Idaho Falls Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls, Ida.

DATE OF BURIAL: Aug. 25 1932

20. UNDERTAKER: Jack A. Wood

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

SEP 14 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80319

Local Registrar's No. 12 L

1. PLACE OF DEATH

County of Bonneville

City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73

Primary Registration District No. 21 50

(No. L. D. S. Hospital St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jack Young

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: Aug. 24 (Month) (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds. ..... IF LESS than 1 day how many 6 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho Falls, Idaho.

10. NAME OF Father Bradley R. Young.

11. BIRTHPLACE OF FATHER (State or Country) Shelley, Idaho.

12. MAIDEN NAME OF MOTHER Eva May Robinson

13. BIRTHPLACE OF MOTHER (State or Country) Lyman, Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. D. S. Hospital
(Address) Idaho Falls, Ida.

15. Filed Aug 25 1932 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH 161a

16. DATE OF DEATH: August (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 19.., to Aug 24 1932, that I last saw him alive on Aug 24 1932, and that death occurred on the date stated above, at 3.9 M.

The CAUSE OF DEATH* was as follows:

Premature 7 mo.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. R. Bodenwich M. D.

8/25 1932 (Address) Idaho Falls Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Ida. DATE OF BURIAL: Aug. 25 1932

20. UNDERTAKER: Jack A. Wood ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 14 1932

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80320

Registration District No. 73

Primary Registration District No. 2140 Local Registrar's No. 121

(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aldoris Fell

(a) Residence. No. Osgood Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 18-1932

7. AGE Years: No Months: No. Days: 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Osgood Idaho

FATHER
13. NAME Harry Fell
14. BIRTHPLACE (city or town) (State or country) Liverpool England

MOTHER
15. MAIDEN NAME Selma Danielson
16. BIRTHPLACE (city or town) (State or country) Garfield Idaho

17. INFORMENT (Address) Harry Fell Osgood Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rigby Ida Date 8/20 1932

19. UNDERTAKER (Address) W. F. McHan Idaho Falls Ida

20. FILED Aug 19, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/18 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on Aug 18, 1932: death is said to have occurred on the date stated above, at 230 A.m.

The principal cause of death and related causes of importance were as follows:

8 months infant (Premature)

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas C Willson M. D.

(Address) [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 14 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80321

County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2150
Local Registrar's No. 123
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Edgar Randall. 95

(a) Residence. No. 224-5th St.
(Usual place of abode) St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mayme Randall

6. DATE OF BIRTH (month, day, and year) March 12 - 188

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil Engr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mgr & Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abingdon Ill.

FATHER

13. NAME Edgar D. Randall.

14. BIRTHPLACE (city or town) (State or country) Pillar Point New York.

MOTHER

15. MAIDEN NAME Jennie Lewis.

16. BIRTHPLACE (city or town) (State or country) Berwick Pa.

17. INFORMENT (Address) Mayme Randall Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 8/21, 1932

19. UNDERTAKER (Address) W. F. McHan Idaho Falls Ida

20. FILED Aug 20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/16 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932, to Aug 16, 1932

I last saw h alive on Aug 16, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Lung	8/16

Other contributory causes of importance:

Pneumonia →	2 days
Bronchiectasis →	Months ?

Name of operation none Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80322

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21V-0
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 119

100a

2. FULL NAME Frank Storer.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (~~XXXXXXX~~ Lula Parks.

6. DATE OF BIRTH (month, day and year) Nov. 26 1863

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming. (Retired 10 Yrs.)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): England.

PARENTS

10. NAME OF FATHER: ~~Dennis~~ Storer.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): England.
12. MAIDEN NAME OF MOTHER: Unknown.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14. Informant: Thra a Jones
(Address) Rigby, Idaho. R. #1

15. Filed Aug 18, 1932 Wm Finnemore Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 16 (Day) 1932. (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 16, 1932
that I last saw him alive on Aug 16, 1932
and that death occurred, on the date stated above, at 11:35 a.m.
The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
7 days following
prostatectomy
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Operation Enlarged prostate
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Rigby, Idaho
Did an operation precede death? Yes Date of Aug 18, 1932
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) H Ray Hatch M. D.
Aug 18 1932 (Address) H Ray Hatch Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 8-19 1932

20. Undertaker: [illegible] Address: Rigby

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80323

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2130
Local Registrar's No. 114
(No. 119)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kuhigo Tamyama

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Yellow
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 14, 1932
7. AGE — Years | Months: 1 | Days: 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Frank Tamyama
14. BIRTHPLACE (city or town) (State or country): Japan

MOTHER
15. MAIDEN NAME: Tori Endio
16. BIRTHPLACE (city or town) (State or country): Japan

17. INFORMENT (Address): Frank Tamyama Idaho Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL — Place: Idaho Falls Date: Aug 16 1932
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho
20. FILED Aug 17, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 15 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932, to Aug 15, 1932
I last saw h alive on 1932: death is said to have occurred on the date stated above, at 1130 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hes Colitis	Aug 10

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 14 1932

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80324

Registration District No. 73

Primary Registration District No. 21470 Local Registrar's No. 117

(No. Spencer Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Felicitas Mares

(a) Residence. No. Driggs Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Mexican

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Manuel Mares.

6. DATE OF BIRTH (month, day, and year): May 17-1887

7. AGE: Years 45 Months 2 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mexico State, old.

FATHER

13. NAME: Unknown Ornales

14. BIRTHPLACE (city or town) (State or country): Mexico

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Manuel Mares Driggs Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date ....., 1932

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida

20. FILED Aug 17, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/11 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1932, to Aug 10, 1932

I last saw her alive on Aug 10, 1932: death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Ruptured Gall Bladder

Date of onset

Other contributory causes of importance:

Gall Stones

Name of operation Cholecystectomy Date of Aug 6-32

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓ ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. D. Spencer, M.D.

(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1932

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80325

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 124

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily Stacey Whitehead 129

(a) Residence. No. 421-H Street St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Whitehead

6. DATE OF BIRTH (month, day, and year) Dec 19, 1849

7. AGE Years 82 Months 8 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Richard Stacey

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Lockier

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mr. Sidney Whitehead Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Iona, Idaho Date Aug 22 1932

19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho

20. FILED Aug 23, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1932, to Aug. 18, 1932

I last saw her alive on Aug. 18, 1932 death is said to have occurred on the date stated above, at 79 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Indef.
Other contributory causes of importance:	
hypertension	Indef.
glycosuria	Indef.

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John O. Mellar, M.D.

(Address) .....

SEP 14 1932

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80326

Registration District No. 73

Primary Registration District No. 2 1 J D

Local Registrar's No. 1 2 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 b

2. FULL NAME Amelia Mulliner

(a) Residence. No. 474 - F - Street St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Joseph S. Mulliner

6. DATE OF BIRTH (month, day, and year) Sept. 27, 1857

7. AGE Years 74 Months 10 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Francis J. Woodward

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Mary Mathiss

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT Mrs Estella Mulliner
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Idaho Date Aug 19, 1932

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED Aug 19, 1932 C. A. Fimmel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 16 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Aug 16, 1932

I last saw h..... alive on July 14, 1932 death is said to have occurred on the date stated above, at 2-22 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Embolism	Aug 10

Other contributory causes of importance:

Chronic Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. M. Clues, M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80327

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 [illegible] Local Registrar's No. 127
(No. 86 U.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles R. Robinson
(a) Residence. No. 541 N Capitol St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Unknown.
7. AGE Years 68 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. City Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Robert Robinson
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Paul Moulton, Idaho Falls Ida.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date 8/24, 1932
19. UNDERTAKER (Address) V. F. McHan, Idaho Falls Ida.
20. FILED Aug 24, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/20 1932
22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1931 to 8/20, 1932
I last saw him alive on 8/20/32 1932: death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930

Other contributory causes of importance:

Secondary Anemia	1932

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1932

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80328

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 121

(No. L. O. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Gerald Garner

(a) Residence. No. St. Arco, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 23, 1914

7. AGE Years 17 Months 10 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McCammon Idaho

FATHER

13. NAME Eugene Garner

14. BIRTHPLACE (city or town) (State or country) Aberdeen Washington

MOTHER

15. MAIDEN NAME Rosa Larsen

16. BIRTHPLACE (city or town) (State or country) Howe Idaho

17. INFORMENT (Address) Eugene Garner Arco, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Arco, Idaho Date August 25 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Aug 23, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932, to Aug 23, 1932

I last saw him alive on Aug 22, 1932: death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	Aug 21

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 21, 1932

Where did injury occur? Arco Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On highway

Manner of injury Car over turnet

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) [signature], M. D.

(Address)

SEP 14 1932

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80329

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 126

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

52

2. FULL NAME Claude Walter Fifield

(a) Residence. No. ..... St. Idaho Falls Rt #7
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 18 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weston
(State or country) Idaho

FATHER

13. NAME Frank M. Fifield

14. BIRTHPLACE (city or town) Weston
(State or country) Idaho

MOTHER

15. MAIDEN NAME Alice Sharp

16. BIRTHPLACE (city or town) Fairview
(State or country) Idaho

17. INFORMENT L. J. Fifield
(Address) Idaho Falls Rt #7

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Idaho Date Aug 23 1932

19. UNDERTAKER Jack A. Woods
(Address) Idaho Falls, Idaho

20. FILED Aug 23, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 21 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1932 to 8-, 1932

I last saw him alive on ....., 1932: death is said to have occurred on the date stated above, at 1-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism and Chorea	
Other contributory causes of importance:	
Syphilis	

Name of operation Not any Date of .....

What test confirmed diagnosis? Wass. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1932

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify ..... No

(Signed) [signature], M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 14 1932

PLACE OF DEATH

County of Bonneville

City of Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80330

Registration District No. 73
Primary Registration District No. 2,1-0
Local Registrar's No. 130 57

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elsie Susannah Park

(a) Residence. No. ..... St. Salt Lake City, Utah.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: William H. Park

6. DATE OF BIRTH (month, day, and year): October, 27, 1900

7. AGE: Years 31 | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

FATHER
13. NAME: Lenus Peterson,
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Annie Walton
16. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

17. INFORMENT (Address): Wm. H. Park, Salt Lake City.

18. BURIAL, CREMATION, OR REMOVAL
Place: Salt Lake City Utah. Date: Aug 29 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls.

20. FILED: Aug 29, 1932 (signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1932 to Aug 28, 1932
I last saw her alive on Aug 28 1932 death is said to have occurred on the date stated above, at 8:39 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
"Coma"	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? lab. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) H. Kay Hatch, M. D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80331

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2110 Local Registrar's No. 122
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

184

2. FULL NAME Ollie K. Keys
(a) Residence. No. 381 Eagle Rock St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Negro
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Keys.
6. DATE OF BIRTH (month, day, and year): Dec 25-1893
7. AGE: Years 38 Months 7 Days 23. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: common
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mason City. Iowa.

FATHER
13. NAME: Alix Keys.
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mary Keys Idaho Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date 8/20, 1932
19. UNDERTAKER (Address): V. F. McHan.
20. FILED Aug 20, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/18 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1932, to Aug. 18, 1932
I last saw h alive on Aug. 18, 1932; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows: Date of onset
Wound extending thru cranium and into brain.

Other contributory causes of importance:
Infection and abscess formation in brain and meninges.

Name of operation: Haemostasis - Closure wound with drainage Date of Aug 12
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Aug 12, 1932
Where did injury occur? Idaho Falls (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury: Said to have been with ax.
Nature of injury: See Cause of death
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. O. Mellar, M.D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH SEP 14 1932

County of Bonneville

City of Coltman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80332

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205

2. FULL NAME Arthur Judd

(a) Residence. No. ..... St. Route #5 Idaho Falls
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Polly Judd

6. DATE OF BIRTH (month, day, and year) Jan. 23, 1847

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Arthur Judd

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliza Cross

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT Jaocab Judd
(Address) Idaho Falls #5

18. BURIAL, CREMATION, OR REMOVAL
Place Grant Date Aug. 10, 1932

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Aug 10, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown -	
No medical attendance	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury ....., 193..

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls Ida.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80333
Local Registrar's No. 58

1. PLACE OF DEATH
County of Butte or Custer Registration District No. 59
City of — Primary Registration District No. 2129
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Patrick Givens

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	single

6. DATE OF BIRTH
unknown (Month) (Day) 1 (Year)

7. AGE
74 (estimated) Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work laborer
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ireland

10. NAME OF Father unknown

11. BIRTHPLACE OF FATHER (State or Country) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (State or Country) unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [signature illegible]
(Address) Arco, Idaho

15.
Filed July 19, 1932 [signature illegible]
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...,
that I last saw h... alive on ..... 19...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
by violent means inflected by person or persons unknown; verdict of coroner's Jury. Killed in drunken brawl (Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Neck broken and body thrown in creek. Killed by John Patson. (Duration) ... yrs. ... mos. ... ds.
(Signed) J. S. Martin - Probate Judge and acting Coroner
19... (Address) .....

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 2 yrs. ... mos. ... days. In the State 2 yrs. ... mos. ... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence Salt Lake City

19. PLACE OF BURIAL OR REMOVAL Arco, Idaho — DATE OF BURIAL 7/8 1932
20. UNDERTAKER [signature illegible] — ADDRESS Arco

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED SEP 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Butte

City of Arco

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 59

Primary Registration District No. 2129

(No. ..... St.)

State File No. 80334

Local Registrar's No. ~~64~~ 61

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Samuel Wrighton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Conc -

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married - (Write the word)

6. DATE OF BIRTH: May (Month) 23 (Day) 1860 (Year)

7. AGE: 72 Yrs. ..... Mos. 2 ds. 25

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF Father: Wm Wrighton

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Palmer

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ruth M. Carlson

(Address) Darlington, Idaho

15. Filed Aug. 19 1932

Local Registrar

MEDICAL CERTIFICATE OF DEATH

41

16. DATE OF DEATH: Aug. (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14 1932, to Aug 17 1932, that I last saw him alive on Aug. 17 1932, and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Septicemia from infected finger (Duration) ..... yrs. ..... mos. 12 ds.

Contributory (Secondary) Ptomaine Poisoning

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) J. C. Eckert M. D.

Aug. 19 1932 (Address) Arco Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Arco, Idaho

DATE OF BURIAL: Aug. 18 1932

20. UNDERTAKER: G. Garnier

ADDRESS: Arco, Idaho

state CAUSE OF DEATH in plain ay be properly classified. Exact statement of OCCUPATION is very important. See instructions on certificate.

RECEIVED SEP 1937

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Kutty
City of Moore
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 59
Primary Registration District No. 2129
(No. ..... St.)

State File No. 80335
Local Registrar's No. 68
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME George Francis Garnett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Nov. 21 1908 (Month) (Day) (Year)

7. AGE: 23 Yrs. 8 Mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Moore, Idaho

10. NAME OF Father: Frank A. Garnett Aug 19 1932

11. BIRTHPLACE OF FATHER (State or Country): Moore, Idaho

12. MAIDEN NAME OF MOTHER: Ovil Walburn

13. BIRTHPLACE OF MOTHER (State or Country): Bellevue, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Frank Garnett
(Address) Moore Idaho

15. Filed Aug. 19 1932 T. C. Salt Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. 13 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 13 1932 to Aug 13 1932, that I last saw him ~~alive~~ dead on Aug 13 1932, and that death occurred on the date stated above, at 3 A. M.
The CAUSE OF DEATH* was as follows:
Myocarditis
(Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
(Address) Arco Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moore Idaho
DATE OF BURIAL: Aug. 15 1932

20. UNDERTAKER: [illegible]
ADDRESS: Arco, Ida

...should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should ... DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ... important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED SEP 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bell

City of Arco

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 59

Primary Registration District No. 2129

(No. ..... St.)

State File No. 80336

Local Registrar's No. 59

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Anna Knipe

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (Write the word)

6. DATE OF BIRTH June 5 1865 (Month) (Day) (Year)

7. AGE 67 Yrs. 3 Mos. 2 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Busig Tacher
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Toledo, Ohio

10. NAME OF Father Jack Greene

11. BIRTHPLACE OF FATHER (State or Country) U. S.

12. MAIDEN NAME OF MOTHER Eva Bingraft

13. BIRTHPLACE OF MOTHER (State or Country) U. S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Knipe

(Address) Sweet, Ida.

15.

Filed Aug. 7, 1932 T. C. Salt Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 7 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 5 1932, to Aug. 7 1932, that I last saw her alive on Aug. 7 1932, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

Myocarditis

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (Secondary) Arthrosa Cardiac

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) J. R. Egbert M. D.

Aug. 10 1932 (Address) Arco Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 5 days. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Horse Thief Lead Idaho

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Emmett, Idaho

DATE OF BURIAL Aug. 1932

20. UNDERTAKER C. Buck

ADDRESS Idaho Falls Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80337

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 97

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Anna Marie Olson

(a) Residence. No. Boise ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
79	0	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweeden

FATHER
13. NAME Balstrom
14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER
15. MAIDEN NAME Mary Anderson
16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMENT (Address) William Olson Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Aug 23 1932

19. UNDERTAKER (Address) C. V. Tickham Caldwell Idaho

20. FILED 8-25-, 1932 J. S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apl 14, 1932, to Apl 30, 1932
I last saw her alive on Apl 14, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parench. Nephritis	

Other contributory causes of importance:
age.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....
(Signed) S. W. Dudley M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80338

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 9
Primary Registration District No. 2005
Local Registrar's No. 104

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertie Arthur Escott 37b

(a) Residence. No. Caldwell, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-4-1884

7. AGE: Years 47 | Months 11 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cornwall England

FATHER
13. NAME John Escott
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Johana Eslick
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Amos E. Escott Huston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Ridge Date Sept. 12 1932

19. UNDERTAKER (Address) Paul L. Case Caldwell Idaho

20. FILED 9-14-, 1932. J. S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-10- 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Sept 10, 1932
I last saw him alive on Sept 8, 1932: death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis Lungs and Arthritis of Extremities	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Closed Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80339

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 101

(No.) 31
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael McDevitt

(a) Residence. No. Caldwell 1011 Main
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov-12-1856

7. AGE Years 75 Months 9 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland
(State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 9-6, 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 9-7-, 1932 J. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-3 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to Sept 3, 1932
I last saw h alive on Sept 2, 1932: death is said to have occurred on the date stated above, at 11-30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Other contributory causes of importance: Pneumonia	1931

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. L. Forrest M. D.
(Address) Caldwell Ida

RECEIVED SEP 16 1932

DAHO
DEPARTMEN UBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80340

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 95

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Kollenborn

(a) Residence. No. 701 Blaine St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 25 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey Co. Ill.

FATHER

13. NAME Wm Kollenborn

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Charlott Hilley

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) L Kollenborn Huston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Aug 14, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 8-16, 1932 John S Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 8 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to Aug 8, 1932

I last saw him alive on August 8, 1932 death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Cardites - Acute Indigestion	

Other contributory causes of importance: Flu

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. D. Forrer M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 16 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80341

County of Canyon
City of Bowmont
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 103

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Samuel White.

(a) Residence. No. Bowmont Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Ethel M White

6. DATE OF BIRTH (month, day, and year) Dec 13 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monticello Iowa

FATHER

13. NAME David W White

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Cline

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Mrs Ethel White Bowmont Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Co Ida Date 9-17 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 9-13, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 193., to Sept 4, 1932.
I last saw him alive on Sept 4, 1932: death is said to have occurred on the date stated above, at 1210 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8-31-32
Other contributory causes of importance: Arteriosclerosis	1926

Name of operation ~ Date of ~

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify

(Signed) C. V. Peckham M. D.
(Address) Nampa Ida

RECEIVED SEP 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80342

PLACE OF DEATH

County of Canyon

City of ——

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 100

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hiram Butler

(a) Residence. No. 13- Miles west of Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-28-54

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
78	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer (retired)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME A. Butler

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Miller

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Mrs O. A. Smith Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Date Sept 7, 1932

19. UNDERTAKER F. K. Roberson (Address) Nampa Ida

20. FILED Sept 7, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Aug 29, 1932

I last saw h. alive on Apr 30, 1932: death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilitation heart.	

Other contributory causes of importance:

Myocarditis and Organic mitral heart disease

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace Belknap, M. D.

(Address) Nampa Idaho

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80343

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No.

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Frank Sierges Crane.
(a) Residence. No. Emmett, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Mar. 22-89
7. AGE Years: 43 Months: 4 Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Manager in
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. produce house.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME T. W. Crane
14. BIRTHPLACE (city or town) West Va. (State or country)

MOTHER
15. MAIDEN NAME Porpishil
16. BIRTHPLACE (city or town) (State or country) Nebr.

17. INFORMENT Mr s. Frank Crane.
(Address) Emmett, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Ida. Date , 193

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED Aug 31, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 8/12/, 1932, to 8/22/, 1932.
I last saw him alive on 8/22/, 1932: death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of heart. Instant death.	

Other contributory causes of importance:

Chronic myocarditis, Chronic pyelonephritis, and hepatitis.	1 yr.

Name of operation none Date of —
What test confirmed diagnosis? Sthethoscope Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Geo. D. A. Kellogg, M. D.
(Address) Nampa, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80344

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 3
Primary Registration District No. 2007
Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irene Dickey Clarke

(a) Residence. No. Parma Route 1 St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Robert E. Clarke

6. DATE OF BIRTH (month, day and year) June 8 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cherokee Iowa

PARENTS

10. NAME OF FATHER Bruce Dickey
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pawpaw Illinois
12. MAIDEN NAME OF MOTHER Lillie M. Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) DeKalb Co Illinois

14. Informant Bruce Dickey
(Address) Parma Idaho

15. Filed Sept 1, 1932 Ethel Jurries Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 16, 1932
that I last saw h alive on 19
and that death occurred, on the date stated above, at 5.25 a m.
The CAUSE OF DEATH* was as follows:

Mitral Valvular Heart disease
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? not known
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) L. M. Mitchell M. D.
8-17, 1932 (Address) Parma Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Canyon Hill Cem	8-19 1932
20. Undertaker C. V. Peckham	Address Caldwell Ida

RECEIVED SEP 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80345

PLACE OF DEATH

County of ~~Nampa~~ Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 93

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katie Murphy

(a) Residence. No. Boise Ida. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Murphy

6. DATE OF BIRTH (month, day and year) 7-14-75

7. AGE: 57 Years | Months | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER Owen Murphy

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Fealy

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14. Informant Frank Murphy
(Address) Boise Ida.

15. Filed Aug 18, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to July 28, 1932
that I last saw her alive on July 28, 1932
and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH* was as follows:
Osteo Sarcoma of ilium
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? X Ray & physical
(Signed) H R Ross, M. D.
Aug 1, 1932 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Nampa Ida. | Date of Burial: 8/2 1932

20. Undertaker: F. K. Robinson | Address: Nampa Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

R

RECEIVED SEP 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80348

PLACE OF DEATH
County of Canyon
City of Middleton

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 102

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin Elsworth Ward, 96

(a) Residence. No. Middleton Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida Burrilla Ward

6. DATE OF BIRTH (month, day, and year) Dec 1 1868

7. AGE Years 63 Months 9 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toledo Illinois

FATHER
13. NAME Solman Ward
14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER
15. MAIDEN NAME Elzina Lee
16. BIRTHPLACE (city or town) (State or country) Springfield Illinois

17. INFORMENT (Address) Ida B Ward Middleton, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 9-6 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 9-7- 1932 J. S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-3 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932, to Sept 3, 1932
I last saw him alive on Sept 3, 1932: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anasarca	
Circulatory	

Other contributory causes of importance: Endo Carditer

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) V. L. Forrest M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80349

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 95
(No. 4 mi. So. Power Line Rd.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norman Eugene Waldvogel
(a) Residence. No. 4 mi. so. Power Line St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day and year) Aug 12th 1932

7. AGE Years | Months | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

PARENTS
10. NAME OF FATHER Clarence Waldvogel
11. BIRTHPLACE OF FATHER (city or town) Johnson Co.
(State or Country) Missouri
12. MAIDEN NAME OF MOTHER Letha Newland
13. BIRTHPLACE OF MOTHER (city or town) Conway Spgs
(State or County) Kansas

14. Informant (Address) Clarence Waldvogel Nampa, Idaho

15. Filed Aug 18, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 (Month) — 14 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-12, 1932, to — 8-14, 1932
that I last saw him alive on 8-13, 1932
and that death occurred, on the date stated above, at 2 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature birth.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) L. C. Horton, M. D.
8-15, 1932 (Address) Nampa Idaho

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa
Date of Burial: 8-15 1932

20. Undertaker: Mrs. Nina M. Talley
Address: Nampa Idaho

RECEIVED SEP 9

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80350

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 96

(No. Samaretan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laurence Bidiman 179

(a) Residence. ~~No.~~ Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 20 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME G. W. Bediman

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Emmett Ida Date , 193

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-18 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932, to Aug 18, 1932

I last saw him alive on Aug 18, 1932: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree Burn of Chest & abdomen	

Other contributory causes of importance:

How Burn cause (2)

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8-8, 1932

Where did injury occur? Public Highway between Emmett & Nampa Ida (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burn

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos E. Mannon M. D.

(Address) Nampa, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80351

PLACE OF DEATH
County of Canyon
City of Parma
Registration District No. 3
Primary Registration District No. 1007
Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ecleth Wilkie

(a) Residence. No. Parma Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 1 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	—	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bridge Idaho

PARENTS

10. NAME OF FATHER Pete Wilkie
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Delia Hill
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Pete Wilkie
(Address) Parma Idaho

15. Filed Sept 1, 1932 Ethel Jarvis Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 14 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 3-0 m.

The CAUSE OF DEATH* was as follows:
Accidental
Drowning in
Boise River
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. V. Beckham Coroner
8-15, 1932 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Parma Cem	Aug 17 1932

20. Undertaker C. V. Beckham Address Caldwell Idaho

RECEIVED SEP 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80352

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 3
Primary Registration District No. 1007

Local Registrar's No. 3 b

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

187

2. FULL NAME Emma Theresa Gray

(a) Residence. No. Parma Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of E. W. Gray

6. DATE OF BIRTH (month, day and year) Nov 8 1894

7. AGE: Years 37 | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kansas

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant E W Gray
(Address) Parma Idaho

15. Filed Sept 1, 1932 Ethel Jurries Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 14 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 3-P m.

The CAUSE OF DEATH* was as follows:
Accidental
Drowning in
Boise River

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. V. Packham Coroner
8-15-, 1932 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Yates Cemetery Kan	
20. Undertaker C. V. Packham	Address Caldwell Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80353

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 94
(No. Samaritan Hospital) 117
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Everard Strieder
(a) Residence. No. Rose St. Roseberry, Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Aug. 16th 1914
7. AGE — Years: 17 | Months: 11 | Days: 27 | If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: school boy.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Hailey Idaho.

PARENTS
10. NAME OF FATHER Fred Strieder
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Salt Lake Utah
12. MAIDEN NAME OF MOTHER Millie Darry
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho.

14. Informant (Address) Mrs. Laura Watts Roseberry, Idaho
15. Filed Aug 18, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 13th (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932, to Aug 13, 1932
that I last saw him alive on Aug 13, 1932
and that death occurred, on the date stated above, at 1:10 P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Ruptured Appendix
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Aug 10, 1932
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wm E Mangum M. D.
Aug 12, 1932 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal: Rosedale Date of Burial: Aug 18 1932
20. Undertaker: Wm D. Talley Address: Nampa, Ida

RECEIVED SEP 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80354

PLACE OF DEATH
County of Canyon
City of Parma
Registration District No. 5
Primary Registration District No. 1007
Local Registrar's No. 53
(No. Holy Rosary Hosp. Ontario, Oregon)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1186

2. FULL NAME Charles Henry Brown.

(a) Residence. No. Parma Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lulu Brown

6. DATE OF BIRTH (month, day and year) May 24-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Fruit Grower.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Howell Michigan.

PARENTS

10. NAME OF FATHER —

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Michigan

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Michigan

14. Informant Lulu L. Brown.
(Address) Parma Ida

15. Filed Sept 1, 1932 Ethel Jarvis Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 6 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1932, to Aug 6, 1932
that I last saw him alive on 4 05 PM 8/6, 1932
and that death occurred, on the date stated above, at 4-05 P.M.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Carcinoma of prostate gland with metastasis (duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home - Parma Idaho
Did an operation precede death? Yes Date of Aug 6, 1932
Was there an autopsy? No
What test confirmed diagnosis? Exploratory laparotomy
(Signed) Eugene F. Johnson, M. D.
Aug 6, 1932 (Address) Parma Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Parma Cem	8-8 1932
20. Undertaker	Address
G. V. Peckham	Caldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80355

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2156 Local Registrar's No. 98

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

744

2. **FULL NAME** Henley Price

(a) ~~Residence. No.~~ R.F.D. No. 1 St. Heston Idaho

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) unknown

7. AGE: Years 61 | Months | Days | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9. BIRTHPLACE (city or town) (State or country) Pueblo Colorado

PARENTS

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) Mrs. Melvin Gray Heston, Idaho

15. Filed Aug 31, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 22, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1932, to Aug 24, 1932, that I last saw him alive on Aug 24, 1932 and that death occurred, on the date stated above, at 7 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10 yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death? Nampa Idaho

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James B Gallagher M. D.

Aug 25, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Canyon Hill Caldwell — Date of Burial: 8-25-1932

20. Undertaker: Wm D Talley — Address: Nampa Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80356

PLACE OF DEATH

County of Canyon

City of Nampa.

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Caroline Reid

(a) Residence. No. 1011 -13 ave. S. St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 3-14-65

7. AGE: 67 Years | Months: 4 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House keeper

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Licking, Mo.

PARENTS

10. NAME OF FATHER C.M. Ware

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Deweese

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mo.

14. Informant C.V. Reid.

(Address) Nampa, Ida.

15. Filed Aug 18, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 29 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1932, to July 29, 1932 that I last saw her alive on July 29, 1932 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis with acute dilatation

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Senility, arterio sclerosis

..... (duration) dont know yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) H. P. Ross, M. D.

Aug 1, 1932 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. ~~Place of Burial, Cremation, or~~ Removal: Licking Mo. | Date of Burial: 19

20. Undertaker: F. K. Roberson | Address: Nampa Ida.

R

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 16 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80357

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 9
Primary Registration District No. 2005
Local Registrar's No. 96

(No. 41)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Seth Charles Tarr Jr.

(a) Residence. No. Wilder (Usual place of abode) Idaho St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weldep (State or country) Idaho

FATHER

13. NAME Seth C. Tarr

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mable Josephson

16. BIRTHPLACE (city or town) Helena (State or country) Montana

17. INFORMENT (Address) Seth Tarr Wilder Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Wilder Date Aug 21, 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 8-25-, 1932 John L. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1932 to Aug 20, 1932
I last saw him alive on Aug 19, 1932 death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicaemia	

Other contributory causes of importance:
Ongnualeus Draw
Focal in Jaw & necrosis
of Lower Left Jaw

Name of operation Date of
What test confirmed diagnosis Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) S. R. Dudley, M.D.
(Address) Caldwell Idaho

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80358

PLACE OF DEATH

County of Cassia
City of Burley,

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 353
(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Edwin Winterburn
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Jan. 7 - 1869
7. AGE Years 63 Months 7 Days 19 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Mt. Joy Ohio.

PARENTS
10. NAME OF FATHER George Winterburn
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pa.
12. MAIDEN NAME OF MOTHER Euphemia
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mt. Joy Ohio.

14. Informant (Address) Mrs. Powell. Albion Idaho.
15. Filed 9-10, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 26 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 10:25 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Neck
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G. G. Espe, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal Albion Idaho. Date of Burial Aug. 29 1932
20. Undertaker D. E. Johnson Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80359

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 351
(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. H. T. Rudolph
(a) Residence. No. 321 - So Albion St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE: 81 Years | Months: 1 | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (city or town) (State or country): Brooklyn Ville Jefferson Co Penn

PARENTS

10. NAME OF FATHER: Abraham
11. BIRTHPLACE OF FATHER (city or town) (State or Country): —
12. MAIDEN NAME OF MOTHER: Emely — —
13. BIRTHPLACE OF MOTHER (city or town) (State or County): —

14. Informant (Address): B. F. Rudolph 321 - So Albion Burley

15. Filed 9-10, 1932. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 8-17-1932 - 6 o'clock P.M.
(Month) (Day) (Year), 19

17. I HEREBY CERTIFY, That I attended deceased from 8/17/32, 19, to , 19
that I last saw him alive on 8/17/32, 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G. G. Espe, M. D.
8/18/32, 19 (Address)

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker: Jos. P. Payne | Address: Burley Ida
No E271

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80360

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 349
(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Bunn
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Bunn

6. DATE OF BIRTH (month, day and year) July 5 - 1872

7. AGE Years 60 Months 1 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) New York

PARENTS

10. NAME OF FATHER George Bunn
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Emily Thompson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant (Address) Mrs Addie Bunn Burley Idaho

15. Filed 9-10, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 22, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1932, to Aug 22, 1932
that I last saw him alive on Aug 22, 1932
and that death occurred, on the date stated above, at 9:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Symptoms Carcoma of Neck.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean, M. D.
, 19 (Address) Burley Id

19. Place of Burial, Cremation, or Removal Oakley Idaho
Date of Burial Aug. 26 1932

20. Undertaker D. E. Johnson
Address Burley

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of **William Henry Bunn**

now lying buried in **Oakley** Cemetery, in the City or Town of **Oakley**

County of **Cassia** State of Idaho, who died on the **22** day of **August**, 1**932**, Aged **60** years ____ months ____ days, the cause of death being **Cancer** and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Hugh E. Dean attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by **Private** private or railway conveyance

to **Pleasant View** Cemetery in the City or Town of **Burley** County of **Cassia**

State of **Idaho** to take effect upon the approval by the local board of health of the City, Town, or County of **Cassia** it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this **12th** day of **June**, A.D. 19**70**.

Permit issued to:

McCulloch Funeral Home
321 East Main Street
Burley, Idaho 83318

W. W. Benson

by _____ Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19___.

_____

Health Officer

FORM BH 56-019

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80361

PLACE OF DEATH,
County of Cassia
City of Burley.

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 350
(No. 492)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Margaret Jeanette Cook.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 6 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	9	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Franklyn
(State or country) Idaho

PARENTS

10. NAME OF FATHER Thomas D Smart
11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)
12. MAIDEN NAME OF MOTHER Margaret Justice
13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or County)

14. Informant Dewey Cook
(Address) Burley Ida

15. Filed 9-16, 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8-19, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-21, 1932, to 8-19, 1932
that I last saw her alive on 8-18, 1932
and that death occurred, on the date stated above, at 4:40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) ..... yrs. 1 mos. ..... ds.
CONTRIBUTORY (Secondary) Endarteritis Luetica
With Gangrene (duration) ..... yrs. ..... mos. 15 ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....
(Signed) Lillian Frazier, M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Ida	8-24 1932
20. Undertaker D. E. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80362

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 322
(No. 119)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Earl Louis Wixom

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 19 - 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Burley Idaho

PARENTS

10. NAME OF FATHER Wells S. Wixom
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Beau Lake Idaho
12. MAIDEN NAME OF MOTHER Maggie Platt
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Morgan Co. Utah

14. Informant (Address) W. S. Wixom Burley Idaho

15. Filed 9-10, 1932. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 19, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1932, to Aug 19, 1932
that I last saw him alive on Aug 19, 1932
and that death occurred, on the date stated above, at 3:50 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:.

Acute Endocarditis

..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Dwight E. Dean, M. D.
....., 19..... (Address) Burley Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Heyburn Ida.	Aug. 21 1932
20. Undertaker	Address
H. C. Johnson	Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80363

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 955
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Carl Haag

(a) Residence. No. Burley, Idaho. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 27 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER John Haag
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Sophia Schilling
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Eric G. Haag
(Address) Burley, Idaho.

15. Filed Sept 8, 1932 F. A. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
[illegible], 1932, to Aug 10, 1932
that I last saw him alive on Aug 10, 1932
and that death occurred, on the date stated above, at 5 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Dilatation of Heart

Fractured thigh while trying to turn in bed.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Fractured thigh
(duration) yrs. 2 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) F. A. Cutler, M. D.
Aug 12, 1932 (Address) Burley

19. Place of Burial, Cremation, or Removal	Date of Burial
Marion Ida.	Aug 12 1932
20. Undertaker	Address
H. E. Johnson	Burley Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80364

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 56-157
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida J. Mosby

(a) Residence. No. St. Moscow, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James N. Mosby

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years 76 Months ? Days ? If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hosp. North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. H. No. Date Aug. 26, 1932

19. UNDERTAKER (Address) F. A. Billberg, Hosp. Attdt. Orofino - Idaho

20. FILED 8/29, 193 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 26 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to August 26, 1932
I last saw her alive on August 25, 1932: death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of right foot	3 mos.
Other contributory causes of importance:	
Paranoid condition.	34 yrs. +

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) John Irvine Whitelway, M. D.
(Address) Orofino, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80365

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 55

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cashes Axtell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21-1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) H.M. Axtell Orofino Idah

18. BURIAL, CREMATION, OR REMOVAL Place Melrose Date Aug 23, 193

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED 8/23, 193 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at 2. a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	
Arterial Sclerosis	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.....

(Signed) W.A. Shaw Aug 4 90, M. D.

(Address) Orofino Ida

RECEIVED SEP 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80366

PLACE OF DEATH
County of Clearwater
City of Cavindish

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

9 b

2. FULL NAME Stevin Sutton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Frances Stuuon

6. DATE OF BIRTH (month, day, and year) June 14 1860

7. AGE Years 72 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Kentuckey

17. INFORMENT (Address) Jeter Chlander Cavindish

18. BURIAL, CREMATION, OR REMOVAL Place Taanan Date Sep 1, 193

19. UNDERTAKER (Address) W.A. Shaw Orofino

20. FILED Aug 31, 193 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....; death is said to have occurred on the date stated above, at 7.P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Had no Dr	
Valvor heart Dease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. A. Shaw Aug 4 90, ~~M.D.~~
(Address) Orofino

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80367

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2857
Local Registrar's No. 54

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Orie White

(a) Residence. No. ..... St. Moscow, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. 11 mos. 0 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. Hosp. No. · Date Aug. 9, 1937

19. UNDERTAKER F. A. Billberg · Hosp. attdt.
(Address) Orofino - Idaho

20. FILED 8/11, 193 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 8 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to August 8, 1937

I last saw him alive on August 8, 1937; death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1937
Other contributory causes of importance:	
Dementia praecox	1906

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John Lorince McKelvey, M. D.

(Address) Orofino — Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80369

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 12

(No.) 47
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Effie Park

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Max Park

6. DATE OF BIRTH (month, day, and year): 11-22-1885

7. AGE: Years 46 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas.

FATHER
13. NAME: Warner.
14. BIRTHPLACE (city or town) (State or country): Oklahoma

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMENT (Address): Max Park Mt. Home Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Home Date: 7-14, 1932

19. UNDERTAKER (Address): G. S. Zacher Mt. Home Ida.

20. FILED: Sept 2, 1932 A. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 7-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-13-, 1932, to 7-12-, 1932
I last saw her alive on 7-12-, 1932 death is said to have occurred on the date stated above, at 4.15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Breast	—

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. Evans, M. D.
(Address) Mtn. Home Ida.

RECEIVED SEP 7 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80370

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Con Lyons

(a) Residence. No. Pocatello (Usual place of abode) Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Connelly

6. DATE OF BIRTH (month, day, and year) May 18 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S L R R

10. Date deceased last worked at this occupation (month and year) June 15 1932

11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Lyons

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mary Sullivan Glenns Ferry Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Aug 7, 1932

19. UNDERTAKER (Address) J C Jacklin

20. FILED Aug 6, 1932 J M Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932 to Aug 5, 1932

That I last saw him alive on Aug 5, 1932, death is said to have occurred on the date stated above, at 7 35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr J W Davis, M. D.

(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Featherville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE
State File No. 80371

Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rupert Winters 40

(a) Residence. No. Featherville Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Winters

6. DATE OF BIRTH (month, day, and year) 1-19-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Francis Winters Featherville, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Burial Date 8/24, 1932

19. UNDERTAKER (Address) D. S. Barker Mt. Home Ida

20. FILED Aug 24, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-24 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in Bed from natural causes	
Heart	
Other contributory causes of importance:	
Asthma	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. S. Barker Coroner, M. D.

(Address) Mt. Home Ida.

RECEIVED SEP 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80372

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Herman John Dick
(a) Residence. No. Mt. Home Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Dick

6. DATE OF BIRTH (month, day, and year) 9-28-1880 1932

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. 52

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) 3-1-1925
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME Andrew Kenneth Dick
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Gertrude Dick Mt. Home Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Home Date 8-22, 1932

19. UNDERTAKER (Address) G. S. Zacher Mt. Home Ida.

20. FILED Sep 2, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-6-, 1930, to 8-19-, 1932
I last saw him alive on 8-19-, 1932: death is said to have occurred on the date stated above, at 9:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) J. E. Evans, M. D.
(Address) Mtn. Home Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80373

PLACE OF DEATH
County of Elmore
City of Mt. Home
20 miles west

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orval Frank Luther 188

(a) Residence. No. 1055 Orizaba Ave St. Long Beach Cal.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-28-1925

7. AGE: Years 7 | Months 5 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton Nebraska

FATHER
13. NAME Elmer Luther
14. BIRTHPLACE (city or town) (State or country) Gravity Iowa

MOTHER
15. MAIDEN NAME Bessie Grundy
16. BIRTHPLACE (city or town) (State or country) Rea Mo

17. INFORMENT (Address) Elmer Luther Long Beach Cal.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Long Beach Date 7/16, 1932

19. UNDERTAKER (Address) G. S. Zacher Mt. Home Ida.

20. FILED July 16, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-13 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on about 193....: death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head crushed in auto accident on U. S. Highway #30 20 miles west of Mt. Home Idaho	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/13 1932
Where did injury occur? Near Mt. Home Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Public Highway
Manner of injury Head crushed
Nature of injury in Auto accident

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) G. S. Zacher Coroner M.D.
(Address) Mt. Home Ida

RECEIVED SEP 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80374

PLACE OF DEATH
County of Elmore
City of Mt. Home
Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richeline Thompson

(a) Residence. No. St. Mt. Home Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Alice Thompson
6. DATE OF BIRTH (month, day, and year): 8-27-1861
7. AGE — Years: 70 | Months: 11 | Days: 4 | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Street
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.: Common
10. Date deceased last worked at this occupation (month and year): 1-30-32
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mo

FATHER
13. NAME: P. G. Thompson
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Susan Buchanan
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Alice Thompson Mt. Home Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Home Ida. Date: 8/5, 1932
19. UNDERTAKER (Address): Mt. Home Ida.
20. FILED: Aug 17 1932 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8-1-1932
22. I HEREBY CERTIFY, That I attended deceased from 5-22-, 1932, to 8-1-, 1932
I last saw him alive on 8-1-, 1932; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and	
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Physical + X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Evans, M. D.
(Address) Mtn. Home, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 11 1932

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80375

PLACE OF DEATH
County of Elmore
City of Atlanta

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Robert Keyes. 66

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 51 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gold Mine
10. Date deceased last worked at this occupation (month and year) 7-2-32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER
13. NAME John Keyes
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) John D. Keyes. Butte Mont.

18. BURIAL, CREMATION, OR REMOVAL
Place Butte Mont Date 7/7, 1932

19. UNDERTAKER (Address) G. S. Zacher Mt. Home

20. FILED July 7, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-4 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcholism	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Dro. Examination Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) G. S. Zacher Coroner M.D.
(Address) Mt. Home Idaho

RECEIVED SEP 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80376

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amadore Flores Galindo

(a) Residence. No. Mt. Home Idaho St. 179
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE:
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Galindo
6. DATE OF BIRTH (month, day, and year): 4-30-1869
7. AGE: Years 63 | Months 3 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Gold Mine
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): California

FATHER
13. NAME: Theodore Galindo
14. BIRTHPLACE (city or town) (State or country): Mexico

MOTHER
15. MAIDEN NAME: Flores
16. BIRTHPLACE (city or town) (State or country): Mexico

17. INFORMENT (Address): Myrtle Galindo Mt Home Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Home Date 8-10, 1932
19. UNDERTAKER: S. E. Barker (Address) Mt. Home, Idaho
20. FILED Aug 17 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8-7 1932
22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to August 7, 1932
I last saw him alive on August 2, 1932: death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights disease	unknown

Other contributory causes of importance: None

Name of operation: Date of:
What test confirmed diagnosis? Urine tests Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. R. Fraser, M. D.
(Address) 416 Eastman Bldg. Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80377

PLACE OF DEATH

County of Elmore

City of Mt. Home

Registration District No. 34

Primary Registration District No. 2022

Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas James Cukrop.

(a) Residence. No. Mt. Home Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Cukrop.

6. DATE OF BIRTH (month, day, and year) 8-30-1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 24 years ago.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Thomas Cukrop.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Annie Cukrop Mt. Home Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Home Date 8/30 1932

19. UNDERTAKER D. S. Barker (Address) Mt. Home Idaho

20. FILED Sept 2, 1932 H. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/28 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1930, to 8-28-, 1932

I last saw him alive on 8-28-, 1932; death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation with Arterio sclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. E. Evans, M. D.

(Address) Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1932

PLACE OF DEATH

County of Franklin

City of Treasureton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80378

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Samuel Reeder

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Reeder

6. DATE OF BIRTH (month, day, and year) Nov 19 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	39	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Welsville Utah

FATHER

13. NAME Geo. Reeder

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Francis Reeder

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Elizabeth Reeder Treasureton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Treasureton Idaho Date Aug 26, 1932

19. UNDERTAKER (Address) M. W. Hendricks Preston

20. FILED Sept 8, 1932 G. W. States by Ellerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 23 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to Aug. 8, 1932. I last saw him alive on Aug. 8 1932: death is said to have occurred on the date stated above, at 9 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	June 15 1932.

Other contributory causes of importance:

~~[illegible]~~ Chronic cholecystitis & appendicitis

Name of operation cholecystectomy & appendectomy Date of July 12 '32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Randall, M. D.

(Address) By E. L. Hanson M.D. Logan Ut.

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80379

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

884

2. FULL NAME Marie McDonald Nessen

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Nessen

6. DATE OF BIRTH (month, day, and year) Dec 9 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glendale Idaho

FATHER

13. NAME J. W. McDonald

14. BIRTHPLACE (city or town) (State or country) Tooele Utah

MOTHER

15. MAIDEN NAME Marie Merrill

16. BIRTHPLACE (city or town) (State or country) Smithfield Utah

17. INFORMENT (Address) Thomas Nessen Preston

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Date Aug 23, 1932

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Sept 8, 1932 J. W. States Registrar.
by Ellen Lewis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Aug 19, 1932
I last saw h[illegible] alive on Aug 19, 1932; death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Thyrotoxicosis)	1927
Acute Edema Pulmonary	Aug 18, 1932

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Orson A. Owens, M. D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 14 1932

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80380

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dewey R. Carter

117

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 23 1922

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Presto Idaho

FATHER

13. NAME Noel J. Carter

14. BIRTHPLACE (city or town) (State or country) Preston Idaho

MOTHER

15. MAIDEN NAME Grace Rawlison

16. BIRTHPLACE (city or town) (State or country) Whitney Idaho

17. INFORMENT (Address) Noel J. Carter Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Aug 7 1932

19. UNDERTAKER (Address) M. W. Hendricks Preston

20. FILED Sept 8, 1932 G. W. Stairs by Ellen Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-5 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-5, 1932, to 8-5, 1932

I last saw him alive on 8-5, 1932, death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	8-2-32
General peritonitis	

Other contributory causes of importance:

Incision & drainage	8-5-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) R. R. Carter, M. D.

(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1932

PLACE OF DEATH

County of Franklin

City of Mink Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80381

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Baby Nelson

(a) Residence. No. Mink Creek St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) Baby

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) 8-28-32

7. AGE Years Months Days If LESS than 1 day, 2 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mink Creek Ida.

FATHER

13. NAME Lars Willard Nelson

14. BIRTHPLACE (city or town) (State or country) Mink Creek Ida.

MOTHER

15. MAIDEN NAME Iva Bell

16. BIRTHPLACE (city or town) (State or country) Weston Ida.

17. INFORMENT (Address) Lars Willard Nelson

18. BURIAL, CREMATION, OR REMOVAL
Place Mink Creek Date ....., 193

19. UNDERTAKER (Address)

20. FILED Sept 8, 1932 G. W. Stales by Ellen Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-28- 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-28-32-3P.m., 193..., to 8-28-32, 193...

I last saw him alive on 8-28, 1932: death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurs	
Birth injury	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. R. Cutler, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Freemont
City of Ashton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 102
Primary Registration District No. 6

DO NOT WRITE IN THIS SPACE
State File No. 80382

Local Registrar's No. 174

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence Nightengale Owens

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank K Owen

6. DATE OF BIRTH (month, day, and year): 11/20/66

7. AGE — Years: 65 | Months: 9 | Days: 18 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Alexandria Nebraska

FATHER

13. NAME: Wm Nightengale
14. BIRTHPLACE (city or town) (State or country): D K

MOTHER

15. MAIDEN NAME: Mary Alexander
16. BIRTHPLACE (city or town) (State or country): D K

17. INFORMENT (Address): Parkdale Cabel

18. BURIAL, CREMATION, OR REMOVAL — Place: Ashton Ida Date: 8/14, 1932

19. UNDERTAKER: Lewis Reser
(Address): Ashton Ida.

20. FILED 8/10, 1932 Lewis Reser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 193

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug 9, 1932

I last saw her alive on Aug 9, 1932; death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.
(Address) Ashton Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80383

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 83
(No. Dr T. A. Ellison Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161-9

2. FULL NAME Not named (Baby Kooch)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24-1932

7. AGE: Years — Months — Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony (State or country) Idaho

FATHER
13. NAME Calvin Kooch
14. BIRTHPLACE (city or town) Lake (State or country) Idaho

MOTHER
15. MAIDEN NAME Grace Powell
16. BIRTHPLACE (city or town) Parker (State or country) Idaho

17. INFORMENT (Address) Calvin Kooch St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Riverview Date July 25, 1932

19. UNDERTAKER (Address) W. W. Hansen St. Anthony Idaho

20. FILED Sep 4, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24th, 1932, to July 24, 1932
I last saw her alive on July 24, 1932; death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. M. Kelly, M. D.
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80384

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 9977, Local Registrar's No. 32
(No. Dr. P. G. Ellison Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161-9

2. FULL NAME Mona Keech

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

FATHER

13. NAME Calvin Keech

14. BIRTHPLACE (city or town) Lake Idaho
(State or country)

MOTHER

15. MAIDEN NAME Grace Powell

16. BIRTHPLACE (city or town) Parker Idaho
(State or country)

17. INFORMENT Calvin Keech
(Address) St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Riverview Date July 27, 1932

19. UNDERTAKER Lon Hansen
(Address) St. Anthony Idaho

20. FILED Sept 4, 1932 Sarah Munk
Registrar.
Sept 4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24th, 1932, to July 25, 1932, last saw her alive on July 25th, 1932; death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify .....

(Signed) P. G. Keeley, M. D.
(Address) St. Anthony, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 9197

DO NOT WRITE IN THIS SPACE

State File No. 80385

Local Registrar's No. 27

(No.) 141-9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vila Richards

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 3.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME Ralph Richards

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Sarah Myrtle Jeffs

16. BIRTHPLACE (city or town) St. Anthony Ida
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Date Aug 5, 1932

19. UNDERTAKER
(Address)

20. FILED Aug. 9, 1932 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/4/1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932, to Aug. 4, 1932

I last saw her alive on Aug. 4, 1932; death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) S. J. Kirkham, M. D.

(Address) St. Anthony Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80386

Registration District No. 99

Primary Registration District No. 217

Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arvin Riley Rice

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Edla Rice

6. DATE OF BIRTH (month, day, and year): June 1st 1874

7. AGE: Years 58 | Months 2 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Traveling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 22, 1923

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country): Milford Utah

FATHER

13. NAME: Leonard B. Rice

14. BIRTHPLACE (city or town) (State or country): Farmington Utah

MOTHER

15. MAIDEN NAME: Martha Jane Stoddard

16. BIRTHPLACE (city or town) (State or country): San Bernadino Calif

17. INFORMENT (Address): Mrs. A. R. Rice St Anthony Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Parker Ida Date: Aug 31st, 1932

19. UNDERTAKER (Address): Vern J. Keller Rexburg Idaho

20. FILED Aug 29 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 28 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Aug 28, 1932, to only, 193..

I last saw him alive on Aug 28, 1932; death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. A. Ellison, M. D.

(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of Ashton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 102

Primary Registration District No. 6

DO NOT WRITE IN THIS SPACE
State File No. 80387

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Lock Rogers

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Charles L Rogers

6. DATE OF BIRTH (month, day, and year) Dec 29-184

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
90	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London E
(State or country) Engeland

FATHER

13. NAME Geo Lock Rogers

14. BIRTHPLACE (city or town) London
(State or country) Engeland

MOTHER

15. MAIDEN NAME Anna Upton

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT D. W. Rogers
(Address) Ashton, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Ashton Ida Date 8/21, 1932

19. UNDERTAKER Lewis Reser
(Address) Ashton Ida

20. FILED 8/19, 1932 Lewis Reser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Aug 18, 1932
I last saw h alive on Aug 18, 1932: death is said to have occurred on the date stated above, at 8 00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) D. W. Rogers, M. D.

(Address) Ashton Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED SEP [illegible] 1932

DO NOT WRITE IN THIS SPACE
State File No. 80388

PLACE OF DEATH
County of Fremont
City of Teton

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey Dale Roberts

(a) Residence. No. Teton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 24 - 1923.

7. AGE Years 9 Months 6 Days 13. If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Scool.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Teton Ida.

FATHER
13. NAME T. J. Roberts.
14. BIRTHPLACE (city or town) (State or country) Bear Lake County Idaho.

MOTHER
15. MAIDEN NAME Agnes Ellen Hughes
16. BIRTHPLACE (city or town) (State or country) Mendon Utah.

17. INFORMENT (Address) T. J. Roberts Teton Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Teton Ida. Date Aug. 9, 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg.

20. FILED Aug 8, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Aug 6, 1932
I last saw him alive on Aug 7, 1932 death is said to have occurred on the date stated above, at 12 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Endocarditis) (Hypertrophy)	Feb 1932

Other contributory causes of importance:

Name of operation no Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80389

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME William Allgood

(a) Residence. No. St. Anthony, Idaho Route 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (XXXXXX Mrs Emma Birch Allgood

6. DATE OF BIRTH (month, day, and year) May 3-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loughbrough England

FATHER

13. NAME Langley Allgood

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Clark

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs William Allgood St. Anthony Route 1 Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilford Date July 17 1932

19. UNDERTAKER (Address) W. M. Hansen St. Anthony, Idaho.

20. FILED Aug 31, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to July 14, 1932

I last saw him alive on July 14, 1932; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma	
Neck	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) H. B. Rigby, M. D.

(Address) .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80390

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 4
Primary Registration District No.
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lulu P. Park 49

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Max L. Park
6. DATE OF BIRTH (month, day and year) May 21 - 1869
7. AGE Years 63 Months 3 Days 5 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10. NAME OF FATHER Peter Tanner
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Harry D. Park
(Address) Redmath Falls, Ore
15. Filed 8/28, 1932 J K Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 26 1932
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from not at all, 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Throat
which followed Carcinoma of breast
was treated by Dr Stewart of Boise
till last two months
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J K Reynolds, M. D.
8/28, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmett Idaho
Date of Burial 8/28 1932
20. Undertaker C D Buckman
Address Emmett Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80391

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 6
Primary Registration District No.
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Biden Burcham
(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10. NAME OF FATHER Harvey Burcham
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant F J Herring
(Address) Topeka Kansas

15. Filed 7/11, 1932 J W Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 9 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1932, to , 19
that I last saw him alive on July 2, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Chronic myocarditis with auricular fibrillation
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C D Buckmun M. D.
7/11, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: 7/11 1932
20. Undertaker: C D Buckmun — Address: Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80392

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Kenneth Maynard Harris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Feb 1 - 1930

7. AGE: 2 Years | Months: 6 | Days: 18 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Emmett Idaho

PARENTS

10. NAME OF FATHER: E. A. Harris
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Mo
12. MAIDEN NAME OF MOTHER: Florence Summers
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Mo.

14. Informant: E. A. Harris
(Address) Emmett Ida

15. Filed 8/20, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
accidental drowning
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. L. Reynolds, M. D.
8/20, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Ida | Date of Burial: 8/20 1932

20. Undertaker: D. Bucknum | Address: Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Polick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 2181

DO NOT WRITE IN THIS SPACE
State File No. 80393

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Moses E Williams

(a) Residence. No. Polick St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cousin Williams

6. DATE OF BIRTH (month, day, and year) April 5 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Aug 26, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmont San Luis Obispo Co Calif

FATHER

13. NAME Moses B Williams

14. BIRTHPLACE (city or town) (State or country) Helena Ark -

MOTHER

15. MAIDEN NAME Laura E Burns

16. BIRTHPLACE (city or town) (State or country) Denver Colo -

17. INFORMENT (Address) Geo A Williams Pollock Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kooskia Date Aug 27, 1932

19. UNDERTAKER C A Hancock
(Address) Evergreen Idaho

20. FILED 9-1, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 25 - 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Trouble	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C A Hancock Coroner, M. D.

(Address) .....

RECEIVED SEP 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80394

PLACE OF DEATH
County of Idaho
City of Riggins

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorian Ansel Davis (Clay)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)

5a. If maried, widowed, or divorced ~~HUSBAND~~ of ~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, and year) No 26 1925

7. AGE Years 6 Months 9 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yakima Wash

FATHER
13. NAME William M Davis
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Adie May Clay
16. BIRTHPLACE (city or town) (State or country) Palmer Wash

17. INFORMENT (Address) C M Clay Riggins Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Riggins Idaho Date Aug 10, 1932

19. UNDERTAKER (Address) Lyndock Md Co. Grangeville Ida.

20. FILED 9-1, 1932 B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 9 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot by another boy	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8-9, 1932
Where did injury occur? Riggins (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gun Shot
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) C A Hancock Coroner, M. D.
(Address) Grangeville

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE
State File No. 80395

Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME Thomas Henry Robertson

(a) Residence. No. Enterprise Oregon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year) Nov. 1st - 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Creswell (State or country) Oregon

FATHER

13. NAME Andrew J. Robertson

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Anna Balkham

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Raymond Robertson Enterprise Oregon

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date , 193

19. UNDERTAKER C. A. Hancock (Address)

20. FILED 9-1, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Aug 2 d 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to Aug 2, 1932

I last saw him alive on Aug 2, 1932: death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of Stomach	

Other contributory causes of importance:

Perforation of pyloric opening of stomach due to extension from duodenal ulcer

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Shumach, M. D.

(Address) Grangeville Idaho

RECEIVED SEP 6 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 80396

Local Registrar's No. 19

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

146

2. FULL NAME Marie L. Scherer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Scherer

6. DATE OF BIRTH (month, day, and year) Aug. 24, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Reinmunster France

FATHER

13. NAME Schobell

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Frank Scherer Cottonwood, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cottonwood Date Aug. 16, 1932

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston Idaho

20. FILED Aug. 16, 1932 W. F. Orr per F. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25th, 1932, to Aug. 14, 1932

I last saw h[illegible] alive on Aug. 14, 1932; death is said to have occurred on the date stated above, at 1.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis	

Other contributory causes of importance:
Arteriosclerosis.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Orr Johnson, M. D.

(Address) Lewiston Idaho

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80398

PLACE OF DEATH
County of Jefferson
City of Rigby R.F.D. 2

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 42
(No.) 165
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Pearl La Rue Thorngren

(a) Residence. No. Rigby Ida R.F.D. 2 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	wht.	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 20, 1932

7. AGE	Years	Months	Days	If LESS than 1 day,
	0	0	0	6 hrs. or 25 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby R.F.D. 2

PARENTS

10. NAME OF FATHER Glen Phillip Thorngren.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Jeff. Co Ida.
12. MAIDEN NAME OF MOTHER Elna Pearl Larsen.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kimberly Ut.

14. Informant (Address) Glen P. Thorngren Rigby #2 Idaho

15. Filed 8-21, 1932 A B Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932 to Aug 21, 1932
that I last saw her alive on Aug 21, 1932
and that death occurred, on the date stated above, at 6:15 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
(Patent foramen ovale)
Congenital Heart Disease
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) W. K. Abbott M. D.
Aug 21, 1932 (Address) Rigby Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby Ida	8-22 1932

20. Undertaker A B Eckersell Address Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80399

PLACE OF DEATH
County of Jefferson
City of Roberts

Registration District No.
Primary Registration District No.
Local Registrar's No. 45

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Daisy E Lapacek.

(a) Residence. No. U Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Chas. Lapacek.

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 40 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Louie Rasmussen~~ Cheyenne Wyo

FATHER
13. NAME Louie Rasmussen.
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Eliza Inquist
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Chas Lapacek

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date 8/ , 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida

20. FILED Sept 10, 1932 A B Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 9 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 ; death is said to have occurred on the date stated above, at about 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apparently Emboli	
Dead when first seen	

Other contributory causes of importance:

DK

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Earl D Jones M. D.
(Address) Roberts Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80400

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 4

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Grace Cunningham.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of George W. Cunningham.

6. DATE OF BIRTH (month, day and year) Feb. 9 1878

7. AGE	Years	Months	Days	If LESS than 1 day,
	54	6	29	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER S. S. Merrill.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.

12. MAIDEN NAME OF MOTHER Lucinda Jane Schumaker.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ill.

14. Informant Mary McLeod
(Address) Rigby, Idaho.

15. Filed 9-9, 1932 C. B. Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 7 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1932, to Sept. 7, 1932
that I last saw her alive on Sept. 7, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
acute dilatation.

(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Chr. Heart disease
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) F. R. West, M. D.
9/10, 1932. (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	9/9/32 19

20. Undertaker C. B. Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

SEP 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80401

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 43

2. FULL NAME Desdemona Haddon.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced (or) WIFE of: Chas. Haddon.

6. DATE OF BIRTH (month, day and year): May 7 1884

7. AGE: Years 48, Months 3, Days 18. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Utah.

PARENTS
10. NAME OF FATHER: David Fox.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Utah.
12. MAIDEN NAME OF MOTHER: Ann Deseret Bradford.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Utah.

14. Informant: Charles Haddon
(Address) Rigby, Idaho.

15. Filed 8-26, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 25 (Day) 1932 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to Aug 25, 1932
that I last saw her alive on Aug 25, 1932
and that death occurred, on the date stated above, at 12 noon
The CAUSE OF DEATH* was as follows:
Cardiac Dilation
(duration) one yrs. mos. ds.
CONTRIBUTORY (Secondary) Mitral Disease
Dont Know (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) H. A. Anderson, M. D.
Aug 26, 1932 (Address) Rigby Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 8/29/32 19

20. Undertaker: A B Eckersell Address: Rigby.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED SEP 11 1932

DO NOT WRITE IN THIS SPACE
State File No. 80402

PLACE OF DEATH
County of Jerome
City of —

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. 1

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Epperson

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Epperson

6. DATE OF BIRTH (month, day, and year) Oct 22 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
66	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME W. A. Epperson
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Anna Aldridge
16. BIRTHPLACE (city or town) (State or country) Rhode Island

17. INFORMENT (Address) Mrs. Maud Epperson Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem. Date Aug 14, 1932

19. UNDERTAKER (Address) J. R. Wiley Jerome

20. FILED Aug 23, 1932 Chas. L. Zeller Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ____ 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932, to Aug 13, 1932

I last saw him alive on Aug ____, 1932: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strychnine Poisoning self administered	

Other contributory causes of importance:

Unknown

Name of operation ____ Date of ____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Chas. L. Schmerfall, M. D.
(Address) Jerome Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80403

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Louis Reaume

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-30-1878

7. AGE 54 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER
13. NAME ? Reaume
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Clara Graham Havre Mont

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) Da L Herrman

20. FILED Aug 18, 1932 Chas F Zeller Jme Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Gun wound in Temple self inflected

Date of onset

Other contributory causes of importance:

Suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) N E Sinclair, ~~M.D.~~

(Address) Jerome Co Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 18

DO NOT WRITE IN THIS SPACE
80404
State File No.

Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

40

2. FULL NAME Baby Otterrow

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 18 32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Jerome, Ida

FATHER

13. NAME Earl Otterrow

14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Grace C. Lewis

16. BIRTHPLACE (city or town) (State or country) Mont

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date 8/20, 1932

19. UNDERTAKER None (Address)

20. FILED 8/20, 1932 C. E. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Aug 19, 1932
I last saw him alive on Aug 19, 1932; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia	
Cardiac failure	
Twin Infant	

Other contributory causes of importance: —

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. E. Zeller, M. D.
(Address) Jerome, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80405

Registration District No.
Primary Registration District No. 15 Local Registrar's No. 10

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Arthur Keslle

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rock
(State or country)

FATHER

13. NAME James Keslle

14. BIRTHPLACE (city or town) Engl
(State or country)

MOTHER

15. MAIDEN NAME Lillian Tomkin

16. BIRTHPLACE (city or town) Rock
(State or country)

17. INFORMENT Philip Keslle
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Date , 193

19. UNDERTAKER D. A. Stevenson
(Address) Jerome

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July , 1931, to Aug. 3 , 1932
I last saw him alive on Aug. 2nd, 1932, death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Irritable Brain tumour	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. F. Zeller M. D.
(Address) Jerome, Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80408

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 106

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Eva Harklerod

(a) Residence. No. 1027 - Lakeside St. 144
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Cloys Harklerod

6. DATE OF BIRTH (month, day, and year) 1903-5-29

7. AGE Years 29 Months 2 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Athol Idaho.

FATHER
13. NAME R. C. Egbers
14. BIRTHPLACE (city or town) (State or country) Quincy Ill.

MOTHER
15. MAIDEN NAME Rhoda M. Bardwell
16. BIRTHPLACE (city or town) (State or country) St. Cloud. Minn.

17. INFORMENT (Address) Miles Egbers

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. CDA. Date 8-10, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home CD Alene, Ida

20. FILED 8/29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-8 193

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to August, 1932
I last saw her alive on Aug 8, 1932; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage & shock	

Other contributory causes of importance:
Ruptured uterus (lower segment into abdomen) due to difficult labor and shoulder presentation of fetus

Name of operation Delivery Date of 8-6-32
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Harold J. Sturges, M. D.
(Address) CDA Idaho

RECEIVED SEP 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80410

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 113

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alvin Blair

(a) Residence. No. Post Falls St. 170
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 13, 1907

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nash.

FATHER

13. NAME R N Blair

14. BIRTHPLACE (city or town) (State or country) W. S.

MOTHER

15. MAIDEN NAME Myrtle Haisington

16. BIRTHPLACE (city or town) (State or country) N[illegible] Ais

17. INFORMENT (Address) Ward B[illegible] Post [illegible] Falls, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Post Falls Date 9-4, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene, Idaho

20. FILED 9-5, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 11 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Gun Shot Bound in head	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. B. Mooney Coroner, M.D.

(Address) Coeur d'Alene Ida

V. S. No. 5-25 M. 1-19.

PLACE OF DEATH

y of Kootenai

Worley, Ida.

h occurs away from residence, give facts for under special in-ion.

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050.

(No. ....., ... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 80411

Registered No. 102

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Henry Brewer Brundige.

PERSONAL AND STATISTICAL PARTICULARS

	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED
le	White	Widower. (Write the word.)

TE OF BIRTH

Dec (Month) 11th (Day) 1853 (Year)

E

79 Yrs. 7 Mos. 27 ds.

IF LESS than 1 day how many..... hrs. or..... min.?

CUPATION

ade, profession or ar kind of work Stock Man.

neral nature of in- business or estab- in which employ- employer) ~~Fairwater Wisconsin~~

RTHPLACE (State or Country) Fairwater, Wisconsin

AME OF HER Thomas Brundige

RTHPLACE FATHER (State or Country) New York State.

AIDEN NAME MOTHER Don't Know.

RTHPLACE MOTHER (State or Country) New York State.

IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

mant) Lew T. Brundige

(Address) Coeur d'alene Ida R2#

8 - 29 1932 H. J. Sturges Local Registrar

MEDICAL CERTIFICATE OF DEATH

9

16. DATE OF DEATH

Aug (Month) 8th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28th 1932, to Aug 8th 1932, that I last saw him alive on Aug 8th 10 a.m. 1932, and that death occurred on the date stated above, at 11 40 a.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ✓ Yrs. ✓ mos. 7 ds.

Contributory (Secondary) Arterio Sclerosis

(Duration) 5 yrs. ✓ mos. ✓ ds.

(Signed) J. J. Herrington M. D.

8/9 1932 (Address) Worley, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Coeur d'alene, Ida

DATE OF BURIAL: 8/10 1932

20. UNDERTAKER: H. G. Jaeger

ADDRESS: Fairfield Ida.

K CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED SEP 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80412

PLACE OF DEATH
County of Kootenai
City of
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 112

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Walker

(a) Residence. No. Pleasant View St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 29 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan 1932
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Alex Walker
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Jennette Muir
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs Martha Murphy Post Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant View Date 8-19, 1932

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene Ida

20. FILED 8-29, 1932 W. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1932, to , 193
I last saw him alive on Aug. 14, 1932: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver	Two or three years ago

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F. L. McCauley, M.D.
(Address) Post Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80413

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Kootenai
City of Rathdrum
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 109
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Simon Baker Woolery

(a) Residence. No. Rathdrum, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

17

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Petrude Woolery

6. DATE OF BIRTH (month, day and year) Jan 1-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labour - (common)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Quebec
(State or country) Canada

PARENTS

10. NAME OF FATHER John Baker Woolery
11. BIRTHPLACE OF FATHER (city or town) Quebec
(State or Country) Canada
12. MAIDEN NAME OF MOTHER Mary Conners
13. BIRTHPLACE OF MOTHER (city or town) Blue Earth
(State or County) Minn

14. Informant Clarence Woolery
(Address) Rathdrum Idaho

15. Filed 8-29, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 26, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 12, 1932, to August 26, 1932
that I last saw him alive on August 25, 1932
and that death occurred, on the date stated above, at 2:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Cirrhosis of liver

(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Gen'l Arterio-Sclerosis
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Frank Wenz, M. D.
8/26, 1932 (Address) Rathdrum Ida.

19. Place of Burial, Cremation, or Removal: Rathdrum Cemetery Rathdrum — Date of Burial: 8-28 1932
Undertaker: Casady Funeral Home — Address: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80414

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 104

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-a

2. FULL NAME Hans R. Iwanme

(a) Residence. No. CD Alene Home for the Aged St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 1852-6-10
7. AGE Years 80 Months 2 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dont-Know.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Dont-Know
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Millie Rockne

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. CD Al. Date 8-16, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home CD Alene Ida.

20. FILED 8/29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932 to Aug., 1932
I last saw him alive on ....., 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O M Husted, M. D.
(Address) Coeur d'Alene, Idaho

RECEIVED SEP 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80415

PLACE OF DEATH
County of Kootenai
City of Ohio.

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 114

(No. Wolf Lodge)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas Burnor

(a) Residence. No. Wolf Lodge Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer, Boatman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisherman
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. A. W. Moody Ohio.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Lawn Date 9-1, 1932

19. UNDERTAKER Mooney Mortuary
(Address) C.D.A.

20. FILED 8-31, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-30 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Aug, 1932
I last saw him alive on Aug 25, 1932; death is said to have occurred on the date stated above, at 6:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Prostatectomy Date of
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J. Sturges, M. D.
(Address) Ohio Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80416

PLACE OF DEATH
County of Kootenai
City of Rathdrum — Registration District No. 30
Primary Registration District No. 1050 — Local Registrar's No. 110

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Scranton

2. FULL NAME Samuel Thomas

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	W.	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Fannie Patterson Thomas

6. DATE OF BIRTH (month, day and year) 8-8 5-25-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) City employee
(c) Name of employer not worked since 1928

9. BIRTHPLACE (city or town) (State or country) Clay Co. Ind.

PARENTS

10. NAME OF FATHER Preston Thomas

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ind.

12. MAIDEN NAME OF MOTHER Margaret Connelly

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ind.

14. Informant Sarah Roundsend
(Address) 6612-28-Ave-S-E-Portland Ore

15. Filed 8-29, 1932 — W. J. Sturgeon, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1932, to Aug. 20, 1932 that I last saw h... alive on Aug. 20, 1932 and that death occurred, on the date stated above, at 7:50 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)
and Cirrhosis of Liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Frank Young, M. D.
8/22, 1932 (Address) Rathdrum, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Forest Cem. CdAlene Ida	8-24 1932
20. Undertaker: Cassedy Funeral Home	Address: Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80417

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1650 Local Registrar's No. 111

(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188-C

2. FULL NAME Oscar Noor

(a) Residence. No. 421 Indiana avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nora

6. DATE OF BIRTH (month, day, and year) Jan 6-1886

7. AGE Years 46 Months 7 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumber Checker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Black Well Lmbr. Co.
10. Date deceased last worked at this occupation (month and year) at the time
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Chas. Noor
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Anna Anderson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. O. Noor C.D.A.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem. Date 8-30, 1932

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 8-29, 1932 H. J. Sturgis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/26, 1932, to 8/27, 1932

I last saw him alive on 8/26, 1932; death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental — Run over by automobile	8/27-32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/26, 1932

Where did injury occur? Coeur d'Alene. Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On street in front of home.

Manner of injury Run over by automobile.

Nature of injury Crushing injury to chest.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) O M Husted, M. D.

(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80420

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 f

2. FULL NAME William C. Tucker

(a) Residence. No. Near Potlatch Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-7-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Glenrock Neb.

FATHER

13. NAME Oliver P. Tucker

14. BIRTHPLACE (city or town) (State or country) Paris Ill.

MOTHER

15. MAIDEN NAME Elizabeth Lawler

16. BIRTHPLACE (city or town) (State or country) Christman Ind.

17. INFORMENT (Address) Grace E. Day Denver Col.

18. BURIAL, CREMATION, OR REMOVAL Place Freeze Sale Date 8-22, 1932

19. UNDERTAKER B. D. Kimball
(Address) Palouse Wash.

20. FILED Aug 17th, 1932 J. Fr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-16 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12th, 1932, to Aug 16th, 1932

I last saw h-- alive on Aug 16, 1932: death is said to have occurred on the date stated above, at 7:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1922
Gangrene of Leg.	

Other contributory causes of importance:

Name of operation Amputation Date of Aug 13

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Gibbons, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80421

PLACE OF DEATH

County of Latah

City of Genesee

Registration District No. .....

Primary Registration District No. .....

Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

161-9

2. **FULL NAME** Baby Ringsage

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	w	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 14, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Pierce, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Helmer Ringsage

11. BIRTHPLACE OF FATHER (city or town) Minnesota
(State or Country)

12. MAIDEN NAME OF MOTHER Bertha Ethel Geisler

13. BIRTHPLACE OF MOTHER (city or town) Michigan
(State or County)

14. Informant (Address) Helmer Ringsage

15. Filed Aug 16, 1932 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 15 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1932, to Aug 14, 1932, that I last saw him alive on Aug 14, 1932, and that death occurred, on the date stated above, at 5:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Prematurity (lived 2½ hrs)

.....

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) D. A. Clementsen M. D.

Aug 16, 1932 (Address) Kendrick, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Park	Aug 16 1932
20. Undertaker None	Address —

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80422

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Charles Harrison Wheeler

(a) Residence. No. Tommy Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yr. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Harrison H Wheeler

14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER

15. MAIDEN NAME Marie Harkness

16. BIRTHPLACE (city or town) (State or country) McCammon Idaho

17. INFORMENT (Address) Mary Wheeler Tommy Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 8-19", 1932

19. UNDERTAKER (Address) Jno C Hoehler Salmon Ida.

20. FILED 9/7, 1932 Chas C. Billamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-17" 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 6-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Shot in Abdomen with 22 Cal Rifle	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) Jno C Hoehler Coroner, M. D.

(Address) Salmon Idaho

RECEIVED SEP 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80423

PLACE OF DEATH

County of Lemhi

City of Gilmonsville

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas J Carew

(a) Residence. No. Gilmonsville Ida St. 90
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Farm Work~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Wm C Doebler Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 9-17, 1932

19. UNDERTAKER (Address) Wm C Doebler Salmon Ida

20. FILED 9/7, 1932 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-15 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
due to Heart Trouble	
Valvular heart disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm C Doebler Coroner, M. D.

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80424

PLACE OF DEATH
County of Lemhi
City of Loon Creek

Registration District No. 41
Primary Registration District No. 216 Local Registrar's No.

(No.) 16 ✓
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ben Selmes

(a) Residence. No. Lowell Ranch Loon Or St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Trapping & Placer Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME John Selmes
14. BIRTHPLACE (city or town) (State or country) Bradley Wisconsin

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Wm C. Doebler Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Loon Creek Date 5-12", 1932

19. UNDERTAKER Wm C. Doebler
(Address) Salmon Ida

20. FILED 9/7, 1932 Chas C. Tellam
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning in Loon Creek while riding horse	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wm C. Doebler Coroner M. D.

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80425

PLACE OF DEATH
County of Lewis
City of Mohler R&D

Registration District No. 30
Primary Registration District No. 2129
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anetta T. Langdon

(a) Residence. No. ..... St. 749
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Albert Langdon 1859

6. DATE OF BIRTH (month, day, and year) Oct 9 1860 1859

7. AGE Years 72 Months 10 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME William Tarry
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Marie Goodwin
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Eugene W. Langdon Mohler Ida

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date 8-16, 1932

19. UNDERTAKER (Address) Craigmont Hdwe Co. Craigmont Ida

20. FILED 8/16, 1932 R E Dunlop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1932 to Aug 14, 1932
I last saw her alive on Aug 13, 1932: death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral	
Thrombosis	8/13-32

Other contributory causes of importance:

Name of operation no Date of —
What test confirmed diagnosis? unsol Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) R E Dunlop, M. D.
(Address) Craigmont Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80426

PLACE OF DEATH
County of Lewis
City of Winchester

Registration District No. 50
Primary Registration District No. 2129 Local Registrar's No. 5

(No.) 128
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Stigum Carl Stigum

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 6 1865

7. AGE Years 66 Months 8 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Zakarias Stigum
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Berith Koen
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Ralph B Stigum Nezperce Ida

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Ida Date 7-12, 1932

19. UNDERTAKER (Address) Craigmont Hdwe Co Craigmont, Ida

20. FILED 7/12, 1932 R E Dewell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1932, to July 10, 1932
I last saw him alive on July 10, 1932; death is said to have occurred on the date stated above, at 9:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Brights Disease	1930
Disease 1930	
Mitral Regurgitation	
Other contributory causes of importance:	
Hardwork Exposure	1932

Name of operation Date of
What test confirmed diagnosis? Drops Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. McLaughlin, M. D.
(Address) Winchester Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80427

Registration District No. 16
Primary Registration District No.
Local Registrar's No. ~~180~~ 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Alice Edna Platz

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feby 19 1927

7. AGE: Years 5 | Months 4 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shoshone Idaho

FATHER
13. NAME John A Platz
14. BIRTHPLACE (city or town) (State or country) Omaha Neb

MOTHER
15. MAIDEN NAME Helen Ida Burgess
16. BIRTHPLACE (city or town) (State or country) Shoshone Ida

17. INFORMENT (Address) John A Platz

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date 7-9, 1932

19. UNDERTAKER (Address) G. E. Hickok Shoshone Ida

20. FILED 7/9, 1932 J. L. Fuller Registrar.
By A. M. Mahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to July 7, 1932
I last saw her alive on July 7, 1932: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Second & third degree burns over 2/3 body area	7/6/32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? P.X. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/6, 1932
Where did injury occur? Shoshone Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Name Clothes caught fire from match
Manner of injury 2nd 3rd degree burns
Nature of injury from ignited clothes

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) F. E. Burrett, M. D.
(Address) Shoshone Ida

RECEIVED SEP 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80429

PLACE OF DEATH

County of Madison
City of Thornton

Registration District No. 100
Primary Registration District No. 2178
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 35

88

2. FULL NAME James Douglas Nelson
(a) Residence. No. Thornton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ann Reid Nelson

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 75 | Months 2 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10. NAME OF FATHER: Nineam Nelson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: Christiana Campbell
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Scotland

14. Informant: Samuel Nelson
(Address) Thornton Idaho

15. Filed 9/3, 1932 J. Young Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-31, 1932, to 8-31, 1932
that I last saw him alive on 8-31-32, 19..
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:
Acute Myocarditis
Sudden death
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? no
(Signed) J. Sutherland M. D.
9/3, 1932 (Address) Rexburg, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Sutton Cemetery | Date of Burial: 9/3 1932

20. Undertaker: A. B. Eckersell | Address

...should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80430

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 34

88 V

2. FULL NAME Elmira Mae Nelson

(a) Residence. No. Burton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FM

4. COLOR OR RACE: white

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Nelson

6. DATE OF BIRTH (month, day and year)

7. AGE Years: 69 Months: 2 Days: 12 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Smithfield Utah

PARENTS

10. NAME OF FATHER: Andrew A Anderson

11. BIRTHPLACE OF FATHER (city or town) (State or Country): U.S.A. New York

12. MAIDEN NAME OF MOTHER: Mary Smith

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Dundee Scotland

14. Informant: Sarah A Barnes
(Address) Rexburg

15. Filed 8/31, 1932 J R Young Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. 30/1932 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-28, 1932, to 8-30, 1932 that I last saw her alive on 8-30, 1932 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic toxic goiter

..... (duration) 10 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) J. Sutherland, M. D.

8-31, 1932 (Address) Rexburg, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rexburg | Date of Burial: 9/3 1932

20. Undertaker: A B Eckersell | Address: [illegible]

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80431

PLACE OF DEATH
County of Minnidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 . Local Registrar's No. 33
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Ethel Ora Orton
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Sept. 10-1926
7. AGE Years 5 Months 11 Days 7 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Bancroft Ida.
PARENTS
10. NAME OF FATHER John B. Orton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ogden Ut.
12. MAIDEN NAME OF MOTHER Ethel Loveland
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Chesterfield Ida.
14. Informant (Address) J. B. Orton Rupert Ida.
15. Filed 8-23, 1932 E H Emmons Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 17 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h Over alive on ....., 19.....
and that death occurred, on the date stated above, at 6:30P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental - Cause Kick by hose - blow landing on chest.
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Leland Frazier, M. D.
....., 19..... (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal Rupert Ida
Date of Burial 19
20. Undertaker N. E. Johnson
Address Burley

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80432

PLACE OF DEATH
County of Minidoka
City of Emerson

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 34
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME James Henry Crofts
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lola Elmore Krebs Crofts

6. DATE OF BIRTH (month, day and year)

7. AGE: 62 Years | Months: 9 | Days: 23 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Agriculturist
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (city or town) (State or country): Porteville Ut Morgan

PARENTS
10. NAME OF FATHER: John Crofts
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Wales
12. MAIDEN NAME OF MOTHER: Ellen Rothwell
13. BIRTHPLACE OF MOTHER (city or town) (State or County): England

14. Informant (Address): Mrs Lola E K Crofts Weyburn RD #2

15. Filed 8-19, 1932 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 8 (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/21, 1932, to 8/21, 1932
that I last saw him alive on 8/21, 1932
and that death occurred, on the date stated above, at 4 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gastric Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G G Espe, M. D.
8/4/32, 19 (Address) Burley

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker: Jos. P. Payne | Address: Burley
License No E 271

RECEIVED SEP 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80433

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 31
(No.) 3 1
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Boyd D. Schofield

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Mal	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 26 — 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Youth
(b) General nature of industry, business, or establishment in which employed (or employer) School
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Lamont Schofield
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Myria Madsen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address)

15. Filed 7—5—, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1932, to April 13, 1932, that I last saw him alive on April 13, 1932, and that death occurred, on the date stated above, at 6 [illegible] m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Edema of lungs.

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis? Physical Exam
(Signed) L. M. Kelly, M. D.
June 6, 1932. (Address) Rupert

19. Place of Burial, Cremation, or Removal: Rupert Cemetery — Date of Burial: Apr 17 1932
20. Undertaker: W. J. Goodman — Address: Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED SEP 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Minidoka
City of Rupert.

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 30
(No.) 126
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. W. Higley
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Maud Higley
6. DATE OF BIRTH (month, day and year)
7. AGE Years 34 Months 11 Days 5 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Agriculturist
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Hooper Weber Co Ut
PARENTS
10. NAME OF FATHER Geo E. Higley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mountain Green Morgan Co Ut
12. MAIDEN NAME OF MOTHER Adeline Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Franklin Idaho
14. Informant (Address) Clara M. Higley Paul Ida
15. Filed Aug 23, 1932 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 23 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1932, to Aug. 23, 1932
that I last saw him alive on Aug. 23, 1932
and that death occurred, on the date stated above, at 2.40 A.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Peritonitis following acute appendicitis
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Aug. 18-32
Was there an autopsy? no
What test confirmed diagnosis? Operation & Symptoms
(Signed) E H Elmore M. D.
Aug. 23, 1932 (Address) Rupert Ida
19. Place of Burial, Cremation, or Removal Date of Burial 19
20. Undertaker Address
Jas. T. Payne Burley
License 271

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80435

Registration District No. ~~1009~~ 96

Primary Registration District No. 1009 Local Registrar's No.

(No. 714 - 7th ave)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1 6

2. FULL NAME James H. Centers

(a) Residence. No. 714 - 7th ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha Centers

6. DATE OF BIRTH (month, day, and year) April 2018

7. AGE Years 81 Months 4 Days 7 If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Centers

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Ira Centers Weippe Ida

18. BURIAL, CREMATION, OR REMOVAL Place Weippe Ida Date 8/27, 1932

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida.

20. FILED Aug. 27 1932 J. M. Lyle Registrar. By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/27 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 21, 1932

I last saw him alive on Aug 22, 1932: death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene R foot	July 1932

Other contributory causes of importance:

Uterus Cerosis	1932

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80436

168

PLACE OF DEATH
County of Nez Perce
City of Culdesac
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hester Clarette Timmons

(a) Residence. No. Reubens Grade St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 4 - 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME John W. Denney
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Agnes Jordan
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Agnes Leeper Culdesac

18. BURIAL, CREMATION, OR REMOVAL Place Reubens Idaho Date 7/22, 1932

19. UNDERTAKER Brown-Wagner Co. (Address) Lewiston Idaho.

20. FILED July, 1932 George Grigsmed M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on 20 July, 193.....: death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	
Hanging by neck	
Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7/20, 1932
Where did injury occur? Nez Perce County Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Melancholia
(Signed) E. M. Brown Coroner, M. D.
(Address) Lewiston Idaho

RECEIVED SEP 6 1932

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Nez Perce State Idaho Registered No. 128
Township ..... or Village Lapwai 80437 or
City ..... No. Fort Lapwai Sanatorium St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

31

2 FULL NAME Elizabeth Madman
(a) Residence. No. ..... St., ... Ward. Browning, Mont.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE Indian Blackfeet
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1916

7 AGE 16 Years Months Unk. Days Unk. If LESS than 1 day, ---- hrs. or ---- min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Browning
(State or country) Montana

PARENTS
10 NAME OF FATHER Dave Scabby Robe
11 BIRTHPLACE OF FATHER (city or town) Unk.
(State or country) Montana
12 MAIDEN NAME OF MOTHER Josephine
13 BIRTHPLACE OF MOTHER (city or town) Unk
(State or country) Montana

14 Informant Government records
(Address) Ft. Lapwai San.

15 Filed Aug, 1932 George Guignard MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7- 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1931, to Aug. 7, 1932, that I last saw her alive on Aug. 7, 1932, and that death occurred, on the date stated above, at 4.30p. m.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis, far advanced
(duration) 8 yrs. Unk. mos. Unk ds.
CONTRIBUTORY (SECONDARY) Laryngeal tuber culosis
(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Sputum exam
(Signed) C. H. Kautz, M. D.
, 19 (Address) Lapwai Ida

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Browning, Montana
DATE OF BURIAL 19

20 UNDERTAKER Brower- Wann Co.
ADDRESS Lewiston Idaho

11—8184 GOVERNMENT PRINTING OFFICE

MARGIN RESERVED FOR BINDING

V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 8 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80438

PLACE OF DEATH

County of Nez Perce
City of Lapwai
Registration District No. 128
Primary Registration District No.
Local Registrar's No. 49

(No. Fort Lapwai San.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred McCoy

(a) Residence. No. St. Miles, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. ½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian 1/16
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ida
6. DATE OF BIRTH (month, day, and year): Aug. 20, 1880
7. AGE: Years 52; Months 0; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Farm
10. Date deceased last worked at this occupation (month and year): Oct. 1931
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Colville, Wash.

FATHER
13. NAME: Robert Lewis McCoy
14. BIRTHPLACE (city or town) (State or country): Unk. Ore.

MOTHER
15. MAIDEN NAME: Josette Finley
16. BIRTHPLACE (city or town) (State or country): Unk. Wash.

17. INFORMENT (Address): Albert McCoy 410 W. 3d St., Spokane, Wn.
18. BURIAL, CREMATION, OR REMOVAL Place: Miles Wn. Date: Sept. 1, 1932.
19. UNDERTAKER (Address): None
20. FILED August, 1932. George Gaigmer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8-31-32 193
22. I HEREBY CERTIFY, That I attended deceased from ~~Oct.~~ Aug. 30, 1932 to Aug. 31, 1932
I last saw him alive on Aug. 31, 1932: death is said to have occurred on the date stated above, at 10.30 ~~a~~ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the pylorus	
	Oct. 1931
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

RECEIVED SEP 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80440

PLACE OF DEATH
County of Nez Perce
City of near Lapwai Idaho

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Hemm 74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 29. 1839

7. AGE 92 Years | Months 11 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Hezekiah Fox
14. BIRTHPLACE (city or town) (State or country) Pensylvania

MOTHER
15. MAIDEN NAME Mary Parker
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Anthony T. Hemm Lewiston Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Colyer D. Home Date 8-31-, 1932

19. UNDERTAKER (Address) Vassar undertaking Co. Lewiston Idaho

20. FILED Aug, 1932 George Gaigneard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-28- 1932

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1932, to August 28, 1932
I last saw her alive on August 28 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-9-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaigneard, M. D.
(Address) Culdesac Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80441

PLACE OF DEATH
County of Nesperce
City of Southwick

Registration District No.
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

14a

2. FULL NAME George M. Jones

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 43 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? X yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie M Jones

6. DATE OF BIRTH (month, day and year)

7. AGE 83 Years Months 9 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Worked for himself
(c) Name of employer Himself

9. BIRTHPLACE (city or town) (State or country) Troy Iowa

PARENTS

10. NAME OF FATHER Valentine Jones
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Hulda Harrington
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Hattie Jones
(Address) Southwick Idaho

15. Filed Aug 22, 1932 B. F. Nesbit Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14th, 1932, to Aug 22, 1932
that I last saw him alive on Aug 22, 1932
and that death occurred, on the date stated above, at 4.30 A m.
The CAUSE OF DEATH* was as follows:
Apoplexy — and Infirmities of old age
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (Secondary) Old age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Russell Truitt, M. D.
Aug 22, 1932 (Address) Southwick Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Southwick
Date of Burial Aug 24 1932

20. Undertaker John J Pickery
Address Troy, Ida

RECEIVED SEP 1 1 [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80442

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Evans

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
		5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER
13. NAME David Reuben Evans
14. BIRTHPLACE (city or town) Woodruff
(State or country) Idaho

MOTHER
15. MAIDEN NAME Phylis L. John
16. BIRTHPLACE (city or town) Logan
(State or country) Utah

17. INFORMENT David Reuben Evans
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Portage, Utah Date Aug. 1, 1932

19. UNDERTAKER J. Guy Benson
(Address) Malad Ida

20. FILED 8/31, 1932 J. M. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 1 1932 193

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932, to Aug 1, 1932
I last saw her alive on July 30, 1932 death is said to have occurred on the date stated above, at Unknown
The principal cause of death and related causes of importance were as follows:

	Date of onset
Land baby dead	
Cause unknown	
No apparent symptoms	

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [illegible], M. D.
(Address) Malad Idaho

RECEIVED SEP 1 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2064

DO NOT WRITE IN THIS SPACE
State File No. 80443

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby E. Nelson King

41

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of John J. King

6. DATE OF BIRTH (month, day, and year) May 19 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

FATHER

13. NAME Carl M. Nelson

14. BIRTHPLACE (city or town) .....
(State or country) Sweden

MOTHER

15. MAIDEN NAME Annie L. Jensen

16. BIRTHPLACE (city or town) .....
(State or country) Denmark

17. INFORMENT John E. King
(Address) Arbon Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Logan Utah Date ....., 193..

19. UNDERTAKER W. Ray Reese
(Address) Malad Idaho

20. FILED 8/31, 193 2 J. M. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 14 193 2

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 193 2 to Aug 14, 193 2

I last saw h[illegible] alive on Aug 14, 193 2 death is said to have occurred on the date stated above, at 8 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
(Treatment also given Chester Gibson)	

Other contributory causes of importance:
Abortion (?) on regular period "

Name of operation None Date of .....
What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O. H. Mabey, M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80444

Registration District No. 76

Primary Registration District No. 2069

Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 V

2. FULL NAME Daniel R. Evans

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ann E. Kniveton

6. DATE OF BIRTH (month, day and year): December 9 1850

7. AGE: Years 81 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): 1916

11. Total time (years) spent in this occupation: 50 Years

12. BIRTHPLACE (city or town) (State or country): St Joseph Mo.

FATHER

13. NAME: Edward D Evans

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Alice Richards

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): Charlotte K. Evans. Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place St John Idaho Date Aug 23 1932

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED 8/31, 1932 J. M. Kenny Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Aug 20, 1932

I last saw him alive on Aug 20, 1932 death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	
Myocarditis	

Other contributory causes of importance:—
Arterio sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [signature], M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80445

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Larry Lee Deschamps

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Baby

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 29 1930

7. AGE Years | Months 8 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Malad Idaho

FATHER

13. NAME: F.M.Deschamps

14. BIRTHPLACE (city or town) (State or country): Malad Idaho

MOTHER

15. MAIDEN NAME: Lysle Lusk

16. BIRTHPLACE (city or town) (State or country): Malad Idaho

17. INFORMENT (Address): F. M. Deschamps Malad Ida R.I.D. #1

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place St John Idaho Date Aug 9, 1932

19. UNDERTAKER (Address): J. Lee Benson Malad Ida

20. FILED 8/31, 1932 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1930, to Aug 7, 1932

I last saw him alive on Aug 7, 1932 death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia with Pyolitis	

Other contributory causes of importance: Malformation and position Kidney.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) O. H. Malory, M.D.

(Address) Malad Idaho

Copy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80446

PLACE OF DEATH
County of Owyhee
City of Bruneau
Bettis winter camp
Registration District No. 74 - 34
Primary Registration District No. 2151 - 2020 Local Registrar's No. 76 - 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dewey Bradshaw

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of [redacted] of Grace Hawkins Bradshaw

6. DATE OF BIRTH (month, day, and year) June 16, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. stock & ranch laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. stock ranch
10. Date deceased last worked at this occupation (month and year) Aug. 6, 1932
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Kingston Arkansas

FATHER
13. NAME Joe Bradshaw
14. BIRTHPLACE (city or town) (State or country) Kingston Arkansas

MOTHER
15. MAIDEN NAME Minnie Wright
16. BIRTHPLACE (city or town) (State or country) Kingston Arkansas

17. INFORMENT (Address) Grace Hawkins Bradshaw

18. BURIAL, CREMATION, OR REMOVAL Place Berryville, Ark. Date 8/8, 1932 via Mt. Home

19. UNDERTAKER C.G. Zacher
(Address) Mt. Home, Idaho

20. FILED Aug 10, 1932 Wm. J. Eckenbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1932, to Aug. 7, 1932
I last saw him alive on Aug. 8, 1932; death is said to have occurred on the date stated above, at 4:45 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental gunshot wound	
inflicted by Mark Bradshaw	
(Coroner's jury)	

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Aug. 6, 1932
Where did injury occur? Bruneau, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury accidental gunshot
Nature of injury wound in abdomen

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Wm. J. Eckenbeck, M. D.
(Address) Grand View, Idaho

Bruneau Hotel—Cafe
Bruneau, Idaho
Aug. 6 1932
To Dewey Bradshaw
Dr.
To Room Rent $ .50

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Bruneau
Little Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 74

Primary Registration District No. 2151

DO NOT WRITE IN THIS SPACE

State File No. 80447

Local Registrar's No. 78

(No. 101 ½)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Homer Markham

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna

6. DATE OF BIRTH (month, day, and year) 4-12-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Ore Mill

10. Date deceased last worked at this occupation (month and year): Aug. 1932

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oregon

FATHER

13. NAME: Warren W. Markham

14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER

15. MAIDEN NAME: Susan Benton

16. BIRTHPLACE (city or town) (State or country): Michigan

17. INFORMENT (Address): Mrs. Phil Thoms, Box 150, Bruneau, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Little Valley Date: Aug. 15, 1932

19. UNDERTAKER (Address): C. G. Zacher, Mt. Home

20. FILED Sep. 1, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-14-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1932, to Aug. 13, 1932

I last saw him alive on Aug. 13, 1932; death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	8-10-'32
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Akenbeck, M. D.

(Address) Grand View, Idaho

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80448

PLACE OF DEATH
County of Payette
City of Fruitland Ida.

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18

2. FULL NAME Fred G. Wheeler

(a) Residence. No. Fruitland Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Wheeler

6. DATE OF BIRTH (month, day, and year): Oct 6 1898

7. AGE: Years 33 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Forman F
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: J. H. Hogue
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: Fruit Company

12. BIRTHPLACE (city or town) (State or country): Barnswell Ohio

FATHER
13. NAME: Clark Allen Wheeler
14. BIRTHPLACE (city or town) (State or country): Bellsville Ohio

MOTHER
15. MAIDEN NAME: Lena Gondy
16. BIRTHPLACE (city or town) (State or country): Woodsfield Ohio

17. INFORMENT (Address): Josephine R. Wheeler Fruitland Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette Ida. Date: July 29, 1932

19. UNDERTAKER (Address): Glenn C. Pauden Payette Ida

20. FILED July 31, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 25 1932

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1932, to July 25, 1932
I last saw him alive on July 25, 1932; death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mt. Spotted fever	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) Chas E Palmer, M. D.
(Address) Ontario Ore

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80449

PLACE OF DEATH
County of Gayette
City of Fruitland Ida.

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eveline May ~~Smith~~ Smith 74 a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mr. M. A. Smith

6. DATE OF BIRTH (month, day, and year): May 10 - 1867

7. AGE: Years 65 | Months 3 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Joel Silbett
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Peiberal
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMENT (Address): Mrs. Lee Hill, Fruitland, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: New Plymouth Ida. Date: Aug 21, 1932

19. UNDERTAKER (Address): Glenn C. Lawson, Gayette, Idaho

20. FILED: Aug 27, 1932 J. O. Woodward, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 18 - 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932, to Aug 18, 1932.
I last saw her alive on Aug 18, 1932: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....
(Signed) C. C. Paxton, M. D.
(Address) Fruitland Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80450

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 5-1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME June Rose Shumard

(a) Residence. No. 126 North Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 18, 1932

7. AGE	Years	Months	Days	If LESS than 1 day,	hrs. or	min.
	—	—	—	3		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

FATHER
13. NAME Walter Harvey Shumard
14. BIRTHPLACE (city or town) (State or country) Piedmont Kansas

MOTHER
15. MAIDEN NAME Jessie Vergobbi
16. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

17. INFORMENT (Address) Walter Shumard 126 N Ave Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg, Ida. Date Aug 20, 1932

19. UNDERTAKER M. E. Thornhill
(Address) Kellogg, Ida.

20. FILED Sept. 1, 1932 Mrs. Helen M. Brandt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1932, to Aug 18, 1932.
I last saw her alive on Aug 18, 1932; death is said to have occurred on the date stated above, at 6:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia of labor	
Right Occiput Posterior Presentation	
Other contributory causes of importance:	
Difficult Labor	6 days
Instrumental Delivery	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80451

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mark D. Deasy

(a) Residence. No. Wardner St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161-a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 29-1932

7. AGE Years Months Days If LESS than 1 day, 1 hrs. or 50 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Ida

FATHER
13. NAME Mark D. Deasy
14. BIRTHPLACE (city or town) (State or country) Grangeville Ida

MOTHER
15. MAIDEN NAME Lena Palmer
16. BIRTHPLACE (city or town) (State or country) St. John Wash

17. INFORMENT (Address) Mark D. Deasy

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date , 193

19. UNDERTAKER (Address) R. L. Stout

20. FILED Sept. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1932, to Aug 29, 1932
I last saw h alive on Aug 29, 1932: death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature rupture of membrane - Prematurity of infant	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

RECEIVED SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80452

PLACE OF DEATH
County of Shoshone
City of ~~Wallace~~ Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 47
(No.) 170
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Woodrow Starchman

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 8 - 1912

7. AGE Years 19 Months 8 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Hecla Mining Co

9. BIRTHPLACE (city or town) (State or country) Carmichael Mo

PARENTS
10. NAME OF FATHER Roy Starchman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) —
12. MAIDEN NAME OF MOTHER ✓
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ✓

14. Informant (Address) Roy Starchman

15. Filed Sept. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 19 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw him alive on Apr 19, 1932
and that death occurred, on the date stated above, at 40 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gunshot wound of head Suicidal
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Worry
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis None
(Signed) H. Mowry Coroner M.D.
4/20, 1932 (Address) Wallace

19. Place of Burial, ~~Cremation, or~~ Removal Joplin Missouri
Date of Burial 19

20. Undertaker R. L. Stout
Address Kellogg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 80453

Local Registrar's No. 68

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Olson

(a) Residence. No. Pearson Mine Shoshone Co. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

166 C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 29 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Olaf Olson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Ingeborg Pearson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Charles Olson Pearson Mine Shoshone Co. Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Cem Date Aug 22 1932

19. UNDERTAKER (Address) B. S. Worstell Wallace Ida

20. FILED Aug 22, 1932 C. L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 18 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract skull	few minutes

Other contributory causes of importance:

alcoholism

Name of operation — Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date injured Aug 18, 1932

Where did injury occur? Shoshone County Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. County Road

Manner of injury Fell from truck

Nature of injury Fract of skull Death was caused by

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wm. Thomas Gibson M. D.

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80454

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 20
Primary Registration District No. 1011
Local Registrar's No. 69

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Axel Adolphson

(a) Residence. No. Livingston, Mont. St. Livingston Mont.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: About 50 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Bridge Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Northern Pacific
10. Date deceased last worked at this occupation (month and year): Aug 20 32
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Not known.
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Fred Simpson Butte Mont.
18. BURIAL, CREMATION, OR REMOVAL. Place: Livingston Mont. Date: Aug 22 1932
19. UNDERTAKER (Address): J. A. Bauer (Ward Mort Co) Wallace Ida.
20. FILED: Aug 22, 1932 C. L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 20 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock due to Accident	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 20 1932
Where did injury occur? Bridge Yard Northern Pacific
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Industry Bridge Yard
Manner of injury: Fell from Bridge to Ground
Nature of injury: Fractured Skull Contusion of Brain
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify: Fell While Working
(Signed) Dr. Country Coroner
(Address) Wallace Ida

RECEIVED SEP 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80455

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 67

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glynn Eugham

(a) Residence. No. 314 Elm St. Wallace
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos., ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

6a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 29 1924

7. AGE: Years 8 | Months 4 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grimsby England

FATHER
13. NAME Ernest G. Eugham
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Lerra Blanch Murley
16. BIRTHPLACE (city or town) (State or country) Aspen Colorado

17. INFORMENT (Address) E. G. Eugham Wallace

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Cem Date Aug 19, 193 7

19. UNDERTAKER (Address) B. E. Marsfelt Wallace Ida

20. FILED Aug 19, 193 7 L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 17 193 7

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 193 7, to Aug 17, 193 7
I last saw her alive on August 17, 193 7: death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock and contusions of body - caused by being dragged by an automobile.	3:30 PM Aug 17-193 7

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 17, 193 7
Where did injury occur? Pottsville, Shoshone Co. Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Picnic ground
Manner of injury dragged by Auto
Nature of injury Shock & general contusion of Body

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James R Dean, M. D.
(Address) Wallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 9 1932

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80456

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 72

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Warren E Cardyle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE About. Years 74 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER
13. NAME Not Known.
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Co Hospital Records. Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Sept, 1932

19. UNDERTAKER (Address) J. A. Burr (Ward Mad Co) Wallace Ida.

20. FILED Aug 31, 1932 J. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 28 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Aug 28, 1932
I last saw him alive on Aug 27, 1932: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary tuberculosis	6 mos

Other contributory causes of importance:
Silicosis Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner for many years
(Signed) James R Dean, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 9 1932

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 80457

Local Registrar's No. 56

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Eli Lepa

(a) Residence. No. Kellogg St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Olga Lepa

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Underground Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber Mill Mining Co.

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Jugo Slavia

FATHER

13. NAME Nikola Lepa.

14. BIRTHPLACE (city or town) (State or country) Jugo Slavia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Jugo Slavia

17. INFORMENT (Address) Olga Lepa

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida. Date Sept 1, 1932

19. UNDERTAKER (Address) Harold Thornhill. Kellogg Idaho

20. FILED Sept. 1, 1932 Mrs. Helen M. Bird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1932, to Aug 30, 1932

I last saw him alive on Aug 30, 1932; death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, left lobe, cheesus formation	

Other contributory causes of importance:

Pneumokoniosis

Name of operation none Date of

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Miner, used dry machine + driller

(Signed) Harold T Anderson, M. D.

(Address) Kellogg, Idaho

RECEIVED SEP 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80458

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 52

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna M. McLeod 46

(a) Residence. No. Kellogg Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Donald N. McLeod

6. DATE OF BIRTH (month, day, and year) Dec 1, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange N. J.

FATHER

13. NAME Wm. Halstead

14. BIRTHPLACE (city or town) (State or country) Orange. N.J.

MOTHER

15. MAIDEN NAME Jane Tomkins

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) D. N. McLeod

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Date , 193

19. UNDERTAKER R. A. Stuart
(Address) Kellogg

20. FILED Aug 22, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932 to Aug 19th, 1932
I last saw h alive on Aug 19th, 1932; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and bladder.	

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) M. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80459

PLACE OF DEATH
County of Shoshone
City of ~~Kellogg~~ County Hospital

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Gomond.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Joseph Gomond (deceased)
6. DATE OF BIRTH (month, day, and year) June 12 - 1865 Aug 25 1932
7. AGE Years 67 Months 2 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Monette
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address)
18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Aug 27 1932
19. UNDERTAKER (Address) [illegible]
20. FILED Aug 27, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 25 1932
22. I HEREBY CERTIFY, That I attended deceased from 1926, 1932, to 8/25, 1932
I last saw her alive on 8/24, 1932: death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid	6 Mos
Other contributory causes of importance:	
Arteriosclerosis	15 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) James R Bean, M. D.
(Address) Wallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80461

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Helen Mac Arthur

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of D J Mac Arthur

6. DATE OF BIRTH (month, day, and year) Sept 26, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Daniel Mac Arthur

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Helen Sharp

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Maizie Anderson

18. BURIAL, CREMATION, OR REMOVAL
Place Coeur d'Alene Date , 193

19. UNDERTAKER Harold Thornhill
(Address) Kellogg Ida

20. FILED Sept. 1, 193[illegible] Mrs. Helen M. Brede
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 4 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1932, to Aug 4, 1932
I last saw her alive on Aug 4, 1932 death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	48 hours.
Other contributory causes of importance:	
Encephalitis	4-14-32
Hemiplegia (right)	4-14-32

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80462

PLACE OF DEATH
County of Shoshone
City of Kellogg.

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Charles West
(a) Residence. No. 226 Deadwood Gulch St.
(Usual place of abode) (If nonr[redacted]t give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. 11 mos. — ds. How long in U. S., if of [redacted]gn birth? 26 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Luella West.
6. DATE OF BIRTH (month, day, and year): 1/28/90.
7. AGE: Years 41, Months 8, Days, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Smelter man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Lead Smelter.
10. Date deceased last worked at this occupation (month and year): 8/14/32
11. Total time (years) spent in this occupation: 9 yrs 11 mths.

12. BIRTHPLACE (city or town) (State or country): Cornwall England.

FATHER
13. NAME: William West.
14. BIRTHPLACE (city or town) (State or country): Cornwall Eng.

MOTHER
15. MAIDEN NAME: Jane Snell.
16. BIRTHPLACE (city or town) (State or country): Cornwall Eng.

17. INFORMENT (Address): J H Eustice Kellogg.
18. BURIAL, CREMATION, OR REMOVAL Place: Kellogg Date: 8/18, 1932
19. UNDERTAKER (Address): M. L. Thornhill Kellogg, Idaho
20. FILED Sept. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 15, 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning —	
accident while	
swimming in North Fork	
of Coeur d'alene River	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. C. Mowery Coron, M. D.
(Address) Wallace, Idaho

RECEIVED SEP [illegible]

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80463

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 71

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe A Johnson

(a) Residence. No. Wallace Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Not Known

6. DATE OF BIRTH (month, day, and year) Aug 1 - 1886

7. AGE Years 45 Months 8 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Mrs Sarah Bradshaw Wallace Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Date Aug 29, 1932

19. UNDERTAKER (Address) J. G. Bower (Ward and Co) Wallace Ida.

20. FILED Aug 29, 1932 J. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 26 1932

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1932, to Aug 26, 1932

I last saw h alive on Aug 26, 1932: death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Int. Nephritis	

Other contributory causes of importance:

Arteriosclerosis
Silicosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James R Bean, M. D.

(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace
Co Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 2011

DO NOT WRITE IN THIS SPACE
80464
State File No.

Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Sims

74 a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville Florida

FATHER

13. NAME No info.
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Information from Co Hospital admissions Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date Aug 7, 1932

19. UNDERTAKER W. E. Thompkins
(Address) Kellogg Idaho

20. FILED Aug 7, 1932 L. L. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/29/29, 193, to 8/1/32, 193
I last saw h[illegible] alive on 8/1/32, 193: death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1wk

Other contributory causes of importance:

Arterio Sclerosis 4yrs	
Chron. Int. nephritis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James R Dean, M. D.
(Address) Wallace

RECEIVED SEP 9 1932

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80465

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 55

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald James Thompson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22 - 1930

7. AGE Years 2 Months 2 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanogan Wash

FATHER
13. NAME Cecil Thompson
14. BIRTHPLACE (city or town) (State or country) Bristow Mont.

MOTHER
15. MAIDEN NAME Jannet Swanston
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Cecil Thompson

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Date , 193

19. UNDERTAKER (Address) Kellogg Idaho

20. FILED Sept. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1932, to Aug 30, 1932
I last saw him alive on Aug 30, 1932: death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows: Acute indigestion followed by Convulsions.

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80466

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chris Stettler

(a) Residence. No. Park St.
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fanni Stettler

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bunker Hill Mine

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME — not known

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Fanni Stettler Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida. Date Aug 9, 1932

19. UNDERTAKER Harold Thompson
(Address) 621 Division St Kellogg Ida.

20. FILED Sept. 1, 1932 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Several years, 193, to Aug 6, 1932
I last saw h. alive on Aug 6, 1932 death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumoconiosis	Uncertain
Has had it for years	

Other contributory causes of importance: Myocarditis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner

(Signed) Isaac L. Bennett, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80467

PLACE OF DEATH
County of Shoshone
City of Kingston

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Geo. A. Bowden

(a) Residence. No. Kingston Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: 83 Years, Months: 2, Days: 17, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Loger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 3
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER
13. NAME Geo Bowden
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) P. O. Thornhill

18. BURIAL, CREMATION, OR REMOVAL
Place Kingston Date ....., 193

19. UNDERTAKER (Address) Harold Thornhill Kellogg Ida

20. FILED Sept. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 21 P.M. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932, to Aug 21, 1932
I last saw him alive on Aug 10, 1932: death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify T. R. Nisson
(Signed) Kellogg, M. D.
(Address) Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80468

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 158

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Gertrude Louise Kast

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) DEC 24 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
7	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls Idaho
(State or country)

FATHER

13. NAME Albert Kast

14. BIRTHPLACE (city or town) Sheridan Co., Kan.
(State or country)

MOTHER

15. MAIDEN NAME Orlinda Fennewald

16. BIRTHPLACE (city or town) Sinclair Co. Mo.
(State or country)

17. INFORMENT (Address) Albert Kast Buhl

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 8/18, 1932 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1932, to Aug 17, 1932
I last saw her alive on 8-17, 1932; death is said to have occurred on the date stated above, at 2:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of Respiration	
due to (a) tumor	about
(b) Medulla.	8-15-32
(Probable)	

Other contributory causes of importance:
Intermittent Convulsions extending over a period of 4 years.

Name of operation None Date of -
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. J. Jennings, M. D.
(Address) Buhl Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80469

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 885
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Carbury Schoonmaker

(a) Residence, No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Martin Schoonmaker

6. DATE OF BIRTH (month, day, and year) Jan 9-1850

7. AGE Years 82 Months 7 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cork, Ireland

FATHER
13. NAME James R. Smith
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Martha English
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Wa Gray

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Rock Island Date , 193

19. UNDERTAKER (Address) Evans Tel. Johnson Fa Schmidt

20. FILED Aug 29, 1932 J. F. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-19, 1925, to 8-28, 1932

I last saw her alive on 8-28, 1932: death is said to have occurred on the date stated above, at 630 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	8-20-32

Other contributory causes of importance:

Arthritis Deformans	1925

Name of operation none Date of ✓

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. Jennings, M. D.

(Address) Buhl, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80470

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 153

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edward Crutchfield

69

(a) Residence. No. Twin Falls Route #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ida Crutchfield

6. DATE OF BIRTH (month, day, and year) 4-18-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	4	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Jonathan Crutchfield
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Perthena Salladay
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Ida Crutchfield Twin Falls Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place ..... Date 8-25, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Ida

20. FILED 8-24, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-23 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 1932
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 12:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	1 hour

Other contributory causes of importance:

Chronic nephritis.	

Name of operation None Date of .....
What test confirmed diagnosis? History Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. A. Dwight M. D.
(Address) Coroner of Twin Falls Co., Twin Falls Ida

RECEIVED SEP 6 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80471

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha A. Thatcher

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Samuel S. Thatcher

6. DATE OF BIRTH (month, day, and year) Oct 28-1853

7. AGE Years 78 Months 9 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Harvey Dalton
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Maria Felder
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Ras Thatcher Buhl, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Tyler Date 8/19, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl, Idaho

20. FILED Aug 18, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 17-Aug-1932

22. I HEREBY CERTIFY, That I attended deceased from 1 Oc. A.M., 193, to 1:30 A.M. 17-Aug, 1932
I last saw her alive on 1:30 A.M., 193: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilitation	
long period of arteriosclerosis	

Other contributory causes of importance:
None that I know

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Do not know
(Signed) F. W. MacMurray, M. D.
(Address) Buhl, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 80472

Local Registrar's No. 160

(No. Near Robinson Bar, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME Ralph E. Anderson

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jewel Co.
(State or country) Kan

FATHER

13. NAME C. W. Anderson

14. BIRTHPLACE (city or town) Lebanon
(State or country) Kan.

MOTHER

15. MAIDEN NAME Lily JaneSrader

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMENT (Address) W. C. W. Anderson Twin Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 8-31-32, 193

19. UNDERTAKER White Mortuary, Inc
(Address) Twin Falls, Idaho.

20. FILED 9/6, 193 2 Elizabeth L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-28 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on August 29, 1932: death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	Instant death.
from fall over grade	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-28, 1932

Where did injury occur? Robinson Bar Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At Robinson Bar.

Manner of injury Auto fell over grade.

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. A. Dwight Jr., M. D.

(Address) Twin Ida.

Coroner of Twin Falls County.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80473

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 144

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

4

2. FULL NAME Patricia Ann Filer

(a) Residence. No. 329 Addison St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Pocatello Idaho
(State or country)

FATHER

13. NAME Frank G. Filer

14. BIRTHPLACE (city or town) Twin Falls Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ruth Luntelmann

16. BIRTHPLACE (city or town) Green Bay Wis.
(State or country)

17. INFORMENT Frank G. Filer
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place S. S. Cemetery Date 8/11, 1932

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 8/11, 1932 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1932, to Aug 9, 1932.
I last saw her alive on Aug 9, 1932: death is said to have occurred on the date stated above, at 11 05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Hemorrhage	
Cough	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) H. E. Lemon, M. D.
(Address) Twin Falls Ida.

RECEIVED SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80474

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2086
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 150

31

2. FULL NAME Chas. McCleary

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 11 1881

7. AGE Years 51 Months — Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Oil distributor
(c) Name of employer Weskott Oil Co

9. BIRTHPLACE (city or town) (State or country) Beloit Kansas

PARENTS
10. NAME OF FATHER Home McCleary
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Delaware
12. MAIDEN NAME OF MOTHER Lovina Signs
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant Mrs Elsie McCleary
(Address) Filer Ida

15. Filed 8/18, 1932 Elizabeth J. Smith Registrar acts

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 13 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1932, to Aug 13, 1932
that I last saw him alive on Aug 13, 1932
and that death occurred, on the date stated above, at 9:30 a m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) Several yrs. mos. ds.
CONTRIBUTORY (Secondary) Flu
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? A. A. Newberry
(Signed) M. D.
Aug 15, 1932 (Address) Filer Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls
Date of Burial Aug 15 1932

20. Undertaker F. E. Drake
Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80475

PLACE OF DEATH

County of TWIN FALLS Registration District No. 37
City of TWIN FALLS Primary Registration District No. 1085 Local Registrar's No. 138
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME ALICE HANSEN
(a) Residence. No. 335 VAN B BUREN St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE WHITE
5. Single, Married, Widowed, or Divorced (write the word.) MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of A C HANS EN

6. DATE OF BIRTH (month, day and year)

7. AGE Years 54 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) IDAHO

PARENTS
10. NAME OF FATHER HIRAM HOLMES
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ENGLAND
12. MAIDEN NAME OF MOTHER ELIZA ROBINSON
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ENGLAND

14. Informant (Address) A C HANSEN

15. Filed 8/2 1932 Elizabeth J Smith Registrar. ACF

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 1st (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 30th 1932, to Aug 1st 1932
that I last saw her alive on Aug 1st 1932
and that death occurred, on the date stated above, at 430 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary Embolus

(duration) yrs. mos. 1 hr ds.
CONTRIBUTORY (Secondary) Rheumatic Endo-Cardiitis
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) John H Laughlin M. D.
8-2 1932 (Address) Twin Falls Idaho

19. Place of ~~Burial, Cremation, or~~ Removal HYRUM UTAH
Date of Burial AUG. 5 19

20. Undertaker F E DRAKE
Address T. FALLS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 80476

Local Registrar's No. 154

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Pease

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eulah Pease

6. DATE OF BIRTH (month, day, and year) Feb 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gandy Neb.

FATHER

13. NAME Jno David Pear

14. BIRTHPLACE (city or town) (State or country) Springfield Ills

MOTHER

15. MAIDEN NAME Emma Pear

16. BIRTHPLACE (city or town) (State or country) Logansport Ind

17. INFORMENT (Address) Grayce Pear

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date Aug 21, 1932

19. UNDERTAKER C E Hickox (Address) Shoshone Ida.

20. FILED 8/21, 1932 Elizabeth J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1932, to Aug 19th, 1932

I last saw him alive on Aug 19th, 1932; death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma Oesophagus & Cardiac End Stomach	Oct. 1931
Other contributory causes of importance:	
(1) Obstruction Oesophagus	June 1932
(2) Starvation Acidosis	

Name of operation Gastrostomy Date of 8-18-32

What test confirmed diagnosis? ~~Autopsy~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan A. Hayden M. D.

(Address)

RECEIVED SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80477

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 145

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME G O Jackman
(a) Residence. No. Ontario St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan.22./1873

7. AGE: Years 59 | Months 6 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Independent

9. BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10. NAME OF FATHER: J M Jackman
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ind.
12. MAIDEN NAME OF MOTHER: Elizabeth Sousbe
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Iowa

14. Informant: R L Jackman
(Address): Milner Idaho

15. Filed 8/11, 1932 Elizabeth J. Smith Registrar ACS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug.10./32 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 9, 19..., to August 10, 1932
that I last saw him alive on August 10, 1932
and that death occurred, on the date stated above, at 1309 m.
The CAUSE OF DEATH* was as follows:
Carcinoma of bladder
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? Clinical
(Signed) Geo Lenchek M. D.
Aug 10, 1932 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Portland | Date of Burial: Aug. 1932

20. Undertaker: F E Drake | Address: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80478

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 148

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Fennie Madsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John P. Madsen

6. DATE OF BIRTH (month, day, and year) March 24 1864

7. AGE Years 68 Months 4 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Hanson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Dous Knaw
16. BIRTHPLACE (city or town) (State or country) Dous Knaw

17. INFORMENT (Address) Leonard N. Madsen Buhl, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date ..... 193...

19. UNDERTAKER (Address) Evans & Johnson L. Johnson Twin Falls

20. FILED 8/13, 1932 Elizabeth J. Smith Registrar. act

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932 to Aug 12, 1932

I last saw her alive on Aug 12, 1932; death is said to have occurred on the date stated above, at 5 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma femur metastasis in lungs, left humerus & skull	July 1-32

Other contributory causes of importance:
Spontaneous fracture left femur July 30-32

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 7-30, 1932
Where did injury occur? Buhl Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home of son
Manner of injury Spontaneous fracture of femur
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No so, specify .....
(Signed) E. L. Barry, M. D.
(Address) Buhl Idaho

RECEIVED SEP 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80479

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 142

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marshall C. La Hue

(a) Residence. No. Route # 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fannie Dell

6. DATE OF BIRTH (month, day, and year) Oct 26 - 1856

7. AGE Years 75 Months 9 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrison Co Indiana

FATHER
13. NAME Captain Geo W. La Hue
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Rohda Blankenbaker
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Mrs E L Biggerstaff Route # 2 Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 8-9, 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Conn

20. FILED 8/9, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1932 to August 6, 1932
I last saw him alive on Aug 6, 1932 death is said to have occurred on the date stated above, at 12 25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Feb 1932

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Hy C Laughlin, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 80480

Local Registrar's No. 149

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amanda Mae Pearson

(a) Residence. No. 1326 Maple Ave St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Ill.

FATHER

13. NAME Madison Sharp

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs. C. E. Potter

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 8-16, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Idaho

20. FILED 8/16, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to Aug 13, 1932

I last saw her alive on Aug 12, 1932; death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy Disease of abdomen - type not known	April 1932

Other contributory causes of importance:

Name of operation Exploratory Incision Date of June 2

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Russell Weaver, M. D.

(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2086

DO NOT WRITE IN THIS SPACE

State File No. 80481

Local Registrar's No. 151

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phyllis Ramsey

(a) Residence. No. ..... St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 4 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Earl Ramsey

14. BIRTHPLACE (city or town) .....
(State or country) Kansas

MOTHER

15. MAIDEN NAME Ruth French

16. BIRTHPLACE (city or town) .....
(State or country) Nebr

17. INFORMENT Earl Ramsey
(Address) Filer

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Filer Cem Date July 18, 1932

19. UNDERTAKER A. E. Drake
(Address) Twin Falls

20. FILED 8/18, 1932 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 15 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1932, to Aug. 15, 1932

I last saw her alive on Aug. 15, 1932: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	8 A.M. Aug 15
Other contributory causes of importance:	
Pancreatitis	1 year.

Name of operation None Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. A. Dwight M. D.

(Address) Filer, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 11 1932

PLACE OF DEATH

County of Twin Falls,

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80483

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 141

(No. 636 Main Ave North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Samuel R. Mulliner

(a) Residence. No. Shoshone Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lois Mulliner

6. DATE OF BIRTH (month, day, and year): Sept. 18-1886

7. AGE 45 Years 10 Months 13 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Framer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lehi Utah,

FATHER

13. NAME: Albert K. Mulliner

14. BIRTHPLACE (city or town) (State or country): Utah,

MOTHER

15. MAIDEN NAME: Sarah Willis

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMENT (Address): Albert Mulliner, Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Shoshone, Ida. Date: Aug. 7th 1932

19. UNDERTAKER (Address): S.C. Phillips, Twin Falls, Idaho.

20. FILED 8/6, 1932 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 4th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1932, to Aug 4th, 1932

I last saw him alive on Aug 4th, 1932: death is said to have occurred on the date stated above, at 11.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic (Uremia Chronic Recurrent, NPN 127.5 Gm Creatinin 8.1 Gm)	3 yrs ago July 21 1932
Other contributory causes of importance:	
Hypertension +++	3 yrs

Name of operation: No Date of: ✓

What test confirmed diagnosis? Blood chemistry - Blood Cultures, Spinal punch wave etc Was there an autopsy? No

23. If death was due to exter. causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury: ✓, 193 ✓

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. History injury 3 yrs ago

Manner of injury: Thrown from truck

Nature of injury: Injury to head.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: YES - Can not make connection between injury + disease

(Signed) ....., M. D.

(Address) Duncan L. Alexander Twin Falls Ida

RECEIVED SEP 11 1932

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Twin Falls

City of Filer

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 37

Primary Registration District No. 2086

(No. ....., ... St.)

File No. 80484

Registered No. ~~2784~~ 146

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Baby Hudson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. ~~Single~~ (Write the word.)

6. DATE OF BIRTH: August (Month) - 10 (Day) - 1932 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many 4 hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Filer, Idaho

10. NAME OF FATHER: Raymond Ripley Hudson.

11. BIRTHPLACE OF FATHER (State or Country): Ohio.

12. MAIDEN NAME OF MOTHER: Lois Juanita Barton

13. BIRTHPLACE OF MOTHER (State or Country): Oklahoma.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. A. Dwight.

(Address) Filer, Ida.

15. Filed 8/11 1932 Elizabeth J. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH.

161-9

16. DATE OF DEATH: August (Month) - 10 (Day) - 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5:11 A.M. ~~191~~, to 9 A.M. ~~191~~, that I last saw her alive on Aug. 10 1932 and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) 4 ~~yrs~~ Hours ~~mos~~ ..... ds.

Contributory (Secondary) Mother picking fruit from trees.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. A. Dwight M. D.

Aug 10 1932 (Address) Filer Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence Filer, Ida.

19. PLACE OF BURIAL ~~OR REMOVAL~~: Filer Cemetery

DATE OF BURIAL: 8/11 1932

20. UNDERTAKER: None

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80485

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 147
(No. 320-4th ave East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Ellen Ernest

(a) Residence. No. 420-4th ave E St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

42

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Ernest

6. DATE OF BIRTH (month, day, and year) Mar 20 1857

7. AGE 75 Years 4 Months 20 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Irland

FATHER
13. NAME Owen McGreal
14. BIRTHPLACE (city or town) (State or country) Irland.

MOTHER
15. MAIDEN NAME Mary Vasey
16. BIRTHPLACE (city or town) (State or country) Irland

17. INFORMENT (Address) Mrs Fred Gaunt Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Aug 12, 1932

19. UNDERTAKER (Address) S. E. Phillips Twin Falls Ida

20. FILED 8/12, 1932 Elizabeth J. Smith Registrar. acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 10 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1932, to Aug 10th, 1932
I last saw her alive on Aug 10th, 1932: death is said to have occurred on the date stated above, at 8 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	8-8-32

Other contributory causes of importance:
Chronic Cholecystitis & Chole lithiasis.

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) John H. Coughlin D
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 80486

Local Registrar's No. 156

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118.0

2. FULL NAME John Shaw

(a) Residence. No. 236- 6Th. Ave No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 12Th 1852

7. AGE			
80 Years	5 Months	11 Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Angus Shaw

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMENT (Address) W. A. Shaw 236-6Th. ave . No

18. BURIAL, CREMATION, OR REMOVAL Place Summerville, Date Ore., 193

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 8/24, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932, to Aug 23, 1932
I last saw him alive on Aug 23, 1932; death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernea	8-22-32

Other contributory causes of importance:

Old age.	

Name of operation Hernea Date of 8-23-32
What test confirmed diagnosis? V Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) J. E. Langenwalter, M. D.
(Address) Twin Falls, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80487

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 15-7

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Arthur Henry Brown

(a) Residence. No. Kentucky Hospital
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Brown

6. DATE OF BIRTH (month, day and year) July 27/1877

7. AGE Years 55 Months — Days 28 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Independent

9. BIRTHPLACE (city or town) (State or country) Ill

PARENTS

10. NAME OF FATHER Wm. Brown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky

12. MAIDEN NAME OF MOTHER Ellen Bryden

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ind.

14. Informant (Address) L. H. Brown Twin Falls, Id.

15. Filed 8/29, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 25, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1932, to Aug 25, 1932

that I last saw him alive on Aug 25, 1932

and that death occurred, on the date stated above, at 3 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Intestinal Obstruction - Carcinoma

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma.

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 25 1932

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. Sandick, M. D.

Aug 25, 1932 (Address) Twin Falls Idaho

19. Place of Burial, Cremation, or Removal Twin Falls. Date of Burial Aug 28 1932

20. Undertaker F. E. Fuke Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80488

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 139

(No. County General Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merle Clair Hess

(a) Residence. No. Route # 3 St. Rupert Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Feb 1- 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert Idaho

FATHER

13. NAME Earl E. Hess

14. BIRTHPLACE (city or town) (State or country) Spokane Wash

MOTHER

15. MAIDEN NAME Alice E. Brassfield

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Earl E. Hess Rupert Idaho

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Rupert Idaho Date 8 - 4, 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 8/4, 1932 Elizabeth J. Smith Registrar. ACS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1932 to Aug 3, 1932

I last saw him alive on Aug 3, 1932; death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	
Other contributory causes of importance:	

Name of operation Laparotomy Date of 8-3-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Scott, M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80489

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 153

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME William G. Sampson

(a) Residence. No. Twin Falls R 7 I 10 No. 1 (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Hannah M Sampson

6. DATE OF BIRTH (month, day, and year) 3-20-1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cornwall England

FATHER

13. NAME Thomas Sampson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Gundry

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Gertrude Sampson

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 8-22, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Ida

20. FILED 8/20, 1932 Elizabeth J Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1932, to Aug 19, 1932

I last saw him alive on Aug 17 1932; death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disposition Senility	8/9 10/32 1910

Other contributory causes of importance: Chronic prostate Hypertrophy + obstruction 1900

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J M Warner, M. D.

(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80490

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 140

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Caroline Harder

(a) Residence. No. 138 - 8th Ave East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Harder Fred Harder

6. DATE OF BIRTH (month, day, and year) Feb 22 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ✓ Sweden

FATHER
13. NAME Peter Nyberg
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) H J Harder 138 - 8th Ave E Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date 8 - 6, 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho

20. FILED 8/6, 1932 Elizabeth Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19 32, to Aug 3rd, 32
last saw her alive on Aug 3rd, 32; death is said to have occurred on the date stated above, at 10 50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis Chronic	10 yrs.
Cholelithiasis	10 yrs.

Other contributory causes of importance:

Cholecystitis acute	July 3rd 32
Cholangitis Suppurative	
General Duodenal Obstruction	
Pancreatitis acute	

Name of operation None Date of
What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan L Harrender, M. D.
(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80491

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Twin Falls Co. General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Price Jones.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lou V. Jones

6. DATE OF BIRTH (month, day, and year) Jan 31-1860

7. AGE Years 72 Months 6 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Birmingham Ala

FATHER
13. NAME Frank L Jones
14. BIRTHPLACE (city or town) (State or country) Texas.

MOTHER
15. MAIDEN NAME Martha Jones
16. BIRTHPLACE (city or town) (State or country) Texas.

17. INFORMENT (Address) Pearl Denney

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Date 8/30, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl. J. L. Johnson

20. FILED Aug 31, 1932 J. N. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/28 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1932, to 8-28, 1932
I last saw him alive on 8-28, 1932, death is said to have occurred on the date stated above, at 6 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvulus of colon	8-23-32
Traumatic peritonitis following	

Other contributory causes of importance:

Name of operation Intestinal obstruction Date of 8-24-32
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury no injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) E. G. Berry M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80492

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 152

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stephen Benane

(a) Residence. No. Jarbidge, Nevada St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8/11/32

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Patrick Benane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen O'Conner

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT (Address) Ed Benane Carlin Nev.

18. BURIAL, ~~CREMATION~~ Place Twin Falls Date 8/20/, 1932

19. UNDERTAKER Evans & Johnson (Address) Twin Falls

20. FILED 8/20, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/17 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1932, to Aug 17th, 1932

I last saw him alive on Aug 17th, 1932; death is said to have occurred on the date stated above, at ~~p~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Acute (Suppression Urine Complete)	?
Paracentesis	

Other contributory causes of importance:

Pneumonia Lobar Right Lower	Aug 15/32

Name of operation None Date of ~

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ~, 193.

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury ~

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan A. Stevenson M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80493

PLACE OF DEATH

County of Twin Falls

City of Burke

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No. 129

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary May Massey

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. C. Massey

6. DATE OF BIRTH (month, day, and year) May 22 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Wm. H. Campbell

14. BIRTHPLACE (city or town) (State or country) Dark Kind

MOTHER

15. MAIDEN NAME Dark Kind

16. BIRTHPLACE (city or town) (State or country) Dark Kind

17. INFORMENT Mrs V. A. Van Loo (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Burke Date Aug 13, 193 7

19. UNDERTAKER Evans & Johnson L. D. Johnson (Address) Burke Ida.

20. FILED 8-15, 193 7 J. F. Wrigley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 193 2, to 8-11, 193 2

I last saw h. alive on 8, 193 2; death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardia Dropsy x	Dk.
Chron. Parenchymatous Nephritis	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Jennings, M. D.

(Address) Burke Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80494

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 159

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Samuel Raton Nesbitt

(a) Residence. No. Kimberly Ida Route #1
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Roxanna Nesbit

6. DATE OF BIRTH (month, day, and year) Nov. 9-

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Wayne Ind.
(State or country)

FATHER

13. NAME Nathenial Nesbitt

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Mary Firestone

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Mrs. Roxanna Nesbitt
(Address) Kimberly - Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date , 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 9/1, 1932 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932, to Aug 31, 1932
I last saw him alive on Aug 30, 1932: death is said to have occurred on the date stated above, at 12 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8/8/32

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. N. Davis, M. D.
(Address) Kimberly Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80495

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 143

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Irene Porter

(a) Residence. No. Polk Str St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 8./1893

7. AGE Years 39 Months 5 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebr

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) W C porter Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Aug 11, 1932

19. UNDERTAKER (Address) F E Drake Twin Falls

20. FILED 8/12, 1932 Elizabeth J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 9 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1932, to Aug 9, 1932
I last saw her alive on Aug 9, 1932; death is said to have occurred on the date stated above, at 4P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug 1-1932

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H W Loucheff, M. D.
(Address) Twin Falls, Idaho

FORM V. S. No. 5-12 M. 6-15-17.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 80496
Registered No. .....
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH
County of Twin Falls
City of Buhl
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 39
Primary Registration District No. 2087
(No. ....., ... St.)

2. FULL NAME Jessie A. Scully

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Jan. (Month) 4 (Day) 1875 (Year)

7. AGE: 57 Yrs. 6 Mos. 29 ds.
IF LESS than 1 day how many .... hrs. or .....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9. BIRTHPLACE (State or Country) Fremont, Neb.

10. NAME OF FATHER Albert Harwood

11. BIRTHPLACE OF FATHER (State or Country) Down Know

12. MAIDEN NAME OF MOTHER Mary Francis

13. BIRTHPLACE OF MOTHER (State or Country) Down Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Stephen A. Scully
(Address) Buhl, Ida.

15. Filed Aug. 4 1932 J. W. Murphy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

74a

16. DATE OF DEATH: Aug. (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1931 to 8-2- 1932
that I last saw her alive on 8-2- 1932
and that death occurred on the date stated above, at .....M.

The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy
(Duration) 12 hours Yrs. mos. ds.
Contributory (Secondary) Arteris sclerosis
(Duration) 3 Yrs. mos. ds.
(Signed) Geo. Jennings M. D.
8-2-1932 (Address) Buhl Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs.....mos....days. In the State....yrs.....mos.....days
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Buhl — DATE OF BURIAL: Aug. 5 1932

20. UNDERTAKER: Evans & Johnson — ADDRESS: Buhl, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

RECEIVED SEP 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80497

PLACE OF DEATH
County of Valley
City of Roseberry

Registration District No.
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 15

101 B

2. FULL NAME James W Pottenger

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Jane McConnell

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 82 Months 7 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Taport Ind

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country): ✓
12. MAIDEN NAME OF MOTHER: ✓
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): ✓

14. Informant: R N Rutledge
(Address): Ogden Utah

15. Filed Aug 10, 1932 Montana Gardner Ready, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 2, 1932, to Aug 9, 1932
that I last saw him alive on August 9, 1932
and that death occurred, on the date stated above, at 9 00 a m.
The CAUSE OF DEATH* was as follows:
Hypostatic pneumonia
(duration) 0 yrs. 0 mos. 2 ds.
CONTRIBUTORY (Secondary): Influenza
(duration) 0 yrs. 0 mos. 7 ds.

18. Where was disease contracted if not at place of death? Roseberry Idaho
Did an operation precede death? None Date of
Was there an autopsy? None
What test confirmed diagnosis? None
(Signed) Roscoe C Ward M. D.
Aug 9, 1932 (Address) Cascade Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Roseberry
Date of Burial: Aug 10 1932

20. Undertaker: A D Robb
Address: Cascade

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED SEP 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80498

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

14 3-9

2. FULL NAME Helen P Smith

(a) Residence. No. 1026. West 5th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George H Smith

6. DATE OF BIRTH (month, day, and year) Dec 10-1909

7. AGE Years 24 Months 8 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Wm Prichard
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Louise Humphrey
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) George H Smith Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date 8-29-1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 9-2, 1932 W. R. Hamilton Registrar.

E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932 to Aug 26, 1932

I last saw h/r alive on Aug 26, 1932: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aug 25	
threatened abortion.	
Don't know	
what cause of death.	

Other contributory causes of importance:

Probable cause of death. Alcoholic Clot in heart	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify House wife.

(Signed) Fatchmit, M. D.

(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80499

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert D. Odoms

(a) Residence. No. I.I.I St. 161-9
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Aug 17-1932
7. AGE Years — Months — Days 6 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Robert Odoms
14. BIRTHPLACE (city or town) (State or country) near

MOTHER
15. MAIDEN NAME Anna Taylor
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Robert Odoms Weiser Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date Aug 23, 1932
19. UNDERTAKER (Address) L. C. Northam Weiser Idaho
20. FILED 9-2, 1932 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 23 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1932 to Aug 23, 1932
I last saw him alive on Aug 22, 1932; death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth at 6½ Months Instation	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. A. Schmid, M. D.
(Address) Weiser Idaho

E. T.

RECEIVED SEP 11 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80500

PLACE OF DEATH
County of Washington
City of Cambridge

Registration District No. 88
Primary Registration District No.
Local Registrar's No.

(No. Lenore)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virginia Hathhorn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161-A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 21 1932

7. AGE Years Months Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. No
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Ida

FATHER
13. NAME John Hathhorn
14. BIRTHPLACE (city or town) (State or country) Montanna

MOTHER
15. MAIDEN NAME Mae Armecost
16. BIRTHPLACE (city or town) (State or country) Cambridge Ida

17. INFORMENT (Address) John Hathhorn

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Date Aug 21, 1932

19. UNDERTAKER (Address) Jaffe Mason Cambridge Ida

20. FILED Aug. 27, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1932, to Aug 21, 1932
I last saw her alive on Aug. 21, 1932: death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atalectasis -	Birth.

Other contributory causes of importance:
Premature - Birth.

Name of operation None Date of None
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M.D.
(Address) Cambridge, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 2112

DO NOT WRITE IN THIS SPACE

State File No. 80501

Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Alice Rowland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE OF Wilbert Rowland

6. DATE OF BIRTH (month, day, and year) Oct 3 - 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME George H Abbott

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Charlotte M Jones

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Wilbert Rowland Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date 8-20, 1932

19. UNDERTAKER L. B. Northam
(Address) Weiser Idaho

20. FILED 8-22, 1932 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 193x, to Aug 18, 193x

I last saw her alive on Aug 18, 193x; death is said to have occurred on the date stated above, at 1130 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis from	
ruptured Epithelioma.	

Other contributory causes of importance:

Tumor fet from rectum. Could not be diagnosed and could get no post-mortem.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. McCall M.D.

(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80502

PLACE OF DEATH

County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 7

(No. 2.11. Sunny side St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME O. C. Ferris.

(a) Residence. (Usual place of abode) No. Sunny side St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 7-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME O. C. Ferris

14. BIRTHPLACE (city or town) (State or country) Nebr.

MOTHER

15. MAIDEN NAME Vina Dawson

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) O. C. Ferris Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Cem., Date Aug. 23 1932

19. UNDERTAKER (Address) L. C. Northern Weiser Idaho

20. FILED 8-22, 1932 W. P. Hamilton Registrar.

E. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1932, to Aug 22, 1932

I last saw him alive on Aug 22, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Death	Aug 14-32
Compound Comminuted Depressed Skull Fracture	

Other contributory causes of importance:

Name of operation Depression of Skull Date of Aug 15-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 14, 1932

Where did injury occur? Washington Co - Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Auto Accident, bicycle

Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyden Hamilton, M. D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE

State File No. 80503

Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan A. Maxwell

(a) Residence. No. 857 W 7th St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. M. Maxwell

6. DATE OF BIRTH (month, day, and year) May 14-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Nichols

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Nona McCorkle

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMENT (Address) W. M. Maxwell Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Cemetery Date , 193

19. UNDERTAKER (Address) L. L. Hoffman Weiser Idaho

20. FILED 8-22, 1932 W. R. Hamilton Registrar.

E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 21 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Aug 20, 1932

I last saw her alive on Aug 20, 1932; death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	Jan 1 32

Other contributory causes of importance:

Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Marshall, M. D.

(Address) Weiser

SEP 23 1932

80505

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80505

PLACE OF DEATH

County of ADA

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 75

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

169

2. FULL NAME George W. Peninger

(a) Residence. No. Bristol Hotel St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Winnifred Peninger

6. DATE OF BIRTH (month, day, and year) Oct. 21, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 9-19, 1932

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 9-19, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1932, to September 17, 1932

I last saw him alive on September 17 1932: death is said to have occurred on the date stated above, at 5:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Angina Pectoris	
Other contributory causes of importance: Hypostatic Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. SMITH, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

80506

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80506

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 76

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman T. Rasch.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Amanda Rasch.

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 9/28/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 9-28, 1932 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to 9/26/32, 193

I last saw him alive on Sept 23, 1932: death is said to have occurred on the date stated above, at 6:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	

Other contributory causes of importance: Acute Ulcerative Pharyngitis and Cervical Adenitis — Sept 19

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. H. Bratton, M. D.

(Address) Boise, Idaho.

80507

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80507

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 77

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

171

2. FULL NAME TERRELL, Warner L.

(a) Residence. No. 527 So. 14th Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Taralee A. Terrell

6. DATE OF BIRTH (month, day, and year) July 13, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME W. W.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date 10-3-32, 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 10-4, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 1 1932

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1932, to October 1, 1932
I last saw him alive on October 1, 1932; death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Wound Incised Neck, Self Inflicted	
Other contributory causes of importance: Hemorrhage, severance of both superior thyroid arteries	

Name of operation Date of
What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 10-1-1932
Where did injury occur? V.A., Boise, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. C. SMITH, M. D.
(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

80508 ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80508

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 244
(No. St. Alphonsus) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lars Nicholas S Klason
(a) Residence. No. 214 N 4th St St. Stoughton Wisconsin
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Husband of Anna Klason

6. DATE OF BIRTH (month, day, and year) Oct 6, 1872

7. AGE Years 59 Months 10 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Women's Ready to Wear.
10. Date deceased last worked at this occupation (month and year) Oct 25, 1932
11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Island of Gotland, Sweden.

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) C. W. Parrish
847 Halsey St Portland, Oregon

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 10-3, 1932

19. UNDERTAKER (Address) Schreiber & Whiteaker Boise, Ida

20. FILED 9-3, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1932, to Sept 1, 1932
I last saw him alive on Aug. 31, 1932 death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug. 25 1932

Other contributory causes of importance:

Name of operation Physical Findings Date of
What test confirmed diagnosis? Was there an autopsy? NO.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) H. E. Dedman, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 080510

PLACE OF DEATH

County of Bingham

City of Pingree

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

(No. .....)

Local Registrar's No. 128

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

1 P 5

2. FULL NAME Heber Charles Colson Rich

(a) Residence. No. Pingree Ida St.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna M. S. Rich

6 DATE OF BIRTH (month, day and year): Aug-8-1863

7 AGE: Years 69 | Months 1 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Insurance Mgr.

(b) General nature of industry, business, or establishment in which employed (or employer): Farming

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Centerville Utah

PARENTS

10 NAME OF FATHER: Charles C. Rich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kenty

12 MAIDEN NAME OF MOTHER: Emiline Grover

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: H C Rich Jr

(Address) Pingree

15 Filed Oct. 5, 1932 Mrs Walter E Petrie Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct- (Month) 3- (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Oct-3-, 1932

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at 5.00 A m.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Accidental fall down Stairs.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Ray McClellan, M. D.

Oct. 3-, 1932 (Address) County Coroner Blackfoot Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Thomas-Riverside Cem

Date of Burial: Oct. 6- 1932

20. Undertaker: Arthur W. Hall -

Address: Pocatello Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80511

PLACE OF DEATH

County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 217 P
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 36

71 a

2. FULL NAME David Kemp
(a) Residence. No. R St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ma Kemp

6. DATE OF BIRTH (month, day and year)

7. AGE 46 Years | Months | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Oklomaha U.S.A.

PARENTS

10. NAME OF FATHER: Cub Kemp
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Oklomaha U.S.A.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant: Bud Kemp
(Address): Rexburg Idaho

15. Filed 10/3, 1932 J. R. Young Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 21 1932 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1932, to Sept. 21, 1932
that I last saw him alive on Sept. 21, 1932
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:
Acute infective meningitis
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary): Fracture Skull automobile accident
(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? no
(Signed) W. Sutherland, M. D.
9-21, 1932 (Address) Rexburg, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rexburg Cemetery | Date of Burial: 9/26 1932

20. Undertaker: C. B. Etherell | Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 3 1932

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80512

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph E Bell 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs R E Bell

6. DATE OF BIRTH (month, day, and year) Nov 18, 1881

7. AGE Years 51 Months 9 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rail R Depo Age

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cassville West Virginia

FATHER

13. NAME John Bell

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs R E Bell Grangeville Idaho

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ at Spokane
Place Spokane Date Sept 1, 1932

19. UNDERTAKER (Address) C A Hancock Grangeville Idaho

20. FILED 9-1, 1932 R Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Aug 30, 1932

I last saw him alive on Aug 29, 1932 death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Lesion	1932

Other contributory causes of importance:

Interstitial Nephritis	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R Chipman, M. D.

(Address) Grangeville Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 80 80513

Local Registrar's No. 412

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Benjamin Bean

(a) Residence. No. 424 S. 7th St.
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mary Estelle

6. DATE OF BIRTH (month, day, and year) Mar. 19, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc Postmaster
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) West Medford Mass

FATHER
13. NAME Arthur Bean
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mrs Harvey
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Mrs. Harriet St. Marie (Address) Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Oct. 9, 1932

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello, Idaho

20. FILED Oct. 9, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1931, to Oct. 5, 1932
I last saw h[illegible] alive on Oct. 5, 1932: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	

Other contributory causes of importance:

Chronic Nephritis & Hypertension	

Name of operation ... Date of ...
What test confirmed diagnosis Typical. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) O. F. Call, M. D.
(Address) Pocatello, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED SEP 10 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80514

County of Ada.
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 243
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME William Edward Munford.

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 8, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manager of service station
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10. NAME OF FATHER Reuben Munford.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown.

14. Informant George Munford
(Address) Nampa, Ida.

15. Filed 9-2, 1932 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 31 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1932 to Aug. 31, 1932
that I last saw him alive on Aug. 31, 1932
and that death occurred, on the date stated above, at 2 30 P. m.
The CAUSE OF DEATH* was as follows:
Pulmonary Embolism
two minutes
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
1
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Aug. 12. 1932
Was there an autopsy? no
What test confirmed diagnosis? Physical signs & findings
(Signed) H. C. Dedman M. D.
Sept 2, 1932 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa, Ida.	9-1-32 19
20. Undertaker	Address
F.K. Robinson	Nampa Ida.

RECEIVED OCT 10 1932

Falk. ✓

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80515

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 251

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Bope

(a) Residence. No. 1502 Heron -- Boise, Idaho St. 92
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Pete Bope

6. DATE OF BIRTH (month, day, and year): Sept. 16, 1881

7. AGE: 50 Years, Months: 11, Days: 26, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Madison Minnesota

FATHER

13. NAME: Ole Lund

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Matte Cleveland

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMENT (Address): Pete Bope Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Date: 9/15/32 193

19. UNDERTAKER (Address): W. McBratney Boise, Idaho

20. FILED: 9-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 12, 1932 193

22. I HEREBY CERTIFY, That I attended deceased from 9/3, 1932, to 9/12, 1932

I last saw her alive on 9/12, 1932: death is said to have occurred on the date stated above, at 7:40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary artery thrombosis	9/12-32

Other contributory causes of importance:

Operation performed for Chronic Cholecystitis. Duodenal Ulcers.

Name of operation: Hysterectomy Date of 9/3-32

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph Falk, M. D.

(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80516

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 247

(No. St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME H. Augustus Schlosser

(a) Residence. No. ..... St. Idaho City, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1856

7. AGE Years 76 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) A. Schreiber Boise, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 9-8-1932 St. John's Cemetery

19. UNDERTAKER (Address) Schreiber & McCamp Boise, Ida

20. FILED 9-8, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1932, to Sept 6, 1932
I last saw him alive on Sept 6, 1932; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. V. Gerrowaz M. D.
(Address) 615 East Linn Bldg Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E[redacted] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS [redacted] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement [redacted] TION is very important. See instruction on back of certificate.

RECEIVED OCT 19 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80517

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 255

(No. Residence 1320 Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME William Hugh, McGuffin
(a) ~~Residence~~ Place of death No. St. Alphonsus Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ada M. McGuffin

6. DATE OF BIRTH (month, day, and year) Nov 14th 1863.

7. AGE Years 68 Months 10 Days 1 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc President and Manager of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Grain Coal and Seed Store + Business
10. Date deceased last worked at this occupation (month and year) Sept 3rd 1932
11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) Claysville
(State or country) Washington Co. Penna.

FATHER
13. NAME Joseph McGuffin
14. BIRTHPLACE (city or town) Claysville
(State or country) Washington Co Penna

MOTHER
15. MAIDEN NAME Rebecca Craig
16. BIRTHPLACE (city or town) Claysville
(State or country) Washington Co Penna.

17. INFORMENT (Address) Mrs. Sadie D. Joseph Weiser Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Ia. Date 9-18, 1932 Morris Hill

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida.

20. FILED 9-19, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 15 (15) 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932, to Sept 15, 1932
I last saw him alive on Sept 15, 1932: death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 3 1932

Other contributory causes of importance: Chronic nephritis - myocarditis -

Name of operation none Date of
What test confirmed diagnosis? Obj. Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Alfred Budy E Jr M.D., M. D.
(Address) Boise Idaho -

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80518

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 253

(No. St. Alphoonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willibald Josph Brauner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Brauner

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Lechmit

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) Mrs W. Brauner, Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Id. Date 9-14, 1932

19. UNDERTAKER F.K. Robinson (Address) Nampa, Id.

20. FILED 9-19, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1932, to Sept 14, 1932

I last saw h... alive on Sept 13, 1932. death is said to have occurred on the date stated above, at 4pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy with obstruction	
Other contributory causes of importance: Uraemia	

Name of operation Prostatectomy Date of 9/8/32

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) Ramsey Stewart, M. D.

(Address) Boise, Ida

RECEIVED OCT 10 1932

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80519

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 249

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME Lelia Antionette Smith.

(a) Residence. No. 1613. N. 6 th Street. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Robert. H. Smith.

6. DATE OF BIRTH (month, day, and year): June. 1.1851.

7. AGE: Years 81. Months 3 Days 8. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York.

FATHER

13. NAME: Charles Miller.

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Catherine Hawley.

16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMENT (Address): Mrs. W. N. Scofield. Mountain Home, Idaho.

18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cemetery. Date Sept. 11. 1932.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 9-12, 1932. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28th, 1932, to Sept. 9th, 1932

I last saw her alive on Sept 9th, 1932 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of left leg	Aug. 26th 1932
traumatic fall	

Other contributory causes of importance:

Arterio-sclerosis
myocarditis
both very marked

Name of operation: Date of

What test confirmed diagnosis? clinical symptoms consultation - Dr. Stone - Boise Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/26, 1932

Where did injury occur? Grand View - Nah (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home -

Manner of injury Fell getting out of bed

Nature of injury Contusion left tibia

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. W. Mather, M. D.

(Address) 618-620 Eastman Bldg. Boise

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80520

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 252

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Silkman Elving Hyde.

(a) Residence. No. ... St. Mayfield Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia Hyde.

6. DATE OF BIRTH (month, day, and year) Dec. 25 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Wisconsin

FATHER

13. NAME John Hyde.

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Amelia Harlow

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) P.O. 445 Caldwell Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Ida. Morris Hill Date 9-15, 1932

19. UNDERTAKER Streibes & Whitacre (Address) Boise Ida

20. FILED 9-15, 1932 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6th, 1932, to Sept 13th, 1932

I last saw him alive on Sept 13th, 1932: death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) J. D. Springer, M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80521

PLACE OF DEATH

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 256

(No. St. Lukes) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Franklin Howard Sly

(a) Residence. No. Yetick St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Neva Sly

6. DATE OF BIRTH (month, day, and year) July 10th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) New Franklin, Mo

FATHER
13. NAME James Sly
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME O. C. West
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. J. Cohn Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Boise Co. Date Oct 10, 1932

19. UNDERTAKER Schreiber & McLean
(Address) Boise Co.

20. FILED 9-23, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-17 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1932, to Sept. 17, 1932
I last saw h— alive on Aug. 16, 1932; death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	Aug. 31.

Other contributory causes of importance:

Name of operation Resection of Rectum & Sigmoid.
What test confirmed diagnosis? Pathology Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Tom E. Lambert, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80522

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 250
(No. St. Lukes Hospital — Boise
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Ethyl Minnie Corcoran
(a) Residence. No. 1320 W. Jefferson St. Boise-Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. 5 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John J. Corcoran
6. DATE OF BIRTH (month, day, and year) June 18 - 1889
7. AGE Years 43 Months 2 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Crosse, Kans.

FATHER
13. NAME Edward Henry Kinsey
14. BIRTHPLACE (city or town) (State or country) Smoketown, Maryland

MOTHER
15. MAIDEN NAME Nettie Myrtle Rose
16. BIRTHPLACE (city or town) (State or country) Yatton Iowa

17. INFORMENT (Address) Mrs. C. E. Wakeman Boise Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Maize, Ida. Date Sept. 13 1932 Mours Hill
19. UNDERTAKER (Address) Schreiber & McCann Boise
20. FILED 9-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193
22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Sep 11, 1932
I last saw her alive on Sep 10, 1932 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Lip (head of femur.	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) R. Forney, M. D.
(Address) Boise.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80523

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 71
(No. Boise, Idaho Route #1.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Franklin Smith

(a) Residence. No. Boise, Idaho. Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha Smith

6. DATE OF BIRTH (month, day, and year) Nov. 7-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER
13. NAME William Smith.
14. BIRTHPLACE (city or town) (State or country) Smith Co. Virginia.

MOTHER
15. MAIDEN NAME Annie E. Sanders.
16. BIRTHPLACE (city or town) (State or country) Russell Co. Virginia

17. INFORMENT (Address) Mrs. Martha Smith. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place St. Anthony, Ida. Date 9/4/32, 193 Shipped
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.
20. FILED 9-6, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-3-32, 193

22. I HEREBY CERTIFY, That I attended deceased from May 10-1930, 193..., to Sept. 3-1932, 193...
I last saw him alive on Aug 20, 1932: death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis mellitis	

Other contributory causes of importance:

none	

Name of operation none Date of
What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred Budge Jr. M.D. M. D.
(Address) Boise, Idaho.

RECEIVED OCT 10 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80524

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 260

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosemary Frazier

(a) Residence. No. 2127 Eldia Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-5-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER

13. NAME Edward Frazier

14. BIRTHPLACE (city or town) Mountain Home
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lucile Nelson

16. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

17. INFORMENT W. L. Frazier
(Address) Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Morris Hill
Place Boise Date 9-25 1932

19. UNDERTAKER Schreiber & Williams
(Address) Boise

20. FILED 9-29, 1932 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1932, to Sept. 27, 1932
I last saw h[illegible] alive on Sept 26, 1932; death is said to have occurred on the date stated above, at 4:25 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	Sept. 24th

Other contributory causes of importance:
Hydrocephalus
Spina Bifida

Name of operation Lysis of Spinal Cord Date of Sept. 21
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. G. Dedman, M. D.
(Address) Boise, Idaho

RECEIVED OCT 10 1932

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PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80525

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 258

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie. E. Magee.

(a) Residence. No. 1406. N. 12 th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Noah. T. Magee.

6. DATE OF BIRTH (month, day, and year) Feb. 27. 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72.	6	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Black River Falls. (State or country) Wisconsin.

FATHER

13. NAME Luther. T. Prindle.

14. BIRTHPLACE (city or town) (State or country) Michigan.

MOTHER

15. MAIDEN NAME Amanda Wright.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT Noah. T. Magee. (Address) 1406. N. 12 th Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date September 26, 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 9-26., 1932 W. H. Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/25 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1930, to September 25, 1932

I last saw h alive on Sept. 16., 1932; death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis, Fibrillation	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harold W. Lee, M. D.

(Address) 217 Eastman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80526

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 261

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Faubion.

(a) Residence. No. 2308. N. 16 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas. H. Faubion.

6. DATE OF BIRTH (month, day, and year) April. 23. 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sain George Utah.

FATHER

13. NAME Albert Foremaster.

14. BIRTHPLACE (city or town) (State or country) Wisconsin.

MOTHER

15. MAIDEN NAME Sarah Ida Wiltbank.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Thomas. H. Faubion. 2308. N. 16 th Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Oct. 2. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 9-30, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 193?, to Sept 28, 193?
I last saw h[illegible] alive on Sept 28, 193?; death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hmorrhage	

Other contributory causes of importance:

Hypertension	

Name of operation — Date of —
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edward J Durst, M. D.
(Address) 1005 ½ Main St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr Frazer

DO NOT WRITE IN THIS SPACE
State File No. 80527

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 254

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Prince Ingraham.

(a) Residence. No. 10 Miles South West of Boise.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 5. 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70.	6	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Williamstown.
(State or country) West Virginia.

FATHER

13. NAME William. M. Ingraham.

14. BIRTHPLACE (city or town) West Virginia.
(State or country)

MOTHER

15. MAIDEN NAME Martha. E. Shapp.

16. BIRTHPLACE (city or town)
(State or country) Unknown.

17. INFORMENT Frank. P. Ingraham, Jr.
(Address) Meridian Idaho. R.D. # 2.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery Date Sept. 19. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 9-19, 1932 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 16 1932

22. I HEREBY CERTIFY, That I attended deceased from December, 1931, to Sept 16, 1932
I last saw h.i.m alive on Sept. 16, 1932: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carditis, arteriosclerosis	unknown
nephritis, cystitis	

Other contributory causes of importance:
as stated above

Name of operation None Date of
What test confirmed diagnosis? Urinalysis, Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. L. Frazer, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

Budge ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80528

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 70
(No. Route # 4 Boise Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Kennedy Quinn Seton

(a) Residence. No. Ironside, Oregon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles Seton

6. DATE OF BIRTH (month, day, and year) August 28, 1865

7. AGE Years 65 Months --- Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Francisco, Cal.

FATHER
13. NAME William Kennedy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Isabel Russel
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Charles May Ashland, Oregon

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 9/2/32, 193

19. UNDERTAKER (Address) William McBratney Boise, Idaho

20. FILED 9-2, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/31/32 193

22. I HEREBY CERTIFY, That I attended deceased from 8/31/32, 193, to 8/31/32, 193
I last saw her alive on 8/31/32, 193: death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (General anasarca)	

Other contributory causes of importance:

Chronic nephritis

Name of operation none Date of
What test confirmed diagnosis? Phy Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred Budge Jr, M. D.
(Address) Boise, Idaho

RECEIVED OCT 10 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80529

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 248

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earle Fredrick Cranston

(a) Residence. No. 906 Harrison Blvd. St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Kathryn Stein Cranston

6. DATE OF BIRTH (month, day, and year): Oct 6, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	60	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: automobile
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baker Oregon

FATHER

13. NAME: E. P. Cranston
14. BIRTHPLACE (city or town) (State or country): Medina Ohio

MOTHER

15. MAIDEN NAME: Anna E. Bowen
16. BIRTHPLACE (city or town) (State or country): Utica, N. Y.

17. INFORMENT (Address): W. W. Cranston, Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baker, Oregon Date: 9-14, 1932

19. UNDERTAKER (Address): Schreiber & McCaine, Boise, Ida

20. FILED 9-12, 1932 W. H. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 8/28, 1932, to 9/12, 1932

I last saw him alive on 9/12, 1932 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	9/5
following perforation of duodenal ulcer	9/3
+ accompanying	
Other contributory causes of importance:	
ileus + acute	9/3
gall bladder	9/3
old duodenal ulcers	yrs. standing

Name of operation: Enterostomy, Drainage abd. Date of 9/3-32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? 8/28/32 Date of injury, 193

Where did injury occur? Boise
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Auto

Nature of injury: Fracture clavicle + 3 ribs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph Tally M. D.

(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80530

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 245

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Winfield Scott Johnston

(a) Residence. No. 1307 N. 20th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Johnston

6. DATE OF BIRTH (month, day, and year) July 7-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Vara Kuehl. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 9/4/32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 9-6, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/2/32 193

22. I HEREBY CERTIFY, That I attended deceased from Aug-15, 1932, to Sep 2, 1932

I last saw h alive on Sep-2, 1932: death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Primary Suppression Uremia	
Other contributory causes of importance:	
Senility	

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. Toomey, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80531

PLACE OF DEATH

County of Ada

City of Star

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 73

(No. Eagle, Idaho. Route #1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Porter Glenn

(a) Residence. No. Eagle, Idaho Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Effie May Glenn

6. DATE OF BIRTH (month, day, and year) June 11-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME Charles Glenn.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Cyren Pebbler.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. Effie May Glenn. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 9/9/32 193

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho.

20. FILED 9-8, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/6/32 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 193 2, to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide. Shot	
himself in Abdomen	
with 12 Gauge Shotgun	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E. Summers Coroner, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1932

RECEIVED
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80532

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 246

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward Mohney

(a) Residence. No. R 2 Meridan Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie A Mohney

6. DATE OF BIRTH (month, day, and year): Nov 9 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Case County Mo.

FATHER

13. NAME: Edward S. Mohney

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Mary Highland

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Hattie A. Mohney R 2 Meridan Ida.

18. BURIAL, CREMATION, OR REMOVAL: Place: Meridan Cemetery Date: Sept 8 1932

19. UNDERTAKER: Summers & Krebs
(Address): Boise Idaho

20. FILED 9-7, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1932, to Sept 6, 1932
I last saw him alive on Sept 5, 1932: death is said to have occurred on the date stated above, at 1a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fell from haystack and injured neck & abdomen	Aug 25 1932
Other contributory causes of importance: Probably ruptured spleen & peritonitis	Sept 5 1932

Name of operation: None Date of: —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: Aug 25 1932
Where did injury occur? Ada County Idaho.
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. On Farm.
Manner of injury: Fell from Haystack
Nature of injury: Neck & Abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: He was a farmer
(Signed) F. M. Bradshaw, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80533

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 257
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James D. Feeny
(a) Residence. No. 120 North 7th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Feeny

6. DATE OF BIRTH (month, day, and year) Sept. 10-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	—	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ecuador

FATHER
13. NAME James D Feeny
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Charlotte Donohoe
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Thos. D. Feeny Nampa Ida
18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Date 9-24 1932 Boise, Ida
19. UNDERTAKER Schneider McCann (Address) Boise Ida
20. FILED 9-24, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 9/[illegible]21, 1932 to 9/27, 1932
I last saw him alive on 9/22, 1932 death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture and Crushed Left Chest "Shock"	

Other contributory causes of importance:
Auto-accident

Name of operation Surgical Date of
What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A. Fitzsimmons, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80534

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 259

(No. St. Alphonsus) 889
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pike Johnson Shaffer Creek
(a) Residence. No. Near Harshoe Bend
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 22-1866

7. AGE Years 66 Months 5 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 9-17-1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Charles Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Minnie M. Christensen
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) David Johnson Virginia Minn.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 9-27, 1932 Pioneer Cemetery

19. UNDERTAKER (Address) Schreiber & McCarrie Boise, Ida.

20. FILED 9-27, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 17 9-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 10:30 am 9/17, 1932 to 10:45 P.M. 9/17, 1932
I last saw him alive on 9/17, 1932 death is said to have occurred on the date stated above, at 10:45 p.m.
The principal cause of death and related causes of importance were as follows: Compound Comminuted fracture of both Lower Limbs. Date of onset 9/17/32

Other contributory causes of importance: Shock & Hemorrhage

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/17 1932
Where did injury occur? Shaffer Creek Boise County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In industry, sawing logs
Manner of injury Caught by rolling log
Nature of injury Compound fractures of both legs

24. Was disease of injury in any way related to occupation of deceased?
If so, specify Mayed Cutler
(Signed) W. B. Yons Lowry M. D.
(Address) 407 Eastern Bldg. Boise Idaho

OCT 11 1932

PLACE OF DEATH

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80535

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Groves.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White.

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) Unknown.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ? Mosier

6. DATE OF BIRTH (month, day, and year) July 1. 1853

7. AGE Years 79 Months 1 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Rancher.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Miss Matilda Mosier Council.

18. BURIAL, CREMATION, OR REMOVAL Place Council Idaho Cemetery Date Aug 28, 1932.

19. UNDERTAKER (Address) Robt Young for County

20. FILED Oct 10, 1932 Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Aug 27, 1932

I last saw him alive on Aug 27, 1932: death is said to have occurred on the date stated above, at 11:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	

Other contributory causes of importance:

Name of operation 0 Date of .....

What test confirmed diagnosis? Ex am. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury ....., 193..

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Alvin S. Thurston M.D., M. D.

(Address) Council Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80536

PLACE OF DEATH
County of Bannock
City of Downey

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah M. Ralls

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm A. Ralls

6. DATE OF BIRTH (month, day, and year) Oct. 26-1856

7. AGE Years 75 Months 10 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dillon Iowa

FATHER
13. NAME John Baer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna - - - - -
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. H. S. Garretson Downey Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Salt Lake Ut. Date Sept 13 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED Oct 1, 1932 Mary C. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Sept-12-, 1932
I last saw her alive on Sept-12-, 1932; death is said to have occurred on the date stated above, at 3:34 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	

Other contributory causes of importance:
High Blood Pressure

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) H. J. Hartvigsen, M. D.
(Address) Downey Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80537

PLACE OF DEATH
County of Bannock
City of Grace

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 268

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Alonzo Ballwinkel 44

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Arletta Ballwinkel.

6. DATE OF BIRTH (month, day, and year) Feb. 15th 1860

7. AGE: 72 Years, Months: 6, Days: 5, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Ut.

FATHER
13. NAME John M. Ballwinkel
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Jane Clark.
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Arletta Bollwinkel

18. BURIAL, CREMATION, OR REMOVAL Place Thatcher, Idaho Date ..... 193..

19. UNDERTAKER (Address) M W Hendricks.

20. FILED Sept 30, 1932 Mrs G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-2-32, 193.., to 8-20-32, 193..
I last saw him alive on 8-2-32, 193..: death is said to have occurred on the date stated above, at 11:00 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	unknown

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? x-ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify Br. Earning
(Signed) Grace, Idaho, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
1932
State File No. 80538

Registration District No. 21
Primary Registration District No. 216 Local Registrar's No. 391
(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Eugene Pope

(a) Residence. No. Blackfoot, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Christine Pope

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vernal
(State or country) Utah

FATHER
13. NAME George E. Pope
14. BIRTHPLACE (city or town) Farmington,
(State or country) Utah

MOTHER
15. MAIDEN NAME Margaret Ann Jones
16. BIRTHPLACE (city or town) South Wales
(State or country) England

17. INFORMENT George E. Pope
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot, Ida. Date —, 193

19. UNDERTAKER E. J. Peck
(Address) Blackfoot, Idaho.

20. FILED 9-27, 1932 W. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1932, to 9-27, 1932
I last saw him alive on 9-27, 1932: death is said to have occurred on the date stated above, at 1.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. C. Roberts, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80539

Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 380

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

744

2. FULL NAME Gladys Jones

(a) Residence. No. 713 North Seventh Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of J. W. Jones

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Menan,
(State or country) Idaho.

FATHER

13. NAME Austin Green

14. BIRTHPLACE (city or town)
(State or country) Utah.

MOTHER

15. MAIDEN NAME Sarah Hawker

16. BIRTHPLACE (city or town)
(State or country) New Jersey.

17. INFORMENT J. W. Jones
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Menan, Idaho. Date Sept. 4, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Sept. 3, 1932. D C Roy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1932, to Sept 2, 1932
I last saw her alive on Sept 1, 1932. death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Aug 5
Other contributory causes of importance:	
Exhaustion	Aug 20

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William J Howard, M. D.
(Address) Pocatello, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 11 1932

PLACE OF DEATH

County of Bannock

City of Arimo R. D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 80540

Local Registrar's No. 44

2. FULL NAME Lebo Francis Parris

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Big Springs Jackson Co. N. Carolina

PARENTS

10. NAME OF FATHER Andrew Jackson Parris

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Jackson Co. N. Carolina

12. MAIDEN NAME OF MOTHER Margaret L. Brooks

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Jackson Co. N. C.

14. Informant Mrs. Maude Parris
(Address) Arimo Idaho

15. Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September - 7 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July - 9 - , 1932; to Sept - 7 - , 1932.
that I last saw h[illegible] alive on August 17 1932
and that death occurred, on the date stated above, at 10 30 P. m.
The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) D. D. Hartzheim, M. D.
Sept. 10 1932. (Address) Downey Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Mosch Center, Idaho.	Sept-10-1932.

20. Undertaker	Address
Clark C Allen	Arimo, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80542

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 394

(No. St. Anthony Hospitol)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161-9

2. FULL NAME Lorin B. Brower.

(a) Residence. No. Crystal, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 19. 1932.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho.

FATHER
13. NAME J. L. Brower
14. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

MOTHER
15. MAIDEN NAME Hannah Mrytle Blair.
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) J. L. Brower. Robins, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Idaho Date Sept. 21 1932

19. UNDERTAKER (Address) Arthur W. Hall. Pocatello, Idaho.

20. FILED 9-21, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1932, to Sept 20, 1932, I last saw ~~him~~ alive on Sept 20, 1932; death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	Sept 19

Other contributory causes of importance:

Premature (7 mo)

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brothers, M. D.
(Address) Pocatello, Idaho.

OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80543

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 21
Primary Registration District No. 2161
Local Registrar's No. 388
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Henrietta Oliver

(a) Residence. No. 434 North 12th., Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15, 1911.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arco,
(State or country) Idaho.

FATHER

13. NAME Arthur T. Oliver

14. BIRTHPLACE (city or town) Ogden,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Olive Baxter

16. BIRTHPLACE (city or town)
(State or country) Utah.

17. INFORMENT (Address) Mrs. L. P. Coffar, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Sept. 11, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Sept. 10, 1932. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 8, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1930, to Sept 8, 1932.
I last saw h alive on 9-8, 1932.; death is said to have occurred on the date stated above, at 3:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary with Hemorrhages from Lungs.	
Other contributory causes of importance: Lobar Pneumonia - 1930	

Name of operation — Date of
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) J. F. Gunning, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Added child's name 10-6-94 ms

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80544

PLACE OF DEATH
County of Bannock
City of Chesterfield

Registration District No. 84
Primary Registration District No. 2161
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 270

159

2. FULL NAME Beulah Davids ~~no name~~

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 25 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Chesterfield Ida

PARENTS

10. NAME OF FATHER Emery Willard Davids
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho
12. MAIDEN NAME OF MOTHER Hazel Lavina Call
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant From birth report.
(Address)

15. Filed Oct-3-, 1932 Mrs. G. G. Fish Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct - 3 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3 -, 1932, to Oct 3, 1932
that I last saw her alive on Oct 3 -, 1932
and that death occurred, on the date stated above, at 11:25 A m.

The CAUSE OF DEATH* was as follows:
Occipito posterior
Hydrocephalus
Direct cause-Pressure on neck.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) G. G. Fish, M. D.
Oct 3, 1932 (Address) Banock Co Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19

20. Undertaker	Address
Had none.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

9-19-94

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

186/95

RECEIVED
SEP 2 6 1994
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 80544
Date Filed OCT. 5, 1932

The undersigned does solemnly swear that certain facts on the certificate of death

for Unnamed Davids (Name on Original Certificate) who died (Was Born, Died, etc.) on Oct. 3, 1932 (Date of Event)

in Chesterfield (Bannock) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Davids	Beulah Davids

Subscribed and sworn to before me this 22 day of September 1994.

Notary Public, Marvin J. Anderson

Residing at 2955 Central Ave. Ammon, Idaho

My commission expires 12-26-98

(Seal)

X Phoebe D. Gibbs Quist
Signature of Applicant

X 1990 Bitterroot Dr. Idaho Falls
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

RECEIVED OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80545

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 21
Primary Registration District No. 2161, Local Registrar's No. 396
(No. St. Anthonys Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

133

2. FULL NAME Mr Frances McNally

(a) Residence. No. 321 N. 11th St.
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 29 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John McNally

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Francis McNally Sr. Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Cem Date Sept 15 1932

19. UNDERTAKER Leonards Funeral Home
(Address) Pocatello Idaho

20. FILED Sept 15, 1932 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932 to Sept 11, 1932
I last saw him alive on Sept 11, 1932; death is said to have occurred on the date stated above, at 8:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured bladder	Sept 6-32

Other contributory causes of importance:
Acute alcoholism.
Acute nephritis.
Hemorrhage.

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Sept 6, 1932
Where did injury occur? not known
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. not in home or industry
Manner of injury Ruptured bladder
Nature of injury Probably from fall while intoxicated

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A M Newton, M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80547

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 385

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Julia Ellen Barger

(a) Residence. No. Downey, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wife of Abram L. Barger

6. DATE OF BIRTH (month, day, and year) May 27, 1852.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	80	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Barndino, California.

FATHER

13. NAME Jefferson Hunt

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Matilda Neace

16. BIRTHPLACE (city or town) (State or country) Pennsylvannia.

17. INFORMENT (Address) Mrs. Daisy B. Larson Rexburg, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Downey, Idaho. Date Sept. 11, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Sept. 8, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 8, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932, to Sept 8, 1932

I last saw her alive on Sept 8, 1932; death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur	Aug 5 1932

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 5, 1932

Where did injury occur? At home Downey Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Fell to floor

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Grothers M. D.

(Address) Pocatello, Idaho.

RECEIVED OCT 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80548

Registration District No. 21

Primary Registration District No. 2161 Local Registrar's No. 393

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Urbin John Winn

(a) Residence. No. Pocatello, Idaho. St. 124
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Fannie Nelson

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1879.

7. AGE: Years 52 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richfield, Utah.

FATHER

13. NAME John M. Winn

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Ellen Manning

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Mrs. Urbin J. Winn Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Preston, Idaho. Date Sept. 17, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Sept. 16, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 13, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1932, to 9-13, 1932

I last saw him alive on 9-13, 1932 death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured liver	9-11-32

Other contributory causes of importance:

Reflex anuria	2 days

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-11, 1932

Where did injury occur? Highway Pocatello (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Automobile

Nature of injury Ruptured liver

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brothers, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80549

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 395

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Murphy 84

(a) Residence. No. Transient St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years App 45 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Transient
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs M. Rasmason General Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Sept 14 1932

19. UNDERTAKER (Address) Mchan Pocatello, Idaho

20. FILED Sept 14, 1932 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Sept 14, 1932
I last saw him alive on Sept 14, 1932; death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Glioma of brain	?

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brothers M. D.
(Address) Pocatello Idaho

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80550

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 386
(No. St Anthony Hospital) 123
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Mrs Helen Eliza McManus
(a) Residence. No. Aberdeen Idaho R.F.D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Joseph McManus
6. DATE OF BIRTH (month, day, and year): July 31, 1879
7. AGE: Years 53, Months 1, Days 9; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Leon Iowa

FATHER
13. NAME: Frank Parsen
14. BIRTHPLACE (city or town) (State or country): Eliza Atha North Carolina

MOTHER
15. MAIDEN NAME: Eliza Atha
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Frank Garrett Sterling Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Springfield Idaho Date: Sept 12, 1932
19. UNDERTAKER (Address): E. F. Park Blackfoot
20. FILED: Sept 10, 1932 J. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 9, 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1932, to Sept 9, 1932
I last saw her alive on Sept 9, 1932; death is said to have occurred on the date stated above, at 12:22 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary Calculus	
Common Duct Stones	About Aug 5
Operation Sept 3.	

Other contributory causes of importance:
Exhaustion and Secondary Hemorrhage — Sept 8th

Name of operation: Clinical and Operative Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) William F. Howard, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 29
Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE
State File No. 80551

Local Registrar's No. 398

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11 B

2. FULL NAME Ethel Standiford

(a) Residence. No. 213 Roosevelt Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of Earl D. Standiford

6. DATE OF BIRTH (month, day, and year) Nov. 29, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bennington, Idaho.

FATHER

13. NAME Heber Oakey

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Amelia Farley

16. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

17. INFORMENT (Address) Earl D. Standiford, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Oct. 1, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Sept. 30, 1932. D C Ray, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 28, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1932, to Sept 28, 1932
I last saw h[illegible] alive on Sept 28, 1932: death is said to have occurred on the date stated above, at 5-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute influenza	Sept 20-32

Other contributory causes of importance:
mitral regurgitation
anemia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80552

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 399

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 e

2. FULL NAME Frank Maurice Martin

(a) Residence. No. Oliver Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Rose Martin

6. DATE OF BIRTH (month, day, and year): June 9. 1932

7. AGE: Years 31 | Months 3 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Automotive
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sebastapool Calif

FATHER
13. NAME: Frank Martin
14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER
15. MAIDEN NAME: Mary Litchfield
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): Rose Martin, Toppenish Wash

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place: Toppenish Wash Date: Oct 3, 1932

19. UNDERTAKER (Address): McHan, Pocatello

20. FILED: Oct 3, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1932, to 9/28, 1932
I last saw him alive on 9/27, 1932; death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	
[illegible]	
[illegible]	
[illegible]	

Other contributory causes of importance:

[illegible]	
[illegible]	

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/11, 193
Where did injury occur? Pocatello (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: [illegible]
Nature of injury: [illegible]

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Auto [illegible]
(Signed) [illegible], M. D.
(Address) Pocatello

RECEIVED OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80553

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 384

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

60 F

2. FULL NAME Arabelle Christian Taylor

(a) Residence. No. 306 North Arthur Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of J. Green Taylor

6. DATE OF BIRTH (month, day, and year) March 5, 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia.

FATHER

13. NAME Fredrick Seburn Christian

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Ann Daniels

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) Mrs. C. W. Caffin, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Preston, Ida. Date Sept. 9, 1932.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Sept. 8, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 6, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932, to Sept 6, 1932
I last saw her alive on Sept 6, 1932; death is said to have occurred on the date stated above, at 10P m.
The principal cause of death and related causes of importance were as follows:

	Duration	Interval between onset and death
Cysto Adenoma of Thyroid Chronic		
Operation		

Other contributory causes of importance:

Thyroid Shock 2 days

Name of operation Thyroidectomy Date of 9/5/32
What test confirmed diagnosis? Clinical & operative Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William T. Howard, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 80554

Local Registrar's No. 390

(No. Lynn Brother,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Emily Burrell

(a) Residence. No. 421 North Eigth Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Geo. E. Burrell

6. DATE OF BIRTH (month, day, and year) Apr. 8, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales.

FATHER

13. NAME Charles Ball

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMENT (Address) Geo. E. Burrell Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Sept. 11, 193 2

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho

20. FILED Sept. 10, 193 2. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Sept. 9, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 193 2 to Sept 9, 193 2

I last saw h alive on Sept 9, 1932; death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: —	

Name of operation — Date of —

What test confirmed diagnosis? Eye Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 193

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury —

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) D T Lynn, M. D.

(Address) Pocatello, Idaho.

RECEIVED OCT 1 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80555 1932

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 387

178

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred W. Green

(a) Residence. No. 1003 South Fourth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Husband of Elmeda Hofhine

6. DATE OF BIRTH (month, day, and year) Nov. 20,

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairyman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bountiful, Utah.

FATHER

13. NAME Richard Green

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Emma Heap

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Fred W. Green Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bountiful, Utah. Date Sept. 12, 1932.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Sept. 10, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 9, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1932 to Sept 9, 1932

I last saw him alive on Sept 6, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cardiac - Renal Nephritis

Other contributory causes of importance: Paralysis Lower extremities

Date of onset

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. C. Dawson, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 21

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 80556

Local Registrar's No. 392

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Frank Williams

(a) Residence. No. 204 South Johnson Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Jemima Miller

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sand & Gravel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Frank Williams, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Sept. 16, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Sept. 16, 1932. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 11, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound on head inflicted by Mrs Jemima Williams Justified Homicide.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Sept. 11, 1932

Where did injury occur? Pocatello Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At Home

Manner of injury Gun shot

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Arthur W Hall Coroner, M. D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80557

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 269

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Fred David Robinson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ethel S. Robinson

6. DATE OF BIRTH (month, day, and year): Apr 7 1878

7. AGE: Years 54 | Months 4 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): ~~unknown~~ Iowa

FATHER

13. NAME: Ebon Robinson

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Chloe Young

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Miss Fern Robinson, Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Central Date: Sept 4, 1932

19. UNDERTAKER (Address): M. W. Hendricks, Preston Idaho

20. FILED Sept 30, 1932 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, 193..., to Sep. 1st, 1932, 193...

I last saw h..... alive on Aug. 31, 1932, 193...: death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	

Other contributory causes of importance: None

Name of operation: 0 Date of .....

What test confirmed diagnosis? Urinal Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Ellis Kackley, M. D.

(Address) Soda Springs Idaho

RECEIVED OCT 7 1932

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80558

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 383

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Robert C. Forrest

(a) Residence. No. 535 S. Grant St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Marie Forrest

6. DATE OF BIRTH (month, day, and year) 5/13/1876

7. AGE Years ~~563~~ 56 Months 3 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OSL Water Service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brigham Utah

FATHER

13. NAME Thomas M Forrest

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Marie Forrest Pocatello Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date 9/6/32 193

19. UNDERTAKER (Address) McHan Pocatello

20. FILED 9/6/32 193 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1932, to 9/3, 1932

I last saw him alive on 9/3, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature] M.D.

(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80559

PLACE OF DEATH
County of Bear Lake
City of St Charles

Registration District No. 53
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Effie Eleanor Nelson

(a) Residence. No. ..... St Charles Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Soren Nelson

6. DATE OF BIRTH (month, day, and year) Feb 5, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Wm Pearce

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Mary Mead Cowles

16. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

17. INFORMENT (Address) Soren Nelson St Charles Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER .....
(Address)

20. FILED Oct 5, 1932 Hannah Judson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ..... 193..

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932, to Aug 23, 1932
I last saw h~~is~~er alive on Aug 23, 1932 death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Cerrhosis of Liver	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C O Nelson, M. D.
(Address) Paris Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 80561

Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Herschel Matteson

(a) Residence. No. 228 2nd St. St Maries
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

916

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Jessie Matteson

6. DATE OF BIRTH (month, day, and year) July 8 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gallipolis Ohio
(State or country) Texas

FATHER
13. NAME John H Matteson
14. BIRTHPLACE (city or town) Gallipolis Ohio
(State or country) Texas

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Ed Mutchler
(Address) St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date 9/30, 1932

19. UNDERTAKER Geo A Mitchell
(Address) St Maries

20. FILED Oct. 1, 1932 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1932, to , 193
I last saw him alive on Sept 7, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Other contributory causes of importance: Cerebral hemorrhage	
Senility	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) J A Adams, M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Santa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 80562

Local Registrar's No. 1

(No. 89)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Alexander Alvin

(a) Residence. No. Bennett Idea St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Kathrine Alvin

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Kalepa Mich

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Kathrine Alvin Bennett Idea

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date 9-7, 1932

19. UNDERTAKER Geo E Mitchell (Address) St Maries

20. FILED Oct 1, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1932, to Sept. 4, 1932

I last saw him alive on 8-16, 1932: death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset,
Angina pectoris	1930?
Other contributory causes of importance: Gastric ulcer	Unknown
Pernicious anaemia	1931

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C A Calkins, M. D.

(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80563

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Sloan E. Davis

(a) Residence. No. Fernwood Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J. Owen Fernwood Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Kelso Washington Date , 193

19. UNDERTAKER Geo. E. Mitchell
(Address) St. Maries, Ida

20. FILED Oct 1, 193 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1932, to 9-28, 1932
I last saw him alive on 9-28, 1932; death is said to have occurred on the date stated above, at 5:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	9-28-32
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C A Robins, M. D.
(Address) St. Maries, Ida

RECEIVED OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80564

PLACE OF DEATH
County of Benewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.) 1009

2. FULL NAME Cecelia Maries Gray

(a) Residence. No. 735 St. Second Street
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 9 1932.

7. AGE Years | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Maries Idaho

FATHER
13. NAME Cecil V. Gray
14. BIRTHPLACE (city or town) (State or country) Wheatland Wyo.

MOTHER
15. MAIDEN NAME Delia E. Gilman
16. BIRTHPLACE (city or town) (State or country) Elgin N. Dak.

17. INFORMENT (Address) Cecil Gray St Maries Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date 9-9, 1932

19. UNDERTAKER (Address) Geo E Mitchell St Maries

20. FILED Oct 1, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1932, to 9-7, 1932
I last saw her alive on 9-7, 1932: death is said to have occurred on the date stated above, at about 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	about 9-3-32
Other contributory causes of importance: Whooping Cough	about 8/1/32

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G A Robins, M. D.
(Address) St Maries, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80565

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 17
(No. St Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME John Cosedon

(a) Residence. No. Calder Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodsman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Sheriff W. Hendrickson Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Ida Date 9-29, 1932

19. UNDERTAKER Ira & Mitchell (Address) St Maries

20. FILED Oct 1, 1932 Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1932, to 9-27, 1932

I last saw him alive on 9-27, 1932; death is said to have occurred on the date stated above, at 11:17 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of Cancer left chest entering and lower left abdomen (posterior)	9/24/32
Other contributory causes of importance: Peritonitis complicating gunshot wound	9/25

Name of operation None Date of Removed

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 9/24, 1932

Where did injury occur? Calder Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Near home

Manner of injury Shot with 22 caliber gun

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C A Robins, M. D.

(Address) St Maries, Idaho

RECEIVED OCT 1 1932

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Benewah State Idaho Registered No. 11
Township ..... or Village De Smet 80566 or
City ..... No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Seltice 119

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Seltice

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 87 | Months | Days | If LESS than 1 day, ---- hrs. or ---- min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cataldo Ida.

PARENTS
10 NAME OF FATHER: Eugene Sol Louis
11 BIRTHPLACE OF FATHER (city or town) (State or country): Cataldo Ida.
12 MAIDEN NAME OF MOTHER: Julia 9/5 1932
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cataldo Ida

14 Informant: Joe Seltice
(Address) De Smet.

15 Filed Sept. 5, 1932 John Post REGISTRAR

11—3184 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Sept 4, 1932, that I last saw her alive on Sept 4, 1932, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Dysentery

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) —
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) J. A. Nelson, M. D.
(Address) Tekoa Wash

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: De Smet Ida
DATE OF BURIAL: Sept. 6 1932

20 UNDERTAKER: David
ADDRESS: Tekoa Wash

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—200 d
V. S. No. 98

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80567

PLACE OF DEATH
County of Bingham
City of Shelly

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 115

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Preston Thomas Jr

(a) Residence. No. at Home St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ellen Thomas

6. DATE OF BIRTH (month, day, and year): 2/9/1852

7. AGE: Years 80 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Butcher & meat market
10. Date deceased last worked at this occupation (month and year): 4/28
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Lehigh Utah

FATHER
13. NAME: Preston Thomas Sr
14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER
15. MAIDEN NAME: Sarah Ann Jane Moorhead
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMENT (Address): Mary E Thomas Shelley Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Shelley Idaho Date: 9/8, 1932

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida

20. FILED: Sept. 8, 1932 Mrs Walter E Peterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8/4 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14-, 1932, to 9-4-, 1932
I last saw him alive on 9-4-, 1932: death is said to have occurred on the date stated above, at 11:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Sigmoid flexure of large bowel	

Other contributory causes of importance:
Metastases to Liver
Pancreas & Gall bladder
Prodrum Obstruction

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Edwin Cutler, M. D.
(Address) Box 86 Shelly Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80569

PLACE OF DEATH
County of Bingham
City of Pingree

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

8

2. FULL NAME Arvene Pea

(a) Residence. No. Pingree Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) —

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 5 1931

7. AGE Years | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Pingree Idaho

FATHER
13. NAME Miles Pea
14. BIRTHPLACE (city or town) (State or country) Strawn Kans.

MOTHER
15. MAIDEN NAME Minnie Ropp
16. BIRTHPLACE (city or town) (State or country) Clinton Mo

17. INFORMENT (Address) Miles A. Pea Pingree Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Kimmich Ham Date Sep 7, 1932

19. UNDERTAKER (Address) E. T. Peck Blackfoot

20. FILED Sept 6, 1932 Mrs Walter E. Petrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9 - 6 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 - 1, 1932, to 9 - 6, 1932
I last saw him alive on 9 - 6, 1932; death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	8-27-32
Other contributory causes of importance:	
Vincents angina with acute nephritis	9-1-32

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical Diagnosis Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓
(Signed) J. D. Hanepair, M. D.
(Address) Blackfoot Ida

RECEIVED OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80570

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 117

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Matilda Stone

(a) Residence. No. RD#1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Q. Stone

6. DATE OF BIRTH (month, day, and year): May 10, 1867

7. AGE: Years 65 | Months 3 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: William Biddoes
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Riah Brockhouse
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): John Q. Stone, Blackfoot RD#1

18. BURIAL, CREMATION, OR REMOVAL
Place: Salem Utah Date: Sep 11, 1932

19. UNDERTAKER (Address): E T Peck, Blackfoot Idaho

20. FILED: Sept. 8, 1932 Mrs Walter E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9/7 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Sept 9, 1932
I last saw her alive on Apr 3, 1932: death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis	about 1926

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80571

PLACE OF DEATH
County of Bingham
City of Blackfoot
No. Broadway.

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 118
(No. Blackfoot Genesee Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank T. Kalbeck 749

(a) Residence. No. Pocatello, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lyle Kalbeck

6. DATE OF BIRTH (month, day, and year): July 25, 77

7. AGE: Years 55 Months 1 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: K.K.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Conductor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Knoxville Iowa

FATHER
13. NAME: Aaron Kalbeck
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Harriett Andrews
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Mrs. Lyle Kalbeck 340 N. Lincoln

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Pocatello Idaho Date: Sept 10 1932

19. UNDERTAKER (Address): McHaus Pocatello Idaho

20. FILED: Sept 7, 1932 Mrs Nature E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 7, 1932
I last saw him alive on Sept 7, 1932 death is said to have occurred on the date stated above, at 1.05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation: none Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) F. W. Mitchell, M.D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80572

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 120.
(No. Blackfoot Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

4

2. FULL NAME Lillian Lenore Johnson
(a) Residence. No. Thomas Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Aug 15th 1918
7. AGE Years 14 Months Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. in school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thomas Idaho

FATHER
13. NAME J. Vance Johnson
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Katharine Bear
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Dorothea Johnson Blackfoot Idaho RR
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Blackfoot Date Sept. 13 193
19. UNDERTAKER (Address) E J Peck Blackfoot
20. FILED Sept. 13, 1932 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 11 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Sept 12, 1932
I last saw her alive on Sept 12, 1932; death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Undulant Fever	

Other contributory causes of importance:

Name of operation Appendectomy Date of 9/9/32
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Blackfoot Idaho

RECEIVED OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80573

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 127

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Arave

(a) Residence. No. Shelley Rt #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 20, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jamestown
(State or country) Idaho

FATHER

13. NAME Lyman Arave

14. BIRTHPLACE (city or town) Thayer
(State or country) Utah

MOTHER

15. MAIDEN NAME Louise Anderson

16. BIRTHPLACE (city or town) Jamestown
(State or country) Idaho

17. INFORMENT Lyman Arave
(Address) Shelley Rt #1

18. BURIAL, CREMATION, OR REMOVAL
Place Shelley, Idaho Date Oct 4 1932

19. UNDERTAKER Dark A. Ward
(Address) Idaho Falls, Idaho

20. FILED Oct. 4, 1932 Mrs Walter E Talbot
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1932 to July 30, 1932
I last saw her alive on July 30, 1932; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	9/30/32

Other contributory causes of importance:

None

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin Cutler, M.D.
(Address) Box 86 - Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80578

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 126.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Marie Lyon Paxton 749

(a) Residence. No. Basalt Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Paxton

6. DATE OF BIRTH (month, day and year) May 7th 1907

7. AGE Years 25 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Firth Ida

PARENTS
10. NAME OF FATHER James H. Lyons
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Liberty, Ida
12. MAIDEN NAME OF MOTHER Elsie Criddle
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Morgan Utah

14. Informant (Address) Luther Tufts - Basalt Ida

15. Filed Oct 4, 1932 Mrs Walter E. Paine Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 30 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1932, to Sept 30, 1932
that I last saw her alive on Sept 29, 1932
and that death occurred, on the date stated above, at 3 am
The CAUSE OF DEATH* was as follows:
Appoplexy
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Malnutrition
(duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. E. Roberts, M. D.
Sept 30 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~ Basalt, Idaho — Date of Burial Oct 2nd 1932

20. Undertaker None. — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80579

PLACE OF DEATH
County of Bingham.
City of Blackfoot, Idaho.

Registration District No. 121
Primary Registration District No. 2 1007 Local Registrar's No. 12
(No. Idaho Hotel, N. Main street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111 P

2. **FULL NAME** Jujiro Tanikuni.

(a) Residence. No. "Idaho Hotel, N. Main street, Blackfoot, Idaho.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	Japanese	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tome Tanikuni.

6. DATE OF BIRTH (month, day and year) Feb. 14, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	6	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hotel Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9. BIRTHPLACE (city or town) Japan.
(State or country)

PARENTS

10. NAME OF FATHER Senjiro Tanikuni

11. BIRTHPLACE OF FATHER (city or town) Japan
(State or Country)

12. MAIDEN NAME OF MOTHER Dont know.

13. BIRTHPLACE OF MOTHER (city or town) Japan
(State or County)

14. Informant (Wife)
(Address) Blackfoot, Idaho.

15. Filed Sept. 12, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September II, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to Sept 11, 1932,
that I last saw him alive on Sept 11, 1932,
and that death occurred, on the date stated above, at 7.00 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pyloric Stenosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pyloric ulcer

(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W W Beck, M. D.
Sept 12, 1932 (Address) Blackfoot Ida

19. Place of Burial, ~~Cremation~~, or Removal	Date of Burial
Pocatello, Idaho	Sept. 13, 1932

20. Undertaker Address Pocatello Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80580

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 3194
(No.) 8
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 114

2. FULL NAME Iola Loraine White

(a) Residence. No. St. Shelley Ida
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year)

7. AGE Years 2 Months 5 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (city or town) (State or country) Shelley Ida

PARENTS
10. NAME OF FATHER Earl White
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Hooper Utah
12. MAIDEN NAME OF MOTHER Effie Russell
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iona Ida

14. Informant Earl White
(Address) Shelley, Idaho.

15. Filed Sept 2, 1932 Mrs Walter E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 2 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1932, to Sept 2nd, 1932
that I last saw her alive on Sept 2nd, 1932
and that death occurred, on the date stated above, at 7 07 P.M.
The CAUSE OF DEATH* was as follows:
Scarlet fever
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Broncho-Pneumonia
(duration) yrs. mos. 2 ds.

18. Where was disease contracted if not at place of death? yes
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) F. E. Roberts, M. D.
Sept 3, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley, Idaho
Date of Burial Sept 5, 1932

20. Undertaker Acting Earl White
Address Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80581

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 14
(No. Hailey Clinical Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Benjamin French 117

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Roberts French

6. DATE OF BIRTH (month, day, and year): July 4-1873

7. AGE: Years 59 | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Insurance & Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): Aug 28-1932
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Idaho City Idaho

FATHER
13. NAME: Richard G. French
14. BIRTHPLACE (city or town) (State or country): East Kingston New Hampshire

MOTHER
15. MAIDEN NAME: Ann Large
16. BIRTHPLACE (city or town) (State or country): Dublin Ireland

17. INFORMENT (Address): Emmeal J French

18. BURIAL, CREMATION, OR REMOVAL
Place: City Plot - Hailey Date: Sept 4, 1932

19. UNDERTAKER (Address): G Harris Hailey Ida

20. FILED: 9-30, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1932, to Sept 2, 1932
I last saw him alive on Sept 2, 1932: death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
from ruptured	
appendix	

Other contributory causes of importance:

Name of operation: Appendectomy Date of: Sept 1-32
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) E. W. Fd, M. D.
(Address) Hailey, Ida

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80582

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 13

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

122

2. FULL NAME Joe Jump.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc** .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Geo. H. Campbell, Shoshone, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place County Plot Date Sept 2 1932

19. UNDERTAKER L. L. Harris
(Address) Hailey Ida.

20. FILED 9-30, 1932 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 31 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1932, to 8-31, 1932

I last saw him alive on 8-31, 1932, death is said to have occurred on the date stated above, at 5 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	1 yr
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Robert H. Wright, M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80583

PLACE OF DEATH
County of Boise
City of Idaho City.

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 74

(No. 20 Miles N.E. of Boise, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Oscar L. Dorman

(a) Residence. No. 20 Miles N.E. of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: About 60 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 9-13, 1932

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 9-13 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/9/32 193

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ----------, 193..., to ----------, 193...
~~I last saw her alive on~~ ----------, 193...: death is said to have occurred on the date stated above, at Some time Friday between 8 a.m. and 5 P.m. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide. Shot self in head with .22 Rifle.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J E Shanahan Cor, M.D.
(Address) Idaho City, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1932

RECEIVED OCT 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80584

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 49

161-1

2. FULL NAME Infant Luckey.
(a) Residence. No. West Pine St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 31, 1932

7. AGE Years — Months — Days — If LESS than 1 day, 10 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

PARENTS

10. NAME OF FATHER Merton S. Luckey
11. BIRTHPLACE OF FATHER (city or town) Osborn Co
(State or Country) Kansas
12. MAIDEN NAME OF MOTHER Blanch Swanger
13. BIRTHPLACE OF MOTHER (city or town) Cleveland
(State or Country) Ohio

14. Informant M. S. Luckey
(Address) Sandpoint, Idaho

15. Filed Sept. 3, 1932 Viola Allen Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 1 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1932, to Sept. 1, 1932
that I last saw her alive on Aug. 31, 1932
and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH* was as follows:
Premature delivery
7 mo gestation.
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Floyd G Weardle, M. D.
Sept. 3, 1932 (Address) Sandpoint, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Pinecrest Cemetery — Date of Burial: Sept 3. 1932

20. Undertaker: Pr. E. Moon — Address: Sandpoint Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80585

PLACE OF DEATH
County of Bonner
City of Elmira

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME John Cody

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lulu Cody

6. DATE OF BIRTH (month, day, and year) March 30, 1852

7. AGE Years 80 Months 6 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept. 30, 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Battle Creek Michigan

FATHER
13. NAME John Joseph Cody
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Ellen Bertle
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Lulu Cody Elmira, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Idaho Pinecrest Cemetery Date 10/4, 1932

19. UNDERTAKER (Address) L.G.Moon Sandpoint, Idaho.

20. FILED Sept. 30, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable Pulmonary Hemmorhage	

Other contributory causes of importance:
Over exertion
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] J. Coroner, M.D.
(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80586

PLACE OF DEATH
County of Bonner
City of Vay

Registration District No. 78
Primary Registration District No. 2155
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 50

49

2. FULL NAME Otis James Merritt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie Ann Merritt

6. DATE OF BIRTH (month, day and year) April 8, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Lansing
(State or country) New York

PARENTS

10. NAME OF FATHER Thomas Owen Merritt

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) New York

12. MAIDEN NAME OF MOTHER Eliza M. King

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) New York

14. Informant Mrs. Otis J. Merritt
(Address) Vay, Idaho.

15. Filed Sept 6, 1932 Viola Allen Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 5, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Aug 26, 1932, to Sept. 5, 1932
that I last saw him alive on Sept 3, 1932
and that death occurred, on the date stated above, at 1:35 a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma rectum & prostate gland
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) Floyd G. Wendle M. D.
Sept 6, 1932 (Address) Sandpoint, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Seheacquoteen Cemetery Sawyer, Idaho.	Sept. 7 1932
20. Undertaker	Address
L. G. Moon	Sandpoint, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80587

PLACE OF DEATH
County of Bonner
City of Priest River
Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Anna Lamanna

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nick Lamanna

6. DATE OF BIRTH (month, day and year) Feb. 14, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10. NAME OF FATHER Peter Bombino
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Italy
12. MAIDEN NAME OF MOTHER Rosa Mecarato
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Italy

14. Informant James Lamanna
(Address) Priest River, Ida

15. Filed Sept. 26, 1932 R. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1930, to Sept. 24, 1932, that I last saw her alive on Sept. 24, 1932, and that death occurred, on the date stated above, at 8:10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Decompensated Heart from
Chronic Myocarditis

(duration) 4 or more yrs. mos. ds.

CONTRIBUTORY (Secondary) Bidly infected teeth

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Findings + History
(Signed) Harold C Sowers, M. D.
Sept. 26, 1932 (Address) Priest River, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Woodmen Cemetery	Sept 27 1932
20. Undertaker	Address
Moon Mortuary	Priest River

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80588

PLACE OF DEATH
County of Bonner
City of Laclede,

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 8

(No. 1832)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Dorrell.

(a) Residence. No. St. Dover Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louise Dorrell.
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 60 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farm
10. Date deceased last worked at this occupation (month, day, year) Sept. 15, 1932
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME James Dorrell
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Rogers
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Glen Dorrell Sandpoint, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Cem. Date Sept. 16, 1932
19. UNDERTAKER (Address) L. E. Moon Sandpoint Idaho.
20. FILED Sept 16, 1932 R. E. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 15, 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism. Crushed by wagon wheel. Broken Back.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/13, 1932
Where did injury occur? Laclede Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Fell under wagon
Nature of injury Crushed by wheel

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Driving team.
(Signed) L. E. Moon Coroner M.D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80589

PLACE OF DEATH
County of Boundary
City of Addie

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emil Heiberg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1872

7. AGE: Years 59; Months 9; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Iron Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundary
10. Date deceased last worked at this occupation (month and year) Fall of 1930
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME G. Heiberg
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. Ivan Pearson Spokane, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date , 193

19. UNDERTAKER (Address) H. R. Crouch, Bonners Ferry, Idaho.

20. FILED Sept. 12 1932 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 12 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Death	
Coronary Sclerosis	

Other contributory causes of importance:

Alcoholism	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) R. M. Bowell Coroner, M.D.
(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80590

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.

(No.) 89
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Elizabeth A. Irving

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Irving

6. DATE OF BIRTH (month, day, and year): Feb. 27 1876

7. AGE: Years 56 Months 6 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Paul Minn

FATHER
13. NAME: James Phare
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): Geo. Irving, Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Aug. 31-192 Date: Bonners Ferry, 193

19. UNDERTAKER (Address): H. R. Crouch, Bonners Ferry, Ida.

20. FILED: Aug. 29, 1932. E. E. Fry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1932, to Aug. 29, 1932

I last saw her alive on Aug. 28, 1932; death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Aug. 28

Other contributory causes of importance:

Chronic myocarditis	1 year

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. E. Fry, M.D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80591

Registration District No. 29
Primary Registration District No. 2/26 Local Registrar's No.

(No.) 160
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gordon Wilfred Ratcliff.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho

FATHER

13. NAME Ernest Ratcliff

14. BIRTHPLACE (city or town) McLeansboro
(State or country) Illinois

MOTHER

15. MAIDEN NAME Della Moss

16. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho

17. INFORMENT (Address) Ernest Ratcliff Bonners Ferry Ida

18. BURIAL, CREMATION, OR REMOVAL Bonners Ferry Date July 30 1932

19. UNDERTAKER F. P. Reynolds
(Address) Bonners Ferry Ida

20. FILED July 30, 1932. E. E. Fry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 30 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932, to July 30, 1932
I last saw him alive on July 29, 1932; death is said to have occurred on the date stated above, at 2:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus (Obstructive?)	July 28

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) E. E. Fry M. D.
(Address) Bonners Ferry Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80592

PLACE OF DEATH
County of Boundary
City of Copeland

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Eric Dehlbom

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Christine Dehlbom

6. DATE OF BIRTH (month, day, and year) May 25-1860

7. AGE Years 72 Months 1 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Sala, Sweden

FATHER
13. NAME Eric Dehlbom.
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Catherine (?)
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Christine Dehlbom Copeland, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Ida Date July 16, 1932

19. UNDERTAKER (Address)

20. FILED July 14, 1932. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1929, to July 13, 1932
I last saw his alive on Mar. 31, 1932 death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis. (Sudden death)	1930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no.
(Signed) E. E. Fry, M. D.
(Address) Bonners Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80593

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 19
Primary Registration District No. 2156 Local Registrar's No.

(No.) 206
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Glass

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14-1932

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.
Still born

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Fred E. Glass
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Shirley Doonan
16. BIRTHPLACE (city or town) (State or country) Mont.

17. INFORMENT Fred E. Glass
(Address) Troy Mont

18. BURIAL, CREMATION, OR REMOVAL
Place Troy Mont Date Aug 15, 1932

19. UNDERTAKER O. H. Craigen
(Address) Bonners Ferry Ida

20. FILED Aug 15, 1932 E. E. Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 1:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn,	
Died during labor.	
Cerebral Hemorrhage (?)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. E. Fry, M. D.
(Address) Bonners Ferry, Ida

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80594

PLACE OF DEATH
County of Boundary
City of Porthill

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Bertha Klockman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Carl Klockman

6. DATE OF BIRTH (month, day, and year): June 2 1866

7. AGE: Years 66 Months 1 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Maudans
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs. Kramer Porthill Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Porthill Idaho Date: July 12, 1932

19. UNDERTAKER (Address): H. R. Crowell Bonners Ferry Ida

20. FILED July 11, 1932. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1932, to July 10, 1932
I last saw her alive on July 9, 1932; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. E. Fry M. D.
(Address) Bonners Ferry, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80595

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mary E. Moton,

(a) Residence. No. St. Moravia, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Anno Fuller
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Melvira Duzan
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Ann Burgett, Dayton, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Dayton, Wash. Date , 193

19. UNDERTAKER H. R. Crouch, (Address) Bonners Ferry, Ida.

20. FILED Aug. 10, 1932 E E Fry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932, to Aug. 9, 1932
I last saw her alive on Aug. 8, 1932: death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) E E Fry, M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 1937

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80596

PLACE OF DEATH

County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 7156
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Parker.

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 3-1937

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.: 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Bonners Ferry Ida

PARENTS

10. NAME OF FATHER: Walter James Parker
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Va.
12. MAIDEN NAME OF MOTHER: Sylvia May Merritt
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Wisconsin

14. Informant (Address): Walter J Parker

15. Filed Aug 4, 1937 — E E Fry, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug 3, 1937 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw her alive on Aug 3, 1937
and that death occurred, on the date stated above, at 1A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) R M Bonsell, M. D.
Aug 4, 1937 (Address) Bonners Ferry

19. Place of Burial, Cremation, or Removal: Bonners Ferry Ida — Date of Burial: 8/3 1937

20. Undertaker: W J Parker — Address: Bonners Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80597

PLACE OF DEATH — **CERTIFICATE OF DEATH**

County of Boundary — Registration District No. 79

City of Bonners Ferry — Primary Registration District No. 2156 — Local Registrar's No.

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John Erickson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): June 2 - 1881

7. AGE: Years 51, Months 2, Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer -
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Finland

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Finland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Finland

14. Informant (Address): Abe Vis Samuels

15. Filed 8/11, 1932 — E E Fry, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August 10, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1932, to Aug 10, 1932
that I last saw him alive on Aug 9, 1932
and that death occurred, on the date stated above, at 7 A.M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Duodenal Ulcer with hemorrhage & perforation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Pancreatitis

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Samuels Idaho
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) Ken Dowell, M. D.
Aug 11, 1932 (Address) Bonners Ferry

19. Place of Burial, Cremation, or Removal: Sandpoint Idaho — Date of Burial: 19

20. Undertaker: L L Moon — Address: Sandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80598

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 105

(If death occurred in a hospital or institution, give its name instead of street and number.)
(No.)

2. FULL NAME William Henry Johnston

(a) Residence. No. 711—11th Ave. S. Nampa
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Martha A. Johnston

6. DATE OF BIRTH (month, day, and year) Nov. 16-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Knoxville, Tennessee

FATHER
13. NAME David Johnston
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Childs
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) C. B. Johnston 711-11th ave. so. Nampa

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 9-10, 1932

19. UNDERTAKER Ed. V. Peckham
(Address) Caldwell Idaho

20. FILED 10-1-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-7-32, 193.., to 9-8-, 193.2
I last saw him alive on 9-5, 193.2; death is said to have occurred on the date stated above, at 9:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Acute heart failure, Arteriosclerosis, Myocarditis	Acute 3 or 4 days

Other contributory causes of importance:
Chronic bronchitis for many years

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. R. Proctor, M. D.
(Address) Nampa Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80599

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 506 Local Registrar's No. 102

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Anna Elizabeth Juercher 46

(a) Residence. No. 5 mi. 12th Ave. Road St.

(Usual place of abode.)

Length of residence in city or town where death occured 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of E. E. Juercher

6. DATE OF BIRTH (month, day and year) Aug. 23rd 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	—	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Adams Co. Indiana

PARENTS

10. NAME OF FATHER Ephriam Howard

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Anna Kopf

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio.

14. Informant (Address) Mr. E. E. Juercher Nampa, Ida.

15. Filed Sept-9, 1932. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9 (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-22, 1932, to 9-5, 1932, that I last saw her alive on 9-5, 1932, and that death occurred, on the date stated above, at 4:35 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Tuberculosis of the uterus.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 9-22-32

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. A. Horton, M. D.

9-6, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Rohlerlawn-Nampa — Date of Burial: 9-9-1932

20. Undertaker: Mrs. Nina M. Talley — Address: Nampa Ida

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 1932

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
80600
State File No.

Local Registrar's No. 114

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William F. Schnabel

(a) Residence. No. 614 Filmore St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Velma Schnabel

6. DATE OF BIRTH (month, day, and year) July 2, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Peace Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Schnabel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredricka Kuhn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Wm. Schnabel Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 9-30, 1932

19. UNDERTAKER Paul L. Case (Address) Caldwell, Idaho.

20. FILED 9-29, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to Sept. 28, 1932

I last saw h alive on Sept 28, 1932; death is said to have occurred on the date stated above, at 1.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 13
Other contributory causes of importance:	
Fracture of Hip.	Sept 13

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 9-13 1932

Where did injury occur? Caldwell
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall

Nature of injury Fracture of Hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. W. Bales, M. D.

(Address) Caldwell, Idaho.

STATE OF IDAH
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED OCT 8 1932

DO NOT WRITE IN THIS SPACE
State File No. 80601

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 108

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

4 6

2. FULL NAME Nellie Leona Lindsey

(a) Residence. No. 524 - 3d st S St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. E. Lindsey

6. DATE OF BIRTH (month, day and year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Gresham Oregon

PARENTS

10. NAME OF FATHER G. T. Starrh
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bavaria
12. MAIDEN NAME OF MOTHER Baumgardner
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Baden Germany

14. Informant A. E. Lindsey
(Address) Nampa Ida

15. Filed Sept 26, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sep (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 25th, 1932, to Sept. 5th, 1932, that I last saw her alive on Sept. 5th, 1932, and that death occurred, on the date stated above, at 1:07 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of the cervix and vagina

(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Paralytic ileus.
(duration) 0 yrs. 0 mos. 3 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes. Date of 8/29/32.
Was there an autopsy? No.
What test confirmed diagnosis? Pathological report.
(Signed) Geo. A. Kellogg, M. D.
9/7/1932. (Address) Nampa, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa Ida	9-8 1932
20. Undertaker F. K. Robinson	Address Nampa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PH... should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
State File No. 80602

Local Registrar's No. 110

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Sadie J. Haydon

(a) Residence. No. Caldwell, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of A. P. Haydon

6. DATE OF BIRTH (month, day, and year) Aug. 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

FATHER

13. NAME Thomas Jamison

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Louden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Dr. W. J. Boone Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Sept. 22 1932

19. UNDERTAKER (Address) Paul L. Case Caldwell, Idaho.

20. FILED 9-21, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to Sept 21st, 1932
I last saw h alive on Sept 10, 1932 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. B. Dundley, M. D.
(Address) Caldwell, Ida

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80603

Registration District No. 7

Primary Registration District No. 2006

(No. ..... St.)

Local Registrar's No. 105

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Zelda Laura Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fm.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6. DATE OF BIRTH Oct (Month) 27 (Day) 1908 (Year)

7. AGE 23 Yrs. 10 Mos. 12 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Rockland Idaho

10. NAME OF Father John W Allen

11. BIRTHPLACE OF FATHER (State or Country) Willard Utah

12. MAIDEN NAME OF MOTHER Betsy Robertson

13. BIRTHPLACE OF MOTHER (State or Country) Willard Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lyda Rodgers

(Address) Nampa Idaho

15. Filed Sept 26 1932 Lyda Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH

78

16. DATE OF DEATH Sept (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15 1929 to Sept 8 1932, that I last saw her alive on Sept 7 1932, and that death occurred on the date stated above, at 1 a M.

The CAUSE OF DEATH* was as follows: Diabetes Epilepsy Coma

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lyda Rodgers M. D.

19 ..... (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 3 yrs. 3 mos. 12 days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence Rockland Idaho

19. PLACE OF BURIAL OR REMOVAL American Falls Ida — **DATE OF BURIAL** 19 .....

20. UNDERTAKER F. A. Robinson — **ADDRESS** Nampa Ida.

RECEIVED OCT 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80604

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 107

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Jess Collison

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/19/79

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME J. B. Collison

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Jane Gumber

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Mrs Grace Collison Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida Date 9/14, 1932

19. UNDERTAKER F. P. Patterson (Address) Nampa Ida

20. FILED Sept 26, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-11- 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to 9-11-, 1932
I last saw him alive on 9-11-, 1932; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9-1-32

Other contributory causes of importance:

Bright disease & Arteriosclerosis	about 1925

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Collison, M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1932

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80605

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 115

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Carlson

(a) Residence. No. I.O.O.F. Home St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 18, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Viola Price Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 10-2, 1932

19. UNDERTAKER (Address) Paul L. Case Caldwell, Idaho.

20. FILED 10-4, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Sept. 30, 1932

I last saw him alive on Sept 30, 1932: death is said to have occurred on the date stated above, at 5:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	several years

Other contributory causes of importance:

Chronic Nephritis	Jan 15 '32

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80606

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 410
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ulysses Grant Miller

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gabrial Miller

6. DATE OF BIRTH (month, day, and year) 12-29-63

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Champaign Ill.

FATHER
13. NAME John Miller
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Harry Miller Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Ida. Date 9-29-32 193

19. UNDERTAKER F.K. Robinson.
(Address) Nampa, Ida.

20. FILED Oct-1, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1932 to Sept. 27, 1932
I last saw him alive on Sept 27, 1932; death is said to have occurred on the date stated above, at 10:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Sacrum and 4th & 5th Lumbar Vertebrae.	?
Other contributory causes of importance: Hypostatic Pneumonia	Sept. 24 1932

Name of operation Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W C Rollins M.D., M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80607

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 107

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie Bargent

(a) Residence. No. 1124 Cleve St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. ~~If maried,~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of W. S. Argent

6. DATE OF BIRTH (month, day, and year) Apr 4 - 1870

7. AGE Years 62 Months 5 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Illinois

FATHER
13. NAME B. S. Brown
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Glendenning
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. M. Hinderkofler Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 9-18, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 9-21, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-15 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1931, to Sept 15, 1932

I last saw her alive on Sept 15, 1932; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows: Endocarditis — Date of onset several years

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) Caldwell, Idaho

2:30 M.E. church

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Kaley RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80608

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Mammen

(a) Residence. No. Parma, Idaho R#1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 5-1856

7. AGE: Years 76 | Months 0 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport Tenn

FATHER
13. NAME Albia Mammen
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Mary Allen
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Mrs. H. R. Newman Nampa

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Sept. 18 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell, Idaho

20. FILED 9-21, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to Sept 16, 1932.
I last saw her alive on Sept 16, 1932: death is said to have occurred on the date stated above, at 2:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	June 1932 of present attack
Other contributory causes of importance: Paraudyn Nephritis	July 1932

Name of operation —
Date of Laboratory
What test confirmed diagnosis? Xray & Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C. M. Kaley, M. D.
(Address) Caldwell Idaho

RECEIVED [illegible] 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80609

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 112

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Calvin Ahlborn

(a) Residence. No. Caldwell #2 St. 170
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb-3-1861

7. AGE Years 71 Months 7 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranches.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Buren
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) C F Ahlborn

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Co. Date 9-26, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 10-1-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-24 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 12-15 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Suicide - Gunshot wound in head, self inflicted, twelve guage shot gun.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. V. Peckham Coroner M.D.
(Address) Caldwell Ida

RECEIVED OCT 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80610

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 111

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Dotson Rowland.

(a) Residence. No. Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21

7. AGE Years 12 Months 4 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER
13. NAME Lee Rowland
14. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

MOTHER
15. MAIDEN NAME Myrtle McGuire
16. BIRTHPLACE (city or town) (State or country) Boise Idaho

17. INFORMENT (Address) Leo Rowland Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 9-25, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 10-1-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1932 to Sept 23, 1932
I last saw him alive on Sept 22, 1932; death is said to have occurred on the date stated above, at 7:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	Sept 8 32

Other contributory causes of importance:

Small Pox	Sept 1st

Name of operation Drainage Date of 9/11 32
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature] M. D.
(Address) Caldwell Idaho

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80611

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 108

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Sarah J. Canter

(a) Residence. No. Cleve Blvd St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word)
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Jan 13th 1855
7. AGE Years 77 Months 8 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Rufus Gooding
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Rose Baker

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Sept. 18th 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho.

20. FILED 9-21, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Sept 16, 1933
I last saw her alive on Sept 16, 1933: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	

Other contributory causes of importance:
acites - D. ab cles

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) T. D. Fraser M.D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80612

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 113

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME Mrs. Bessie Aldine Frasier

(a) Residence. No. Caldwell, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eugene Frasier

6. DATE OF BIRTH (month, day, and year) Dec. 11, 1904

7. AGE: Years 27 | Months 9 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iola Iowa

FATHER
13. NAME Charles Sharp
14. BIRTHPLACE (city or town) (State or country) Fontenelle Iowa.

MOTHER
15. MAIDEN NAME Bessie Marquis
16. BIRTHPLACE (city or town) (State or country) Greenfield Iowa.

17. INFORMENT (Address) L. M. Sharp Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Oct. 1, 1932

19. UNDERTAKER (Address) Paul L. Case Caldwell, Idaho.

20. FILED 9-29, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1932, to Sept 28, 1932

I last saw her alive on Sept 28, 1932: death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
Melancholia —

Date of onset

Other contributory causes of importance:

Arthritis —
T. B. —

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Caldwell Ida

(Corrected by Cert. No. 80803) RECEIVED OCT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80613

PLACE OF DEATH
County of Canyon
City of Nampa.

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 109

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Gregory Stephen

(a) Residence. No. 423-11th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

12b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-9-78

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crete, Neb

FATHER

13. NAME E.F.Stephen

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Mary Gregory

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Mrs F.G.Stephen. Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Idaho Date 9/19, 1932

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED Sept 26, 1932 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/19 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12th, 1932, to Sept. 19th, 1932.
I last saw him alive on Sept. 12th, 1932.: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis.	9/14/32.
Rupture of gall-bladder	9/12/32.

Other contributory causes of importance:

Cholecystitis.	Not known.
Gall-stones.	

Name of operation Laparotomy Date of 9/12/32.
What test confirmed diagnosis? Exploration Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. E. A. Kellogg, M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

TO CORRECT CERTIFICATE NO. 80613.

-80-23

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80803

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 109
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Gregory Stephen

(a) Residence. No. 423--11th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-9-77

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm and City loans.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grete, Neb.

FATHER

13. NAME E. F. Stephen

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Mary Gregory

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Mrs. F.G.Stephen Nampa, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 9-19, 1932

19. UNDERTAKER F. K. Robinson (Address) Nampa, Ida.

20. FILED Sept 21, 1932 Lyda Lee Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-17 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12th, 1932, to Sept. 16, 1932
I last saw him alive on Sept. 16th, 1932; death is said to have occurred on the date stated above, at 1:05 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	9-16-32
Rupture of gall-bladder	9-12-32
Other contributory causes of importance: Cholecystitis	Not known
Gall-stones	

Name of operation Laparotomy Date of 9-12-32
What test confirmed diagnosis Exploration Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify
(Signed) Geo. A. Bellows, M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80614

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 103

(No. 2½ miles west Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Edwin C. Cook

(a) Residence. No. 2½ mi west Nampa St.

(Usual place of abode.)

Length of residence in city or town where death occured 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Cook

6. DATE OF BIRTH (month, day and year) Dec. 19th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	8	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Dingle Idaho.

PARENTS

10. NAME OF FATHER Geo. Henry Cook.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Cedar Fort Utah

12. MAIDEN NAME OF MOTHER Elizabeth Nate

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Lehi Utah.

14. Informant (Address) Mrs. Mary Cook Nampa, Idaho.

15. Filed Sept. 26, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 14, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 13 4 P.M., 1932, to Sept. 14, 5 P.M., 1932

that I last saw him alive on Sept. 14, 1932

and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis and Cardiac Hypertrophy

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Bell M. D.

9-19- 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Kohlerlawn Nampa — Date of Burial: 9-18 1932

20. Undertaker: Wm D. Talley — Address: Nampa, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80615

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 104

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James A. Allen 44

(a) Residence. No. Cemetery County St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)
18. BURIAL, CREMATION, OR REMOVAL Place Date 9-[illegible]-32, 193
19. UNDERTAKER F. R. Robinson (Address) Nampa Idaho
20. FILED Sept 26, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932, to Sept 22, 1932
I last saw him alive on , 193 : death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of the stomach with vomiting, extreme emaciation and inability to take nourishment. — Date of onset [illegible]

Other contributory causes of importance:
Starvation.

Name of operation None. Date of
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) [illegible], M.D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80616

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 106
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Walls 1882
(a) Residence. No. Midway St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. J. Walls
6. DATE OF BIRTH (month, day, and year) — — 1870
7. AGE Years 62 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME James A Bair
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Rebecca Ellis
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Mrs C. O. Duffenbach Nampa Ida
18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Caldwell Ida Date 9/20, 1932
19. UNDERTAKER (Address) F. K. Robinson Nampa Idaho
20. FILED Sept 26, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/17 1932
22. I HEREBY CERTIFY, That I attended deceased from Sep 3, 1932, to 9-17-, 1932
I last saw her alive on 9-17, 1932: death is said to have occurred on the date stated above at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Blood clot from Injured Abdomen went to heart.	9-17-32 12:55 P.M. Lined 5 moments

Other contributory causes of importance:
Abdominal injury caused by truck running over abdomen crushing kidneys

Name of operation no Date of ✓
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Crushed by truck.
Nature of injury Kidney & abdomen crushed

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) V C Bellknap, M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80617

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 3
Primary Registration District No. 2007
Local Registrar's No. 7
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William James Underwood Jr. 74-a
(a) Residence. No. Parma Ida St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 13 - 1847

7. AGE Years 84 Months 9 Days 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pennsylvania Philadelphia

PARENTS
10. NAME OF FATHER William James Underwood
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.
12. MAIDEN NAME OF MOTHER Anna
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England.

14. Informant Ethel D. Cherty
(Address) E. 126 Troup Ave Kansas City Kans

15. Filed Oct 1, 1931 Ethel Wories Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 5 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at 6 - a m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Old Age
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. V. Peckham Coroner M.D.
9-6, 1932 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Parma Cem. Date of Burial: 9-8 1931

20. Undertaker: C. V. Peckham Address: Caldwell Ida

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80618

PLACE OF DEATH

County of Canyon

City of Wilder

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 106

(No. 1612)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Mathews

(a) Residence. No. (Usual place of abode) Wilder Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept-12-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 3 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilder Ida

FATHER

13. NAME L. J. Mathews

14. BIRTHPLACE (city or town) (State or country) Wilder Ida

MOTHER

15. MAIDEN NAME Grace Clark

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) L. J. Mathews Wilder, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wilder Date 9-12, 1932

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 9-21, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932 to , 193

I last saw her alive on Sept 11, 1932: death is said to have occurred on the date stated above, at 7-13 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance: Malformation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert E. Talbot, M. D.

(Address) Wilder, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80619

PLACE OF DEATH
County of Gooding
City of Ida Springs

Registration District No. 87
Primary Registration District No. 7159
Local Registrar's No. 17
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Weber

(a) Residence. No. ..... St. Twin Falls, Ida
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of E. L. Weber

6. DATE OF BIRTH (month, day and year) Oct. 3. 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10. NAME OF FATHER Frank McInnis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) E. L. Weber Georgetown Ida

15. Filed 8-13-, 1932 H. Russell Zigut Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. ~~14~~ 13, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Aug ~~14~~ 13, 1932
that I last saw her alive on Aug ~~14~~ 12, 1932
and that death occurred, on the date stated above, at 2:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

acute bilateral salpingitis & acute appendicitis

(duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY (Secondary) Pneumonia, Gen.
(duration) ..... yrs. ..... mos. 4 ds.

18. Where was disease contracted if not at place of death? Georgetown, Ida.
Did an operation precede death? yes Date of Aug. 13, 32
Was there an autopsy? No
What test confirmed diagnosis? operation
(Signed) H. Russell Zigut, M. D.
Aug 14 1932 (Address) Ida Springs Ida

19. Place of Burial, Cremation, or Removal Bloomington Ida — Date of Burial Aug 15 1932
20. Undertaker E. L. Whitmore — Address Ida Springs

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80620

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 19
(No. St Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Richard Daniels
(a) Residence. No. Irwin Idaho St. Irwin, Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lydia Jane Daniels
6. DATE OF BIRTH (month, day and year) Mch-29-1855
7. AGE Years 77 Months 5 Days 20 If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS
10. NAME OF FATHER Abner Daniels
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Rebecca Egelston
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Irwin Ida
15. Filed Sept 19, 1932 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept -19- 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept -2- 1932, to Sept -19- 1932
that I last saw him alive on Sept -19- 1932
and that death occurred, on the date stated above, at 7:35 a m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH*, was as follows:
Carcinoma of Bladder (Cancer)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? yes Date of 9/12/32
Was there an autopsy? no
What test confirmed diagnosis? Pathological Ex.
(Signed) Chas Kackley, M. D.
9/19/32, 19 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal Irwin Idaho Date of Burial Sept. 21 1932
20. Undertaker E D Whiteman Address Soda Springs Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80621

PLACE OF DEATH
County of Caribou
City of Soda Springs Ida
Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 18
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keplar Sessions
(a) Residence. No. Bancroft Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ann Sessions

6. DATE OF BIRTH (month, day and year) Dec. 3 - 1855

7. AGE Years 76 Months 8 Days 23 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Bountiful Utah

PARENTS
10. NAME OF FATHER Pergreen Sessions
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Maine
12. MAIDEN NAME OF MOTHER ~~Anna~~ Lucina Call
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England ~~Bountiful~~ ~~Utah~~

14. Informant (Address) K. C. Sessions Soda Springs Ida

15. Filed ~~8-27~~ Sept 1, 1932 (Tigert) Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to Aug 26, 1932
that I last saw him alive on Aug. 26, 1932
and that death occurred, on the date stated above, at 1:15 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Infection of Bladder due to patent making a false opening with a catheter into bladder (duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) Hypertrophy of Prostate (duration) 16 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Cystoscopy
(Signed) Elis Kaukel, M. D.
9/6/32, 19.... (Address) Soda Springs Ida

19. Place of ~~Burial~~, ~~Cremation~~, or Removal Chesterfield Ida
Date of Burial 8-28- 1932

20. Undertaker C. D. Whitman
Address Soda Springs Ida

OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80622

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Caribou
near
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 20
(No. —)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Blaine S. Hawker

(a) Residence. No. ____ St. ____
(Usual place of abode.)
Length of residence in city or town where death occured 2 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day and year) Oct. 14, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	11	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho

PARENTS

10. NAME OF FATHER Robt. S. Hawker

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Cottonwood Utah

12. MAIDEN NAME OF MOTHER Lydia Byber

13. BIRTHPLACE OF MOTHER (city or town) (State or County) North Ogden Utah

14. Informant (Address) Robt. S. Hawker Soda Springs Idaho

15. Filed 9/23 1932 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932, to Sept. 23, 1932
that I last saw him alive on Sept. 22, 1932
and that death occurred, on the date stated above, at 5:00 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Septic sore throat
(duration) ____ yrs. ____ mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia
(duration) ____ yrs. ____ mos. 5 ds.

18. Where was disease contracted if not at place of death? same
Did an operation precede death? No Date of 0
Was there an autopsy? No
What test confirmed diagnosis? Phys. Ext.
(Signed) Russell Tigert M. D.
9/23 1932 (Address) Soda Spgs., Ida.

19. Place of Burial, ~~Cremation, or Removal~~ Soda Springs, Ida — Date of Burial 9/24 1932

20. Undertaker none — Address —

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80623

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 358
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Miller
(a) Residence. No. Conant ave 343 north St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 86 Months 9 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Builder & Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER —
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER —
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Emma Miller 343 - N. Conant

15. Filed Oct 4, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 25 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1932, to Sept 25, 1932
that I last saw him alive on Sept 25, 1932
and that death occurred, on the date stated above, at 11:40 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Clo. Carditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean, M. D.
Sept 26, 1932 (Address) Burley Id

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker Jos. T. Payne | Address Burley
Licensed No E 271

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80624

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 357
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Euphernia Winterburn
(a) Residence. No. South Miller St. 192
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 31, 1849

7. AGE Years 83 Months 10 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Mt. Joy
(State or country) Ohio

PARENTS
10. NAME OF FATHER James Scott
11. BIRTHPLACE OF FATHER (city or town) Butler
(State or Country) Penn
12. MAIDEN NAME OF MOTHER Sarah Thompson
13. BIRTHPLACE OF MOTHER (city or town) Butler
(State or County) Penn

14. Informant (Address) Mrs. Hattie Powell
So. Miller St.

15. Filed Oct 4, 1932 [illegible] Butler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
no disease
This patient could have had food but consistently refused to take it regardless of form offered.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Starvation
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G. G. Espe, M. D.
9/14/32 19 (Address)

19. Place of Burial, Cremation, or Removal Albion Idaho
Date of Burial 9/15, 1932

20. Undertaker D. E. Johnson
Address Burley Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80625

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 17

Primary Registration District No. 2196 Local Registrar's No. 336

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unknown Man

(a) Residence. No. none St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ✓ yrs. ✓ mos. ✓ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Unknown	✓	✓	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) D. E. Johnson Burley Idaho

15. Filed Oct 4, 1932 W. H. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1932, to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Starvation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) D. E. Johnson Co Coroner

Sept. 11, 1932 (Address) Burley Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Cemetery	9/12 1932
20. Undertaker	Address
H. E. Johnson	Burley Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80626

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 1 1
Primary Registration District No. 21 1a Local Registrar's No. 334
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gene Roger Olenslager
(a) Residence No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (Write the word.)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 7-1926

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	4	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Burley Ida

PARENTS

10. NAME OF FATHER Jeniff L Olenslager
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Rose Patton Bancroft
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant (Address) J L Olenslager Burley Ida

15. Filed Sept 5, 19 32 F Hollister Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 3 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932 to Sept 3, 1932
that I last saw h[illegible] alive on Sept 3, 1932
and that death occurred, on the date stated above, at 12:15 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Decapitated
Result of R. R. Accident
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) D E Johnson Coroner
Sept 6, 1932 (Address) Burley Ida

19. Place of Burial, Cremation, or Removal: Rupert Idaho — Date of Burial: Sept 6 1932
20. Undertaker: D E Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80627

Registration District No. 2187

Primary Registration District No. 90

Local Registrar's No. 59

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

918

2. FULL NAME L. A. Courter

(a) Residence. No. ..... St. Sandpoint—Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? ~ yrs. ~ mos. ~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ~
(or) WIFE of ~

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clinton County. Pennsylvania

FATHER

13. NAME Peirson Courter.

14. BIRTHPLACE (city or town) (State or country) Unascertained.

MOTHER

15. MAIDEN NAME Nellie Reed

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place St. Hosp. No. Cemetery Date Sept. 15, 1927

19. UNDERTAKER F. A. Billberg, Hosp. Asst. (Address) Orofino - Idaho

20. FILED Sept 16, 1927 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 13, 1927

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1927, to September 13, 1927

I last saw him alive on September 13, 1927; death is said to have occurred on the date stated above, at 2-45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio-sclerosis	

Other contributory causes of importance:

Senile psychosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Symp. Signs Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.

(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80628

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 60

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Axel Nelson

(a) Residence. No. ..... St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs 11 mos. 15 ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unascertained

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascerrtained

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records, State Hospital North Orofino, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hosp. Cemetery Date Sept. 16 1932

19. UNDERTAKER F. A. Billberg, Hosp. Attdt. (Address) Orofino, Idaho

20. FILED Sept 16, 1932 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1929, to Sept. 15, 1932

I last saw him alive on Sept. 15, 1932: death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	
Other contributory causes of importance:	
Dementia praecox	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelway, M. D.

(Address) Orofino, Idaho

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80629

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 62

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Campbell

(a) Residence. No. Pierce 2da St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 61.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) —

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Orofino Hospital Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date 9/30, 193

19. UNDERTAKER W. A. Shaw
(Address) Orofino Ida

20. FILED Sept 30, 193 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1932, to Sept. 29, 1932
I last saw h[illegible] alive on Sept. 28, 1932: death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart Disease	
and Coronary Sclerosis.	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. B. Pappenheimer, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80630

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. [illegible]
Local Registrar's No. 58
(No.) 45
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Boten
(a) Residence. No. Pierce Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Boten

6. DATE OF BIRTH (month, day and year) Nov 14-1868

7. AGE Years 63 Months 9 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miller
(b) General nature of industry, business, or establishment in which employed (or employer) Flour Miller
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oatmills Kansas

PARENTS
10. NAME OF FATHER Boten
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unascertained
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) Floyd B. Marshall Pierce Ida.

15. Filed Sep 10, 19 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9 (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Sept 8th, 1932
that I last saw him alive on Sept 7th 1932
and that death occurred, on the date stated above, at 1 45 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma Pancreas involving Peritoneum Pyloric end of stomach - also liver probably about 6 mo -
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓
✓ (duration) ✓ yrs. ✓ mos. ✓ ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of ✓
Was there an autopsy? yes
What test confirmed diagnosis? autopsy
(Signed) J. H. Robertson, M. D.
9/9, 1932 (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal Pierce Ida
Date of Burial 9/10 1932

20. Undertaker Orofino Mortuary
Address Orofino Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80631

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Chas Rambo

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Maried

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Maud Rambo

6. DATE OF BIRTH (month, day, and year) Mar 8 - 1866

7. AGE Years 66 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME ✓
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Maud Rambo Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Cook Cem Date Sep 29, 193

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED Sep 28, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 26 193

22. I HEREBY CERTIFY, That I attended deceased from 9 30 am 9/26, 1932, to 12 30 pm 9/26 1932
I last saw him alive on 9/26, 1932; death is said to have occurred on the date stated above, at 12 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck cervical vertebrae, causing paralysis of nerve supplying respiration and punctured R & Lung - Haemorrhage - Auto accident	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Symptoms & Examination of the death Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/26, 1932
Where did injury occur? On Fords Creek road - (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Public road - Collision
Manner of injury as above
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. H. Robertson, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-A-25M. 1-12 SEP 21 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Custer
City of Mackay
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 76
Primary Registration District No. 253
(No. ..... St.)

State File No. 80632
Local Registrar's No. 138

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Sarah Emily Wells

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
F.	W.	Widow

6. DATE OF BIRTH: Feb. (Month) 8 (Day) 1869 (Year)

7. AGE: 63 Yrs. 6 Mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Arkansas

10. NAME OF Father: Rev Joseph Eckel

11. BIRTHPLACE OF FATHER (State or Country): U. S. A.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): U. S. A.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary B. Rabenhorst
(Address) May, Idaho

15. Filed Sept. 19 1932 Rose Maxwell
Local Registrar

MEDICAL CERTIFICATE OF DEATH 122

16. DATE OF DEATH: Aug. (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1932, to Aug 30 1932, that I last saw her alive on Aug 30 1932, and that death occurred on the date stated above, at 9.15 P.M.
The CAUSE OF DEATH* was as follows:
Cirrhosis of Liver
Chronic Endocarditis

(Duration) 15 yrs. ..... mos. ..... ds.
Contributory (Secondary) Cholelithiasis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C A B Jensen M. D.
8/31 1932 (Address) Mackay Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 9 days. In the State 32 yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Mo.
Former or usual residence May, Idaho

19. PLACE OF BURIAL OR REMOVAL: May, Idaho
DATE OF BURIAL: Sept 2 1932
20. UNDERTAKER
ADDRESS

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80633

PLACE OF DEATH
County of Custer
City of Darlington

Registration District No. 76
Primary Registration District No. 2153. Local Registrar's No. 159
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles H. Harvey 88b
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lillie Moore Harvey

6. DATE OF BIRTH (month, day and year) Sep 2 - 1854

7. AGE Years 77 Months 11 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mining
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS
10. NAME OF FATHER George Harvey
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Boston
12. MAIDEN NAME OF MOTHER Ellen Mann Harvey
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Rose H. Richardson

15. Filed Sept 19 1932. Rose Nowacki Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 31 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1932, to Aug 16, 1932
that I last saw him alive on Aug. 16, 1932
and that death occurred, on the date stated above, at 1.45 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) C. A. B. Jensen, M. D.
8/31, 1932 (Address) Mackay, Idaho

19. Place of Burial, Cremation, or Removal Harris Furn Co. By Chas H. | Date of Burial 19

20. Undertaker | Address Hailey Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80634

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No. 1

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Robert Settle

(a) Residence. No. ..... Atlanta Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 6-29-1932
7. AGE — Years: — Months: 1 — Days: 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER
13. NAME William Settle
14. BIRTHPLACE (city or town) (State or country) Harrisville Mo

MOTHER
15. MAIDEN NAME Lillian Roberts
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Wm Settle Atlanta Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Home Date 8-23, 1932

19. UNDERTAKER
(Address) J. C. Zagher Mt Home Ida

20. FILED Sept 31, 1932 E. Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932 to Aug 22, 1932
I last saw him alive on Aug 22, 1932 death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral birth injury	6-29-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Freemesbrinn M.D.
(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80635

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No.
Primary Registration District No.
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Merrill

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Orrion Merrill

6. DATE OF BIRTH (month, day, and year) Feb 7 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Lehi Utah

FATHER
13. NAME Samuel D. White
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Thomas
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) O.P.Merrill Preston

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Sept 24, 1932

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Oct 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Sept 23, 1932
I last saw her alive on Sept 12, 1932: death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach and Liver -	Onset undetermined.
Other contributory causes of importance: Nephritis -	Recent development

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. W. States M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80636

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 11
(No. General Memorial Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Baby Orian Bartell Swenson -

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Baby -

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-16-32.

7. AGE Years Months Days If LESS than 1 day, 3 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER
13. NAME Royal Swenson
14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER
15. MAIDEN NAME Norma Ferguson
16. BIRTHPLACE (city or town) (State or country) North Logan Utah.

17. INFORMENT (Address) Royal Swenson Preston

18. BURIAL, CREMATION, OR REMOVAL Place Pres Logan Date 9-17-, 1932

19. UNDERTAKER (Address)

20. FILED Oct 8, 1932 G. W. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-16- 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-16-32 4:00 pm, 1932, to 9-16-32 - 7:30 p.m., 193

I last saw him alive on 9-16-32, 193 : death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Other contributory causes of importance:	
Premature gestation	7½ mos

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. R. Cutler, M. D.
(Address) Preston, Idaho

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80637

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Franklin

City of Winder

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 10

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Conrad E. Holland

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Unknown			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RailRoad Man (Conductor)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant County
(Address)

15. Filed Oct 8, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 11, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 4: a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Natural Death (Cause Unknown)
Found dead in bed about 7: A.M.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) M. D.
, 19 (Address) Preston, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Preston, Idaho	9/13/32 19

20. Undertaker	Address
M.W. Hendrecks	Preston Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Franklin

City of Clifton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80638

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Ann Hooker

(a) Residence. No. Clifton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: S. S. Hooker

6. DATE OF BIRTH (month, day, and year): Aug 3 1876

7. AGE: Years 56 | Months I | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Clifton Idaho

FATHER

13. NAME: Thomas A. Howell

14. BIRTHPLACE (city or town) (State or country): Payson Utah

MOTHER

15. MAIDEN NAME: Harriett A. Henderson

16. BIRTHPLACE (city or town) (State or country): Brigham City Utah

17. INFORMENT (Address): S. S. Hooker Clifton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Clifton Idaho Date: Sept 29, 1932

19. UNDERTAKER (Address): M. W. Hendricks Preston Idaho

20. FILED Oct 8, 1932 G. W. Stales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 27 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1932, to 9-27, 1932

I last saw her alive on 9-26, 1932; death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic anneum rupture	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. R. Cutler, M. D.

(Address) Preston

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80639

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Virgina Bishop

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 10-1857

7. AGE: Years 57 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME James M. Bishop
14. BIRTHPLACE (city or town) (State or country) America

MOTHER
15. MAIDEN NAME Martha Wright
16. BIRTHPLACE (city or town) (State or country) America

17. INFORMENT (Address) Mrs Gertrude Merrill Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Albion Date Oct. 1, 1932

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED Oct 1, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4th, 1932, to Sept. 30th, 1932
I last saw her alive on Sept. 29, 1932: death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	1931
Other contributory causes of importance: Acute Bronchitis	Sept. 28th

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) P. M. Kelly, M.D.
(Address) St. Anthony, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED OCT 7 1932

DO NOT WRITE IN THIS SPACE
State File No. 80640

PLACE OF DEATH
County of Freemont
City of W. Ashton
Died enroute from West Yellowstone to Pocatello, Ida.
Registration District No. 27
Primary Registration District No. 2161
Local Registrar's No. 382
(No. Near Ashton, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Marlborough Smith

(a) Residence. No. North of Pocatello City, St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Cellie T. Sims

6. DATE OF BIRTH (month, day, and year): Sept. 9, 1851.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	80	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia. U. S. A.

FATHER

13. NAME: Joseph T. Smith

14. BIRTHPLACE (city or town) (State or country): Virginia, U. S. A.

MOTHER

15. MAIDEN NAME: Mariah Alvis

16. BIRTHPLACE (city or town) (State or country): Virginia, U. S. A.

17. INFORMENT (Address): C. T. Smith, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Ida. Date: Sept. 3, 1932.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Sept. 3, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 1, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible] Senility	
had been in ill health some months	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur W. Hall Coroner M.D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 11 1932

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 80641

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mary Anne DeGraw

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr M. Degraw

6. DATE OF BIRTH (month, day, and year) June 21-56

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER

13. NAME John Brimhall

14. BIRTHPLACE (city or town)
(State or country) N.Y.

MOTHER

15. MAIDEN NAME Anna Retta Harris

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMENT (Address) Mrs J. A. Thornock Emmett Idaho

18. BURIAL, CREMATION, OR REMOVAL Emmett Cemetery Date 9-24-32

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 10-1, 1932 J. K. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-22-32 193

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1932, to 9-22-, 1932
I last saw h alive on 9-21-, 1932: death is said to have occurred on the date stated above, at 2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	

Other contributory causes of importance:
Had a fall and broke arm two days before death. Shock of this probably hastened the end

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. K. Reynolds, M. D.
(Address) Emmett Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80642

PLACE OF DEATH
County of Gem
City of Montour

Registration District No. 6
Primary Registration District No.
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Leiffert

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Feb 22 - 1865

7. AGE: Years 67 | Months 6 | Days 12 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Missouri

PARENTS

10. NAME OF FATHER: Stube
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Not Known

14. Informant: Frances Snyder
(Address): Montour Idaho

15. Filed 9/6, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932 to , 19 , that I last saw her alive on Sept 3, 1932 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
probably due to Coronary Sclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) C. O. Cummins, M. D.
9/6, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	Sept 6 1932
20. Undertaker: C. O. Buckmun	Address: Emmett Idaho

OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80643

PLACE OF DEATH
County of Penn
City of Emmett

Registration District No. 4
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah H. Reed

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 4 - 1845

7. AGE Years 87 Months 5 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS
10. NAME OF FATHER Wm Holsman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.
12. MAIDEN NAME OF MOTHER Lucy Dilley
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant Lucy Guenther
(Address) Emmett Ida

15. Filed 9/23, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 21 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1927, 19, to Sept 21, 1932
that I last saw her alive on Sept 21, 1932
and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J L Reynolds M. D.
9/23, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Idaho
Date of Burial: 9/23 1932

20. Undertaker: C D Bucknum
Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80644

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME William Walter Sheaffer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wht
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Elsie Sheaffer

6. DATE OF BIRTH (month, day and year): Aug 18 - 1879

7. AGE: Years 53 | Months — | Days 27 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bakery Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Harmony Pa

PARENTS
10. NAME OF FATHER: Wm Sheaffer
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Penn.
12. MAIDEN NAME OF MOTHER: Isophene Creswell
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Pa

14. Informant: Mrs Elsie E Sheaffer
(Address) Emmett Idaho

15. Filed 9/18, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-5-, 1932, to 9-15-, 1932
that I last saw him alive on 9-15-, 1932
and that death occurred, on the date stated above, at 11 30 a m.
The CAUSE OF DEATH* was as follows:
Chronic myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic nephritis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) R N Cummings, M. D.
9/18, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Idaho | Date of Burial: 9/18 1932

20. Undertaker: C D Bucknum | Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80645

County of Jena
City of Brownley

Registration District No. 6
Primary Registration District No. 6
(No.) (If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No.

2. FULL NAME Bessie C Dool Albin

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. M.
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Albin

6 DATE OF BIRTH (month, day and year): Oct 20 1886

7 AGE: Years 46 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wife of Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Osco Nebraska

PARENTS
10 NAME OF FATHER: John Dool
11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada
12 MAIDEN NAME OF MOTHER: Kate M Jorgensen
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Denmark

14 Informant
(Address)

15 Filed 9/10/32, 19 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept. (Month) 10th (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Unknown. Mentle deranged. was found ded in bed. Posibally Starvation would not take food
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cronical Mental condition
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. H. Yates, Coroner, M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Brownlee Ida
Date of Burial: 9/11/32 19
20. Undertaker: C. H. Yates
Address: Emmett

RECEIVED OCT 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80646

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 194

(No. Gooding Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Helen Frances Crow

(a) Residence. No. ____ Gooding St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 3-27-1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gooding Ida.

FATHER

13. NAME Jesse Stoddard Crow

14. BIRTHPLACE (city or town) (State or country) Hopkinton Iowa

MOTHER

15. MAIDEN NAME Hanna Foran

16. BIRTHPLACE (city or town) (State or country) New Castle Canada

17. INFORMENT (Address) J.S. Crow Gooding Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Date 9-7-, 1932

19. UNDERTAKER A.E. Thompson (Address) Gooding Ida

20. FILED Sept 6, 1932 J.H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-25, 1932, to Sept 5, 1932

I last saw her alive on Sept 5, 1932, death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Aug 25
Post operative illness	Sept 2

Other contributory causes of importance:

Name of operation appendectomy Date of Aug-27

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 193__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J.H. Cromwell, M. D.

(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80647

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 193

(No. Gooding Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred W. Crane

(a) Residence. No. Richfield Idaho St. 1189
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lillian F Crane

6. DATE OF BIRTH (month, day, and year): Dec 7-1865

7. AGE: Years 64 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Marion NY

FATHER
13. NAME: Dewitt Crane
14. BIRTHPLACE (city or town) (State or country): Marion NY

MOTHER
15. MAIDEN NAME: Elizabeth Smith
16. BIRTHPLACE (city or town) (State or country): Marion NY

17. INFORMENT (Address): Mrs Lillian F Crane Richfield Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Richfield Ida Date: Sept 6, 1932

19. UNDERTAKER (Address): E E Hickok Shoshone Idaho

20. FILED 9-6-, 1932 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932, to Sept 4, 1932
I last saw him alive on Sept 3, 1932: death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia with Paralytica Ileaus	Aug 24

Other contributory causes of importance:
Massive Congenital Hernia (6 ft Intestines in Sac)

Name of operation: Herniotomy Date of Aug 26
What test confirmed diagnosis? Ex Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) T. E. Barrett, M. D.
(Address) Shoshone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Goodding
City of Goodding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 80648

Local Registrar's No. 172

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lerum Dow Folsom

(a) Residence. No. RFD. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word).
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Cora Folsom

6. DATE OF BIRTH (month, day, and year) Jan 3 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Jackson Co Ohio

FATHER

13. NAME Samuel N. Folsom

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Sarah Brush

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Samuel N. Folsom

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Goodding Date 9-30, 1932

19. UNDERTAKER A. E. Thompson (Address) Goodding Idaho

20. FILED 9-30-, 1932 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-28 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12-, 1932 to 9-28-, 1932
I last saw him alive on 9-27, 1932; death is said to have occurred on the date stated above, at 3:40 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardites	

Other contributory causes of importance:

Arterio sclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Cromwell, M. D.
(Address) Goodding Idaho

RECEIVED OCT 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80649

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 195

(No. Gooding County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James A. Shirley 187

(a) Residence No. Hill City Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dont Know

7. AGE: Years 47 Months ? Days ? If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operating Combine Harvesting wheat,
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Patton Mo

FATHER
13. NAME: Jack Shirley
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Adelaid Lawson
16. BIRTHPLACE (city or town) (State or country): Patton Mo

17. INFORMENT (Address): Mrs A F Davenport Glenns Ferry Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Glenns Date 9-11-, 1932

19. UNDERTAKER (Address): A E Thompson Gooding Ida

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-10- 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-10-32, 193..., to 9-10-32, 193...
I last saw him alive on 9-10-32, 193...; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from Injury	
& loss of blood	
Leg crushed in cylinder	
of Combine - accident	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accid Date of injury 9-10 1932
Where did injury occur? Hill City - Camas Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On farm
Manner of injury Leg crushed - after
Nature of injury being caught in cylinder of Combine

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Operating Combine
(Signed) J H Crockwell, M. D.
(Address) Gooding Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PHYSICIAN

RECEIVED OCT 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80650

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2103 Local Registrar's No. 25
(No. Our Lady of Consolation)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Johanna Helen Reuter

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Carl W Reuter

6. DATE OF BIRTH (month, day and year) May 26-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	3	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Hermann Eckermann
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Helen Rose
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant (Address) Carl W Reuter Cottonwood Ida

15. Filed Sept 27, 1932 W. F. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 25 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Sept 25, 1932
that I last saw her alive on Sept 25, 1932
and that death occurred, on the date stated above, at 12 35 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardiac Thrombosis
3 hours
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Peritonitis - Appendicitis
(duration) ..... yrs. ..... mos. 15 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical only.
(Signed) Wesley F. Orr, M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
Cottonwood Ida	9-27 1932

20. Undertaker A. H. Mann Address Cottonwood Ida

RECEIVED OCT 15 1932

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED OCT 15 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80651

Local Registrar's No.

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49

Primary Registration District No. 2124

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Rosie Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W.

5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married (Write the word)

6. DATE OF BIRTH: Sept (Month) 9th (Day) 1902 (Year)

7. AGE: 29 Yrs. 3 Mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF Father: Earl H. Klinger

11. BIRTHPLACE OF FATHER (State or Country): Michigan

12. MAIDEN NAME OF MOTHER: Anna Kelly

13. BIRTHPLACE OF MOTHER (State or Country): Michigan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Davis
(Address) Kamiah Ida

15. Filed 10-13 1932 Nell Robertson Local Registrar

MEDICAL CERTIFICATE OF DEATH A2

16. DATE OF DEATH: April (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 13 1932 to April 14 1932, that I last saw her alive on April 14 1932, and that death occurred on the date stated above, at 1030 A. M.

The CAUSE OF DEATH* was as follows:
Venous and Arterial Thrombosis.
Puerperal Sepsis case.

(Duration) ..... yrs. ..... mos. 21 ds.

Contributory (Secondary) Pelvic cellulitis

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Wesley F. Orr M. D.

4/14 1932 (Address) Cottonwood Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kamiah Ida

DATE OF BURIAL: 4-15 1932

20. UNDERTAKER: F. J. Gallaher

ADDRESS: Kamiah Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80652

PLACE OF DEATH
County of Idaho
City of Cottonwood — Monastery

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Seibl 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. ~~Single, Married~~, Widowed, or ~~Divorced (write the word)~~: Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Brunt — Years: 82 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME No Information obtainable
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kittleville Date Sept 10, 1932

19. UNDERTAKER (Address) St. Gertrude's Convent, Cottonwood.

20. FILED Sept 10, 1932 W. F. Orr per J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 9 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
High Blood Pressure	
This man was found dead in	
Other contributory causes of importance: field. No inquest held.	

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury .....
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. A. Hancock Co. Coroner, ~~M.D.~~
(Address) Grangeville

RECEIVED OCT 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80653

PLACE OF DEATH

County of Idaho

City of Ferdinand

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry ~~Joseph~~ John Barth

90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Magdalena Barth

6. DATE OF BIRTH (month, day, and year) May 1-1852

7. AGE Years 80 Months 3 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME David Barth
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) A. J. Barth Cottonwood, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Cottonwood Date Sept. 1, 1932

19. UNDERTAKER (Address) Hancock Grangeville, Idaho

20. FILED Sept 1, 1932 W. F. Orr J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/29/ 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows: Date of onset

This man was brought to my home at 11 P.M. Aug 29 - having been found dead, eight miles from here. evidently heart trouble.

Other contributory causes of importance:

The country coroner made an investigation. and found no evidence of foul play.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) G. A. Woodcock, M. D.

(Address) Cottonwood Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80654

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 21
(No.) 1514
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stanley J Klaffrich
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 15-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS
10. NAME OF FATHER Harry Klaffrich
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. D.
12. MAIDEN NAME OF MOTHER Elizabeth Enstrup
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant Harry Klaffrich
(Address)

15. Filed Sept 9, 1932 H. F. Orr Registrar.
for J B

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 8, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932, to Sept 8, 1932
that I last saw him alive on Sept 8, 1932
and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Congenital heart lesion.

(duration) Since Birth yrs. 7 mos. 23 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Harley F. Orr, M. D.
Sept 9, 1932 (Address) Cottonwood, Ida.

19. Place of Burial, ~~Cremation, or Removal~~ Cottonwood, Ida. Date of Burial Sept 9 1932
20. Undertaker Brawner-Nance Lewiston Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80655

PLACE OF DEATH

County of .....

City of Winchester, Ida

Registration District No. 30

Primary Registration District No. 479

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Henry Hansen

(a) Residence. No. Winchester, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Mason

6. DATE OF BIRTH (month, day, and year): May 6, 1868

7. AGE: Years 64 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer & Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year): Sept 3, 1932

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Black Hawk, Iowa

FATHER

13. NAME: John Hansen

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Katheryn(?)

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs Henry Hansen, Winchester, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston, Ida. Date: 9/6/32 193..

19. UNDERTAKER (Address): H.R.Merchant, Clarkston, Wn

20. FILED: 9/4, 1932 R E Dwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9/4 — 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4 —, 1932, to Sept 4 —, 1932

I last saw h— alive on Dead —, 193..: death is said to have occurred on the date stated above, at — 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/4-1932

Other contributory causes of importance:

Hypertention

Name of operation ✓ Date of ✓

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) G. H. Cooper —, M. D.

(Address) Nezperce, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80656

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 22
(No. Our Lady of Consolation Hospital 118 b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Herman Wessels
(a) Residence No. Greencreek Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Bernadin

6. DATE OF BIRTH (month, day and year) June 5 - 1860

7. AGE: Years 72 | Months 3 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Osthellermark
(State or country) Billebeck Germany

PARENTS

10. NAME OF FATHER John Herman Wessels
11. BIRTHPLACE OF FATHER (city or town) Billebeck
(State or Country) Germany
12. MAIDEN NAME OF MOTHER Anna Catherine Hillebrant
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Germany

14. Informant (Address) Bernadin Wessels

15. Filed Sept. 9, 1932. W. F. Orr per D.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 8 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932, to Sept 8, 1932
that I last saw him alive on Sept. 8, 1932
and that death occurred, on the date stated above, at 10:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Kidney cyst causing obstruction of Colon. Infection of hand which involved arm to elbow
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Infection of hand and arm (duration) yrs. mos. 24 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of Aug 26-32
Was there an autopsy? Amputation of arm Sept. 6.
What test confirmed diagnosis? Operation
(Signed) Wesley F. Orr M. D.
Sept 9, 1932 (Address) Cottonwood Ida.

19. Place of Burial, Cremation, or Removal: Gum Creek Ida. Date of Burial: Sept 12 1932

20. Undertaker: Ailor Grangeville Ida. Address

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80658

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Samuel Gates Marler.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Eliza Ann Marler.

6. DATE OF BIRTH (month, day and year) January 19 1859

7. AGE	Years	Months	Days	If LESS than 1 day,
	73	7	27	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self.

9. BIRTHPLACE (city or town) Ogden, Utah.
(State or country)

PARENTS

10. NAME OF FATHER Wm. Norton Marler.

11. BIRTHPLACE OF FATHER (city or town) Miss.
(State or Country)

12. MAIDEN NAME OF MOTHER Lucetta Maria Gates.

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or Country) Mich

14. Informant W A Marler
(Address) Rigby, Idaho.

15. Filed 9-19, 1932 A B Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 15th 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932, to Sept 15, 1932
that I last saw ~~him~~ alive on Sept 14, 1932
and that death occurred, on the date stated above, at 5:45 A m.
The CAUSE OF DEATH* was as follows:

Coronary obstruction.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) H. R. Neat, M. D.
9/18, 1932, (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewisville, Idaho.	9/19/32

20. Undertaker A B Eckersell — Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80660

PLACE OF DEATH
County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 48
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME Irene Rose Jacobsen

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 23 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER Elden Edsil Jacobsen.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho.
12. MAIDEN NAME OF MOTHER Margaret Rose Chase.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mich.

14. Informant Elden Jacobson
(Address) Rigby, Idaho.

15. Filed 9-24, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 23 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1932, to Sept 25, 1932
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia,

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. R. West, M. D.
9/24, 1932 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	9/24/32 19

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RE[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80661

PLACE OF DEATH
County of Jefferson
City of Menan

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 49

2. FULL NAME Fielding Daniel Smith.

(a) Residence. No. ..... St. 128
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 31, 1866

7. AGE: Years 66 | Months 5 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Truck Gardiner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): California

PARENTS
10. NAME OF FATHER: John Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Canada
12. MAIDEN NAME OF MOTHER: Mary Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Canada

14. Informant: Records
(Address)

15. Filed 10-1, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 29 (Month) 1932 (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from For about 19 to 17 Years, 19
that I last saw him alive on 9/26, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Chronic Cardio Renal disease
(duration) Many yrs. mos. ds.
CONTRIBUTORY (Secondary) Coronary Thrombosis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Earl D Jones, M. D.
9/30, 1932 (Address) Roberts

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Annis, Idaho. Date of Burial: 10/1/32 19

20. Undertaker: A B Eckersell Address: Rigby

R

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80662

PLACE OF DEATH

County of Jefferson

City of Menan

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 50

(No. 161a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Polson.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 30, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 12 min.
	0	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) Menan, Idaho.
(State or country)

PARENTS

10. NAME OF FATHER Chas. Polson.

11. BIRTHPLACE OF FATHER (city or town) Roberts, Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Alice Olaveson.

13. BIRTHPLACE OF MOTHER (city or town) Menan, Idaho.
(State or Country)

14. Informant W. H. Polson

(Address) Menan, Idaho.

15. Filed 10/1, 1932 A. B. Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 30, 1932. 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature birth
about 6 mo gestation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cause unknown

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Earl D. Jones, M. D.

1/30, 1933 (Address) Roberts

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	9/30/32 19

20. Undertaker A. B. Eckersell & Rigby — Address .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM V. S. No. 5-25 M. 1-1 RECEIVED OCT 10 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Jefferson

City of Roberts

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 98

Primary Registration District No. 2176

(No. ....., ... St.)

File No. 80663

Registered No. 52

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles Leonard Larsen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: June (Month) 29 (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many 4 hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Roberts Idaho

10. NAME OF FATHER: Charles Leonard Larsen

11. BIRTHPLACE OF FATHER (State or Country): Salt Lake City, Utah

12. MAIDEN NAME OF MOTHER: Evella Lorraine Christensen

13. BIRTHPLACE OF MOTHER (State or Country): Salt Lake City, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Leonard Larsen

(Address) Spencer, Idaho

15. Filed Oct 4 1932 A B Eckerstt Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 29 (Day) 1932 (Year)

161a

17. I HEREBY CERTIFY, That I attended deceased from Birth 6/29 1932, to 6/29 1932 that I last saw him alive on 6/29 1932, and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:

Premature birth - about 6 mo gestation

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Earl D Jones M. D.

6/29 1932 (Address) Roberts Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death Roberts Emergency yrs. ..... mos. ..... days. In the State 4 hrs yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence ✓

19. PLACE OF BURIAL OR REMOVAL: Spencer Idaho

DATE OF BURIAL: ..... 19.....

20. UNDERTAKER: None

ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80664

PLACE OF DEATH
County of Jefferson
City of Hamer

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 47

160

2. FULL NAME Darrel Kay Hall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 31, 1932

7. AGE Years | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Hamer
(State or country) Idaho.

PARENTS

10. NAME OF FATHER Floyd Wayne Hall

11. BIRTHPLACE OF FATHER (city or town) Blackfoot, Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Gladys Berneice Collier.

13. BIRTHPLACE OF MOTHER (city or town) Ammon, Idaho.
(State or Country)

14. Informant Floyd W Hall
(Address) Hamer, Idaho.

15. Filed 9-20 1932 C B Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 18, (Day) 1932 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows: Congenital Heart disease
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Premature
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Health Office
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) W. R. West, M. D.
9/19, 1932 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 9/20/32 19

20. Undertaker: C B Eckersell Address: Rigby

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80665

PLACE OF DEATH

County of Jefferson

City of Menan

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 53

(No.) 152

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Walker.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 29 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. H. Walker.

9. BIRTHPLACE (city or town) (State or country) Lewisville, Idaho.

PARENTS

10. NAME OF FATHER Welby Holmes Walker.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.

12. MAIDEN NAME OF MOTHER Sarah Hegsted.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant E W Foyler

(Address) Rigby, Idaho.

15. Filed 10-6, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 2 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ , 19 , to , 19
that I last saw him alive on Oct 3, 1932
and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A B Eckersell Coroner D.

10/4, 1932 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewisville, Idaho.	10/6/32 19

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80666

PLACE OF DEATH
County of Jerome
City of Eden

Registration District No. 23
Primary Registration District No. 2017
Local Registrar's No. .....
(No. 2 .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maria L Larson
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frans G Larson

6. DATE OF BIRTH (month, day and year) Oct 18-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) .....
(State or country) Sweden

PARENTS

10. NAME OF FATHER —

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Sweden

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Sweden

14. Informant Gustaf Larson
(Address) Eden Idaho

15. Filed 9-26, 1932 S A Hopper Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932, to Sept 29, 1932
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Valvular heart Disease

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) S E Sinclair Coroner M. D.
Sept 6, 1932 (Address) Jerome Jerome Co

19. Place of Burial, Cremation, or Removal Musk Creek — Date of Burial Sept 29 1932
20. Undertaker D E Johnson — Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

PLACE OF DEATH

County of Kootenai

City of Gibbs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80667

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 126

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Mels G. Applin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Isabelle Applin

6. DATE OF BIRTH (month, day, and year) 1864. Dont-know

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mill worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Aug. 27. 32.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) East Tawas Mich

FATHER

13. NAME Dont-Know

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Wm Ahern CPA. Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. Cdale Date 9-14, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene. Idaho

20. FILED 9-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1932, to 9-, 1932

I last saw him alive on 9-12, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Cardiac Weakness

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. H. Reed, M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECORDED 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80668

PLACE OF DEATH
County of Kootenai
City of Cda.

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 121

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

1012

2. FULL NAME Mrs. Dessie C. Bernard

(a) Residence. No. 1123 Cda. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of L. Bernard.

6. DATE OF BIRTH (month, day, and year) 1884 - 6-10

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER
13. NAME C. S. Hackett
14. BIRTHPLACE (city or town) (State or country) Montana

MOTHER
15. MAIDEN NAME Leola Spielmann
16. BIRTHPLACE (city or town) (State or country) Mont.

17. INFORMENT (Address) L. Bernard, Cda, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Lawn Date 9-24, 1932

19. UNDERTAKER Mooney Mortuary, Cda. Ida.
(Address)

20. FILED 9-21, 1932 W. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-24 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932, to Sept 24, 1932
I last saw her alive on Sept 24, 1932; death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 15

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold L. Sturgess, M. D.
(Address) Cda Idaho

RECEIVED OCT 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80669

PLACE OF DEATH
County of Kootenaie
City of Coeur d'alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 122

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby Danford

(a) Residence. No. 1401 Park ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

47

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: J. H. Danford

6. DATE OF BIRTH (month, day, and year): 1864-19-15

7. AGE: Years 67, Months 9, Days 20, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Hamilton Louisa

FATHER
13. NAME: Henry Mitchell
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Mary Pearson
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): J. H. Danford, CDA.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Burial Forest Date: 9-7, 1932

19. UNDERTAKER (Address): Mooney Mortuary CDA

20. FILED 9-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-5 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1932, to 9-5, 1932
I last saw her alive on 9-5, 1932 death is said to have occurred on the date stated above, at 6:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast and neck	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) E. H. Feed M. D.
(Address) Coeur d'alene Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80670

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 7

31

2. FULL NAME Elmer G. Tholberg

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 11 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) Sept 23 - 1916

7. AGE	Years	Months	Days	If LESS than 1 day,
	15	11	6	____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9. BIRTHPLACE (city or town) (State or country) Ackley Minn

PARENTS

10. NAME OF FATHER Helge G. Tholberg

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Ellen Berglund

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant Helge G. Tholberg
(Address) Spirit Lake, Ida

15. Filed Aug 30, 1932 AC Spooner Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 29 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1932, to Aug 29, 1932
that I last saw him alive on Aug 29, 1932
and that death occurred, on the date stated above, at 5.35 m.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
Recent pulmonary hemorrhages
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? no Date of ____
Was there an autopsy? no
What test confirmed diagnosis? X ray + physical findings
(Signed) John W. Sabbri, M. D.
Aug 30, 1932 (Address) Spirit Lake Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Greenwood Cem. Spirit Lake Ida	8/31 1932

20. Undertaker	Address
Cassedy Funeral Home	Rathdrum

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH 1932

County of Koot

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80671

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 125

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis Johnson

(a) Residence. No. 314 Sanders Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1853-1-10

7. AGE Years 79 Months 7 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Nils - Sweden

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Johnson Spring Bed Nab.

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place Spokane Date 9-9-, 1932

19. UNDERTAKER (Address) Mooney Cdl.

20. FILED 9-29, 1932 H J Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-7 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Sept, 1932

I last saw him alive on Sept 5, 1932; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Harold J Sturges, M. D.

(Address) CDA Idaho

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80672

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 118
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lilas Ruth Simkins
(a) Residence. No. ~~Hayden~~ Nettleton Gulch, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Muriel C.
6. DATE OF BIRTH (month, day, and year) 1913 – 12-29
7. AGE Years 19 Months 8 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lowell Indiana

FATHER
13. NAME Fred Stocking
14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER
15. MAIDEN NAME May Clark
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Muriel C Simpkins C.D.A.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest – C.D.A. Date 10-1, 1932
19. UNDERTAKER (Address) Mooney Mortuary C.D.A.
20. FILED 10-1, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 28 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1932, to Sept 27, 1932
I last saw her alive on Sept 27, 1932, death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis – Chronic	

Other contributory causes of importance:
Pulmonary Tuberculosis

Name of operation none Date of
What test confirmed diagnosis? X-ray & Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J. Sturges, M. D.
(Address) C.D.A. Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

CEIVED OCT 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80673

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 120

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ingrid Johnson

(a) Residence. No. 1122 - 6th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Nels Johnson
6. DATE OF BIRTH (month, day, and year) 1869-6-25
7. AGE Years 63 Months 2 Days 20 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 9-18-1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Copenhagen Denmark

FATHER
13. NAME Olaf Hanson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Hannah Jenson
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Nels Johnson
18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. CD Alene Date 9-18 1932
19. UNDERTAKER (Address) Cassedy Funeral Home CD Alene
20. FILED 9/29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-15 1932
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to Sept 15, 1932
I last saw her alive on Sept 14, 1932: death is said to have occurred on the date stated above, at 1:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral Hemorrhage)	Sept 14 th

Other contributory causes of importance:
Chronic Valvular Heart disease

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C M Stusted, M. D.
(Address) Coeur d'Alene, Id.

RECEIVED ... 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80674

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 127

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Ella Varnum

(a) Residence. No. 1029 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of S. A. Varnum

6. DATE OF BIRTH (month, day, and year) 185-6-12-16

7. AGE Years 75 Months 8 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 9-8-1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Auroville
(State or country) Wis

FATHER
13. NAME Geo. Coville
14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER
15. MAIDEN NAME J. M. Donildson.
16. BIRTHPLACE (city or town) Norway.
(State or country)

17. INFORMENT S. A. Varnum
(Address) 1029 - 2nd St

18. BURIAL, CREMATION, OR REMOVAL
Place Forest-Cem. C'Alene Date 9-18, 1932

19. UNDERTAKER Cassedy Funeral
(Address) Coeur d'Alene

20. FILED 9-29, 1932 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1932, to Sept. 15, 1932
I last saw her alive on Sept 15, 1932; death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Sept 11. '32

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C M Hustert, M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80675

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 115
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar J. Treman
(a) Residence. No. 1143 - 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Cirilda J. Treman
6. DATE OF BIRTH (month, day, and year) 1836-7-4
7. AGE Years 96 Months 2 Days 25 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Many years ago.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER
13. NAME Treman
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Stilwell
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) A. E. Treman
18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem C D Alene Date Oct. 2 1932
19. UNDERTAKER (Address) Cassedy Funeral Home C D Alene.
20. FILED 9-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Sept 29, 1932
I last saw him alive on Sept 29, 1932; death is said to have occurred on the date stated above, at 7:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:
Chronic Nephritis

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) O M Husted, M. D.
(Address) Coeur d'Alene Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80676

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 117

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Hagan

(a) Residence. No. 1041 - 2nd St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Louis Hagan

6. DATE OF BIRTH (month, day, and year) 1884 - 8-27

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	1	5 -	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Horse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis.

FATHER
13. NAME Christ-Jenson
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Betsey Marie Larson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Perley E. Larson

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. C'D'Alene Date 10-4, 1932

19. UNDERTAKER Cassedy Funeral Home (Address) C'D'Alene Ida.

20. FILED 10/5, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 2 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to ....., 1932
I last saw h[er] alive on Oct 1, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1928

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O M Husted, M. D.
(Address) Essex C'D'Alene, Idaho

RECEIVED ... 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80677

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 119

(No. .....)
(If death occurred in a hospital or institution, give its name, instead of street and number.)

182

2. FULL NAME Donald Fayne Innis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1928-6-20

7. AGE: Years 4 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ——
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Ida.

FATHER
13. NAME Fayne Innis
14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER
15. MAIDEN NAME Katherine Grotte
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Davis Innes

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem C D Alene Date 10-6, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 10-6, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-4 1932

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to 10-4—, 1932

I last saw him alive on did not see 193...: death is said to have occurred on the date stated above, at 10 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-4, 1932
Where did injury occur? Blackwell Mill Pond Coeur d'Alene Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Drowning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. H. Teed, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

SEP 13 1932

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 80678

Local Registrar's No. 123

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Hogberg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of 9-

6. DATE OF BIRTH (month, day, and year) 1860-9-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Rancher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER

13. NAME Dont-Know

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Dont-Know

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Joseph Horne

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Date 9-27, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address) CdA Idaho

20. FILED 9-29, 1932 H. J. Stumpf Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-25 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932 to Sept, 1932

I last saw him alive on Sept 4th, 1932; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated hernia right inguinal	Not known

Other contributory causes of importance:

Name of operation Operation refused Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold J. Stumpf, M. D.

(Address) CdA Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO RECEIVED SEP 11 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80679

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 108

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Neal S. Coventry

(a) Residence. No. 502 Indiana Ave. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

167

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mrs

6. DATE OF BIRTH (month, day, and year) 1884 - 5 - 13

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. City Engineer - CDA

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County & State Surveyor

10. Date deceased last worked at this occupation (month and year) 1932 - 8

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME John Milton Coventry

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Franceltin Brown

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Mrs. N. Coventry CDA

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place Spokane Date 8-13, 1932

19. UNDERTAKER Moores Mortuary (Address) CDA

20. FILED 8-29, 1932 H. J. Stiegen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932, to Aug 20, 1932

I last saw him alive on Aug 20, 1932; death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental - Circ Saw Cut through Right - Sub Clovian Artery.	

Other contributory causes of importance:

Hemorrhage	

Name of operation None Date of ✓

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/20, 1932

Where did injury occur? Kootenai County Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at country home

Manner of injury Was operating a Shingle Power Wood Saw.

Nature of injury Deep Cut through R. Subclavian Artery

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) O. M. Husted, M. D.

(Address) Coeur d'Alene Ida.

RECEIVED OCT 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80680

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rev. Conrad F. Johnson

(a) Residence. No. West Summit ave. St. —— 74a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sanna

6. DATE OF BIRTH (month, day, and year) 1862-2-28

7. AGE Years 70 Months 6 Days 29 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Pastor - Lutheran
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager C.D.A. Home for Aged
10. Date deceased last worked at this occupation (month and year) 1932-9-25
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Sogndahl Norway

FATHER
13. NAME Johannes Sundenson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Gunhild Immenstein
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. Sanna Johnson CDA.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Fairmont - Spokane Date 9-30, 1932

19. UNDERTAKER (Address) Moony Mortuary CDA.

20. FILED 9-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 28 1932

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1932 to Sept 28, 1932
I last saw him alive on Sept 28, 1932: death is said to have occurred on the date stated above, at 11 15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral Hemorrhage)	Aug 8 '32

Other contributory causes of importance:
Chronic Myocarditis

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) O M Hustedt, M. D.
(Address) Coeur d'Alene, Id.

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80681

PLACE OF DEATH
County of Kout
City of C.D.A.

Registration District No. 20
Primary Registration District No. 1050
Local Registrar's No. 124

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jacobs

(a) Residence. No. 725 N. 8th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 30 - 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) ... Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME Wm. Malen
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Lucy English
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) C. M. Jacobs Spokane
18. BURIAL, CREMATION, OR REMOVAL Burial Place Rathdrum Date 9-25, 1932
19. UNDERTAKER (Address) Mooney Mortuary Cda.
20. FILED ..., 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-23 1932
22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932, to Sept, 1932
I last saw her alive on Sept 23, 1932 death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypostatic pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) Harold J. Sleeper, M. D.
(Address) Cda Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 20 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80682

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mary Phelps

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Calvin H. Phelps

6. DATE OF BIRTH (month, day, and year): Aug. 25, 1872

7. AGE: Years 59 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: House keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): New Harmony Indiana

FATHER
13. NAME: Geo. W. Stallings
14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER
15. MAIDEN NAME: Mary Jane Murphy
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMENT (Address): E. Stallings Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Moscow Date: 8/9/32 193

19. UNDERTAKER (Address): H. R. Short Moscow Ida.

20. FILED 9-17-, 1932 Harry Einhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8/6/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to August 6, 1932
I last saw her alive on August 4 1932: death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	

Other contributory causes of importance:

Influenza	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Chas. L. Gritman, M. D.
(Address) Moscow, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80683

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 15

Primary Registration District No. 2145

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gustaf Newman

(a) Residence. No. 945 Spruse St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah Newman

6. DATE OF BIRTH (month, day, and year) Sept. 23. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Saw mill

10. Date deceased last worked at this occupation (month and year) Oct, 1931

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Gustaf Newman

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Hannah Newman Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Idaho Date Sept 18, 1932

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED Sept 18, 1932. J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept, 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Sept, 1932

I last saw him alive on Sept 12, 1932: death is said to have occurred on the date stated above, at 3.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular disease of Heart.	1928
Other contributory causes of importance:	
Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) J. W. Thompson, M. D.

(Address) Potlatch Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 65

County of Latah

Primary Registration District No. 2145

City of Potlatch

(No. ....., ... St.)

File No. 80684

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Francis Marion Willard

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: July (Month) 6 (Day) 1857 (Year)

7. AGE: 75 yrs. 2 mos. 19 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Iron moulder
(b) General nature of industry business, or establishment in which employed (or employer): Foundry

9. BIRTHPLACE (State or Country): Kent Ohio

10. NAME OF FATHER: Franklin Willard

11. BIRTHPLACE OF FATHER (State or Country): Connecticut

12. MAIDEN NAME OF MOTHER: Sarah Hackett

13. BIRTHPLACE OF MOTHER (State or Country): Not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Smith & Co
(Address) Spokane Wn

15.
Filed Sept 24th 1932 D. J. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1932, to Sept 1932, that I last saw her alive on Sept 24th 1932 and that death occurred on the date stated above, at 7 30 M.

The CAUSE OF DEATH* was as follows:
Pneumonia Bronchitis

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F C Gibson M. D.

Sept 24 1932 (Address) Potlatch

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Riverside Park in Spokane — DATE OF BURIAL: Sept 26th 1932

20. UNDERTAKER: Smith & Co — ADDRESS: Spokane

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80685

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 51

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118a

2. FULL NAME Ester S. Arnold

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth [redacted] yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of L. D. Arnold

6. DATE OF BIRTH (month, day, and year) March 16, 1862

7. AGE: Years 70 | Months 5 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marshall, Iowa

FATHER
13. NAME Joseph Hammond
14. BIRTHPLACE (city or town) (State or country) New York, N.Y.

MOTHER
15. MAIDEN NAME Eliza Osborne
16. BIRTHPLACE (city or town) (State or country) New York, N.Y.

17. INFORMENT (Address) L.D.Arnold Moscow, Idaho

18. BURIAL, ~~[illegible]~~ Place Moscow Date Aug. 18, 1932

19. UNDERTAKER (Address) H.R.Short Moscow, Idaho

20. FILED 9-17-, 1932 J. Larry Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1932, to Aug 16, 1932
I last saw her alive on Aug 16, 1932 death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia	Aug 11th
Other contributory causes of importance:	
Persistent Vomiting - ~~only one Kidney functioning~~	
One functionless Kidney	20+ yrs
anuria -	

Name of operation Reduced Hernia (open) Date of Aug 13th
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80686

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 25

(No.) 160
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Herbert Holt

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April.26,1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for the U. of I. for past 2 yrs.
10. Date deceased last worked at this occupation (month and year) Sept.16,1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Athena, Wash.

FATHER

13. NAME Ernest L. Holt
14. BIRTHPLACE (~~city or town~~) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Edith Hooper
16. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

17. INFORMENT (Address) Edgar Hagan Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Cemetery Date Sept.18 1932

19. UNDERTAKER (Address) H.R.Short Moscow, Idaho

20. FILED 10-12-, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept.16 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by hanging.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify
(Signed) H. R. Short M.D.
Coroner.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ST 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80688

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 48

(No. County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Charley W.A. Davis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6, 1865

7. AGE: 67 Years ~~#~~ Months ~~#~~ 2 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boonville Calif.

FATHER
13. NAME J.C. Davis
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME F.J. Witherell
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) C.E. Davis Castle Rock, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 8/5/32 193

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED 9-17-, 1932 Harry Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/4/32 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1932, to July 31, 1932
I last saw him alive on July 31, 1932: death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General physical break down. High B.P. with much vertigo. Death sudden in sleep. Probable apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) F. M. Leitch, M. D.
(Address) Moscow Idaho

RECEIVED OCT 15 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80689

PLACE OF DEATH
County of Latah
City of Moscow (rural)
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henderson Ezra Carpenter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Lucinda Carpenter

6. DATE OF BIRTH (month, day, and year) May 31, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation 45 yr.

12. BIRTHPLACE (city or town) (State or country) Centerville, Ohio

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT Mrs. Lucinda Carpenter
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pendleton, Ore. Date Oct. 4, 1932

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 10-12-, 1932 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932 to Sept 30, 1932
I last saw him alive on Sept 29, 1932: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diffused Cellulitis of the neck and throat	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. C. Cedar, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80690

PLACE OF DEATH
County of Latah
City of Kendrick
Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No. 46
(No. Kendrick Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia D. Moore

(a) Residence. No. Kendrick Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos Moore

6. DATE OF BIRTH (month, day, and year) Apr 2 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME David J. Ingle
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER
15. MAIDEN NAME Maria Knight
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Amos Moore Kendrick Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Wild Rose Date 9/1/32, 193
19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho
20. FILED Sept 1, 1932 B. G. Nesbit, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/30/32 193

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932, to Aug 21, 1932
I last saw her alive on Aug 21, 1932: death is said to have occurred on the date stated above, at 7.30 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the uterus with metastasis	

Other contributory causes of importance:

Name of operation Hysterectomy Date of
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80691

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 53

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Benton Needham Jr.

112

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7, 1928

7. AGE: Years 4 | Months 1 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ruth, Nevada

FATHER
13. NAME George Benton Needham
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Georgia Winchester
16. BIRTHPLACE (city or town) (State or country) Spokane, Wash.

17. INFORMENT (Address) Mrs. Georgia Needham Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Sept. 9, 1932

19. UNDERTAKER (Address) H. R. Short Moscow, Idaho

20. FILED 10-12-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11:30 am Sept 3, 193..., to 6:40 Sept 3, 1932
I last saw him alive on Sept 3, 1932; death is said to have occurred on the date stated above, at 6:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-intestinal intoxication -	Aug 30
Malnutrition	mos

Other contributory causes of importance:
Unsanitary Conditions

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] Magee, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80692

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 57

(No. Inland Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Deane Woodward

(a) Residence. No. Elk River, Idaho. St. 101 A

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1919

7. AGE: Years 13 | Months 8 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elk River, Idaho

FATHER

13. NAME Herbert L. Woodward

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

MOTHER

15. MAIDEN NAME Maude Vail

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMENT (Address) Herbert L. Woodward Elk River, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Sept. 18, 1932

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED 10-12-1932 Harry Einhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1932, to Sept 9th, 1932

I last saw him alive on Sept 9, 1932 death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Pneumonia (double)	Sept 8th
Other contributory causes of importance:	
Pericarditis & Effusion	Sept 13th

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Magee, M. D.

(Address) Moscow

RECEIVED OCT 15 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 80693

Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74W

2. FULL NAME Erick Gustaf Olson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Olson

6. DATE OF BIRTH (month, day, and year) Jan. 9, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper-hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ~~1932~~ 9/32

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Olaf Olson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Ingebord

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Caroline Olson Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 9/15, 1932

19. UNDERTAKER H.R. Short (Address) Moscow

20. FILED 10-12-, 1932 Harry Einhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/12/32 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 193-, to Sept 12, 193-

I last saw h— alive on Sept 12, 193-: death is said to have occurred on the date stated above, at 6 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage,	

Other contributory causes of importance:

Hypertension	
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193-

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. O. Armstrong, M. D.

(Address) Moscow, Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80694

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 50

(No. 128)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Wilton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of G. W. Wilton

6. DATE OF BIRTH (month, day, and year) June 20, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME Levi Jones

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Jane Snyder

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Edward Wilton Moscow Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Palouse, Wash. Date Aug. 14, 1932

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 9-17-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1932, to Aug. 12, 1932
I last saw her alive on Aug. 12, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute interstitial Syphilis	
Acute myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	
Advanced age.	

Name of operation None Date of
What test confirmed diagnosis? Unusual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. Armstrong, M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 80695

Local Registrar's No. 52

(No. 884)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John F. Chapman

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Stella Chapman

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calgary Canada

FATHER

13. NAME John Chapman

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Jessie Mc Intosh

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) R.C. Ross

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Aug. 19, 1932

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 9-17-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932, to Aug 17, 1932

I last saw him alive on Aug 16, 1932: death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about Two

Other contributory causes of importance:

Name of operation Clinical & Postmortem Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Leitch, M. D.

(Address) Moscow Idaho

RECEIVED OCT 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80696

PLACE OF DEATH
County of Latah
City of ~~Palouse~~ Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 57
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Parker Cleveland
(a) Residence. No. St. Palouse Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? 53 yrs. mos. ~~2~~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles Cleveland
6. DATE OF BIRTH (month, day, and year) Aug 1-1857
7. AGE Years 75 Months 1 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Sept. 1932
11. Total time (years) spent in this occupation 60
12. BIRTHPLACE (city or town) (State or country) Perth Ontario

FATHER
13. NAME George Parker
14. BIRTHPLACE (city or town) (State or country) Ontario

MOTHER
15. MAIDEN NAME Jane Kean
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Lillias Cochrane Princeton Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Palouse Date Sept 20, 1932
19. UNDERTAKER (Address) D. D. Kimball Palouse Wash
20. FILED 10-12-, 1932 J. Harry Embrouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 17 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1932, to Sept 16, 1932
I last saw her alive on Sept 17, 1932: death is said to have occurred on the date stated above, at 9:40 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
MYOCARDITIS	

Other contributory causes of importance:

GLOMERLAR NEPHRITIS	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. O. Armstrong, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80697

PLACE OF DEATH
County of Latah
City of Southwick
Registration District No. 64
Primary Registration District No. 2144
(No.) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Chris O. Jelleberg

(a) Residence. No. St
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Sept. 6 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	0	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS
10 NAME OF FATHER Ole Jelleberg
11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway
12 MAIDEN NAME OF MOTHER Not Known
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Charlie Jelleberg
(Address) Southwick Idaho

15 Filed Oct 4, 1932 Lucy M Pickard Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. (Month) 4th (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1932, to Oct 4th 1932
that I last saw him alive on Oct 4th, 1932
and that death occurred, on the date stated above, at 6A. m.
The CAUSE OF DEATH was as follows:
Senility
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Paul T. Meyer M. D.
Oct 4th 1932 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Park cem	Oct 4 1932

20. Undertaker — Address
John J. Pickard — Troy Ida

CUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80698

PLACE OF DEATH

County of Latah Registration District No. 64

City of Troy Primary Registration District No. 2144 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John Flodberg

(a) Residence. No St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 3 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Sweden

9. BIRTHPLACE (city or town) (State or country) Sweden ~~John Johnson~~

PARENTS

10. NAME OF FATHER John Johnson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Emfried Hafvarsson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Mrs John Flodberg Troy Ida

15. Filed Oct 6, 1932 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 20. 1932 to Oct. 30 1932
that I last saw him alive on Oct. 30 1932
and that death occurred, on the date stated above, at 5-15 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. E. Meyer M. D.
Oct. 6th, 1932 (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Dry Creek cem	Oct 6 1932

20. Undertaker	Address
John J. Pickerd	Troy Ida

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80699

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 7
Primary Registration District No. 2 1 6
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Boggan

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

197

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Margret Boggan

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Trucking

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hauling & Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME John Boggan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Margret Boggan (Address) Salmon Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Cemtry Date 9/22/, 1932

19. UNDERTAKER W. C. Loebler (Address) Salmon Idaho

20. FILED Oct 8, 1932 Clio C. Bellamy Registrar 9/20/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows: Bullet entering left fore arm thence into left chest (Homicide)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William C. Loebler Coroner

(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 8 1932

PLACE OF DEATH

County of Lewis

City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80700

Registration District No. 30

Primary Registration District No. 2129

Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis Milton Thomason 128

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (~~or WIFE of~~) Hannah E Thomason

6. DATE OF BIRTH (month, day, and year) Dec 17-1869

7. AGE: Years 62 | Months 9 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Asbury Thomason

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Laura A. Thomason

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMENT (Address) Hannah E. Thomason Craigmont Ida

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Ida Date Sep 23 1932

19. UNDERTAKER (Address) C. E. Clover Craigmont Ida

20. FILED 9/30, 1932 H. E. Dewelk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 20 1932

22. I HEREBY CERTIFY, That I attended deceased from occasionally Sept 20, 1931, to Sept 20, 1932

I last saw him alive on Sept 20, 1932: death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Attack Brights Disease, Abdominal Crisis	Sep 19-32

Other contributory causes of importance:

Chronic Brights Disease	Sep 1929
Heart Complication	
Aortic Aneurism	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. E. McLaughlin, M. D.

(Address) Winchester Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 2A-25M. 1-19. RECEIVED OCT 15 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Lewis
City of Kamiah
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49
Primary Registration District No. 2127
(No. ..... St.)

State File No. 80701
Local Registrar's No. .....
If death occurred in a hospital, institution or camp, give its NAME instead of street and number

2. FULL NAME Baby Blackeagle

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: Aug (Month) 5 (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. 2 days
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kamiah Idaho

10. NAME OF Father: Joe Blackeagle

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Ida Corbett

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joe Blackeagle
(Address) Kamiah Idaho

15. Filed Oct. 10 1932 Nell Robertson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd 1932 to Aug. 1932, that I last saw her alive on Aug. 6th 1932, and that death occurred on the date stated above, at 6 A. M.
The CAUSE OF DEATH* was as follows:
Heart.

(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
Aug 1932 (Address) .....

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah — DATE OF BURIAL: Aug 8 1932

20. UNDERTAKER — ADDRESS

OCCUPATION is
state CAUSE OF DEATH in plain terms, so that it may be properly cla
very important. See instructions on back of certificate.

FORM V. S. No. 5-4-25 M. 1-19 RECEIVED OCT 3 1932

CERTIFICATE OF DEATH

(R. E. Dunlap Resigned)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Lewis

City of Winchester Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 50

Primary Registration District No. 2129

(No. ..... St.)

File No. 80702

Registered No. 10

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Caroline Fillner Pekel

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowded

6. DATE OF BIRTH: Oct (Month) 20 (Day) 1856 (Year)

7. AGE: 77 Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Schleifingerville, Wis.

10. NAME OF FATHER: Henry Fillner

11. BIRTHPLACE OF FATHER (State or Country): Hanover, Germany

12. MAIDEN NAME OF MOTHER: Mary Cathrine Geusman

13. BIRTHPLACE OF MOTHER (State or Country): Rhineprizen Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Mauk

(Address) Winchester, Ida.

15. Filed 10/5 1932 R. E. Dunlap Local Registrar

MEDICAL CERTIFICATE OF DEATH

116

16. DATE OF DEATH: Oct (Month) 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3 1930, to Oct 3 1932 OCCASIONLY that I last saw her alive on Oct 3 1932 and that death occurred on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:

Paralytic Dysentery
Auto-Intoxication

..... (Duration) ..... Yrs. ..... mos. 10 ds.

Contributory (Secondary) Haemaplegia

..... (Duration) 14 yrs. ..... mos. ..... ds.

(Signed) J. E. McLaughlin M. D.

10/3 1932 (Address) Winchester, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rehabilitation Hse ~~Lewiston Idaho~~

DATE OF BURIAL ..... 19.....

20. UNDERTAKER: Brower-Hann Co

ADDRESS: Lewiston Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19. RECEIVED OCT 15 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80703
Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH
County of Fremont
City of Kamiah
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49
Primary Registration District No. 2127
(No. ..... St.)

2. FULL NAME Thomas Hooper Baker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: single (Write the word)

6. DATE OF BIRTH: 12 (Month) 24 (Day) 1847 (Year)

7. AGE: 84 Yrs. 9 Mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer): 23 yrs

9. BIRTHPLACE (State or Country): Iowa Co. Wisconsin

10. NAME OF Father: Thomas Baker

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Ann Hooper

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. C. Baker
(Address) DH.

15. Filed Oct. 13 1932 Nell Robertson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1932 to Sept 10 1932, that I last saw him alive on Sept. 10 1932, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
Sept 11 1932 (Address) .....

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah Ida — DATE OF BURIAL: Sept. 12 1932

20. UNDERTAKER: F. J. Gallaher — ADDRESS: Kamiah Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE IN UNFADING INK

RECEIVED OCT 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80704

PLACE OF DEATH
County of Madison
City of Sugar

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Elizabeth Pincock 88b

(a) Residence. No. Sugar City, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James Henry Pincock

6. DATE OF BIRTH (month, day, and year) Apr. 2nd 1863

7. AGE Years 69 Months 5 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ogden Utah.

FATHER
13. NAME Fredrick Garner
14. BIRTHPLACE (city or town) (State or country) America

MOTHER
15. MAIDEN NAME Ann Horicks
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) James H. Pincock Sugar City, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Ida Date Sept. 9, 1932

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED Sept 7, 1932 J Rejoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Sept 6, 1932
I last saw her alive on Sept 5, 1932, death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic Myocarditis	
(2) (Anasarca) with Decomposition	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) L B Rigby, M. D.
(Address) Rejoung

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80705

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

186

2. FULL NAME George Fredrick Stratton
(a) Residence. No. Victor Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mildred Hatch Stratton
6. DATE OF BIRTH (month, day, and year): July 18 - 1906
7. AGE: Years 26, Months 2, Days 3, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Logan, Utah

FATHER
13. NAME: Thomas George Stratton
14. BIRTHPLACE (city or town) (State or country): Logan Utah

MOTHER
15. MAIDEN NAME: Anna Peterson
16. BIRTHPLACE (city or town) (State or country): Hydepark Utah

17. INFORMENT (Address): T. Geo. Stratton, 875 Three Point Avenue, Logan Utah
18. BURIAL, CREMATION, OR REMOVAL Place: Victor Ida. Date: Oct. 2, 1932
19. UNDERTAKER (Address): Vern J. Keller, Rexburg Ida.
20. FILED: Oct 1st, 1932 J. Ryonwg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 29 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1932, to Sept 29, 1932
I last saw him alive on Sept 29, 1932; death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Giant Powder load explosion in a Coal mine	
(1) Powder Burn, face, eyes, trunk	
(2) Penetrating wound Rt Chest & arm anterior	
(3) Shock	
(4) Haemorrhage Chest Cavity	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury Sept 28, 1932
Where did injury occur? Sam, Ida, Teton Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Coal mines
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80707

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19 F.K.
Primary Registration District No. 2015
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 38

92

2. FULL NAME Jacob Doctor
(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1932

6. DATE OF BIRTH (month, day and year) Aug 19 1889

7. AGE Years 42 Months 11 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10. NAME OF FATHER Christian Doctor
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Russia
12. MAIDEN NAME OF MOTHER Christina Hoover
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Russia

14. Informant John Doctor
(Address) Rupert Idaho

15. Filed Sept. 30, 1932 E H Elmore
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1932, to Aug 4, 1932
that I last saw him alive on Aug 4, 1932
and that death occurred, on the date stated above, at 9 A m.
The CAUSE OF DEATH* was as follows:
Coronary thrombosis
..... (duration) ..... yrs. ..... mos. 1 hour ~~ds.~~

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? home
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) Fayre H. Kinney, M. D.
Sept 30, 1932 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Rupert Cemetery
Date of Burial Aug 7 1932

20. Undertaker W. A. Goodman
Address Rupert

RECEIVED OCT 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80708

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Julius Kovitz

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: July 7 — 1865

6. DATE OF BIRTH (month, day and year)

7. AGE: 67 Years | Months: 2 | Days: 8 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10. NAME OF FATHER: Jacob Kovitz
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Caroline Schave
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14. Informant: Anna Kovitz
(Address): Rupert Idaho

15. Filed Sept. 30, 1932 E. B. Elmore
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1932, to Sept 15, 1932
that I last saw him alive on Sept Sept 15, 1932
and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:
Acute dilatation of the heart and fibrillation

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bright's Disease
(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Jayne N. Georgy, M. D.
Sept 30, 1932 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rupert Cemetery — Date of Burial: Sept 19 1932

20. Undertaker: W. G. Goodman — Address:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80709

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2018
(No.)
Local Registrar's No. 36

(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Joseph A. McCloy

(a) Residence No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 10 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day,
	59	0	18	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER Robert McCloy
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Sarah A. Flinders
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Susie McCloy
(Address) Rupert Idaho

15. Filed Sept 30, 1932 E. E. Elmore
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 25 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1930, to Sept. 25, 1932
that I last saw him alive on Sept. 23, 1932
and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:
Cancer of Prostate Gland.
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Cancer of Kidney
(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? yes Date of 1930 removal of kidney
Was there an autopsy? no
What test confirmed diagnosis? Exam of kidney. Palpation of Prostate
(Signed) E. E. Elmore, M. D.
Sept. 30, 1932 (Address) Rupert Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rupert Cemetery	Sept 28 1932
20. Undertaker W. G. Goodman	Address Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80710

PLACE OF DEATH

County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 377 K

57

2. FULL NAME Harold Walker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 8 - 1917

7. AGE: Years 15, Months 2, Days 6. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Rupert

PARENTS

10. NAME OF FATHER: Winton Walker
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Beckholts Texas
12. MAIDEN NAME OF MOTHER: Hazel Abel
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Nebraska

14. Informant: Winton Walker
(Address) Rupert Idaho

15. Filed Sept 30, 1932 Edt Elmore Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to July 14, 1932
that I last saw him alive on July 14, 1932
and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:
Rheumatic fever

..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? home
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) Fayre H. Ronagy, M. D.
Sept 30, 1932 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rupert Cemetery — Date of Burial: 7/15 1932

20. Undertaker: Rodney G. Goodman — Address: Rupert

RECEIVED OCT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80711

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 34
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jos. T. Tuelher 183
(a) Residence. No. Emerson Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lonnie E. Tuelher
6. DATE OF BIRTH (month, day and year)
7. AGE Years 27 Months 6 Days 6 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Agriculturist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Missouri City
PARENTS
10. NAME OF FATHER Bothan Capes Tuelher
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri
12. MAIDEN NAME OF MOTHER Sophia Jackson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kaufmann Missouri
14. Informant (Address) Jewel Craven
15. Filed Sept. 13, 1932 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 12 Sept (Month) 12 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1932, to Sept 12, 1932
that I last saw him alive on Sept 11, 1932
and that death occurred, on the date stated above, at 5:10 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Shock - Gunshot wound of abdomen (accidental)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Sept 11
Was there an autopsy? no
What test confirmed diagnosis? Operation
(Signed) Fayre N. Kenagy, M. D.
Sept 13, 1932 (Address) Rupert Ida
19. Place of Burial, Cremation, or Removal Rupert Ida Date of Burial 9-13 1932
20. Undertaker Jos. T. Fayre Address Burley

License E-271

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80712

PLACE OF DEATH
County of Minidoka
City of Heyburn

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 39
(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura May Graber
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. M. Graber
6. DATE OF BIRTH (month, day and year) Feb 1 — 1880
7. AGE Years 52 Months 6 Days 10 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Ohio
PARENTS
10. NAME OF FATHER Simon Bixler
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Frances A Hunerickhouse
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio
14. Informant (Address) H. J. Bixler Heyburn Ida
15. Filed Sept. 24, 1932 E. W. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 10, 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Sept 10, 1932
that I last saw her alive on Sept 10, 1932
and that death occurred, on the date stated above, at 8:25 P. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinomatosis
Cervix of uterus
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of June 1932
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean, M. D.
Sept 20, 1932 (Address) Burley Id
19. Place of Burial, Cremation, or Removal Heyburn Ida Date of Burial Sept. 13 1932
20. Undertaker D. E. Johnson Address Burley

RECEIVED OCT 6 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80713

PLACE OF DEATH
County of Minidoka
City of Heyburn

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 40
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elwood Moon Heiner
(a) Residence. No. Heyburn Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 1 Years Months Days 4 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Heyburn Minidoka Co Ida

PARENTS

10. NAME OF FATHER Elmer S. Heiner
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Morgan Ut Morgan Co
12. MAIDEN NAME OF MOTHER Leah Moon
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Chih Mex

14. Informant (Address) Heiner Elmer S Heyburn Ida

15. Filed Oct 1, 1932 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1932, to Oct 1, 1932
that I last saw him alive on Oct 1, 1932
and that death occurred, on the date stated above, at 10 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fractured Skull

Fell from highchair striking head on window sill.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Hugh E Dixon M. D.
, 19 (Address) Burley Id

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker Jos. P. Payne Burley Address
No E 271

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80714

PLACE OF DEATH
County of NezPerce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. 408- 5th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse K Turner

(a) Residence. No. 408-5th Ave St. 91 b
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Leoria Turner

6. DATE OF BIRTH (month, day, and year) may 26 1843

7. AGE: Years 89 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat
10. Date deceased last worked at this occupation (month and year) 1902
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Loyd C Turner Nez Perce Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date ....., 193..

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho.

20. FILED 9/18, 1932 J. M. Lyle By N.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/10/32 193

22. I HEREBY CERTIFY, That I attended deceased from May 16th, 1932, to September 10, 1932
I last saw her alive on Sept 10th, 1932: death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	4 yrs

Other contributory causes of importance:
None

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify
(Signed) [illegible], M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Habel

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80715

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. 811-7th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Cathrine Clyne

(a) Residence. No. 811- 7th Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Clyne

6. DATE OF BIRTH (month, day, and year) Feb 24 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME James Bolger
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Catherine Smith
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs M.T.McNichols Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 8/8/32, 193

19. UNDERTAKER (Address) Vassar Mortuary Inc. Lewiston, Idaho

20. FILED 8/10, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/8/32 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1931, to Aug 8, 1932
I last saw h[illegible] alive on Aug 8, 1932; death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteria Sclerosis.	

Name of operation None Date of —
What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) The Lewiston Hospital, M. D.
(Address) Lewiston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80716

PLACE OF DEATH

County of Nez Perce
City of Lewiston Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Marie Flerchinger 749

(a) Residence. No. Reed, Wash. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	16 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME J. N. Flerchinger
14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER
15. MAIDEN NAME Elvina Hannah
16. BIRTHPLACE (city or town) Wisconsin (State or country)

17. INFORMENT J. N. Flerchinger (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Reed, Wash. Date Sept. 9, 1932

19. UNDERTAKER (Address)

20. FILED Sept. 9, 1932 J. M. Lyke Registrar. By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932, to Sept 9, 1932
I last saw her alive on Sept 9, 1932; death is said to have occurred on the date stated above, at 1730 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	
Other contributory causes of importance:	
unknown	

Name of operation None Date of
What test confirmed diagnosis? Textbook Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. C. Pearsson, M. D.
(Address) Lewiston Idaho

RECEIVED OCT 5 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80717

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Raymond J. Berger.

(a) Residence. No. 908 8th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 29th, 1888.

7. AGE: Years 43. Months 8. Days 22. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Railway clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Camas Prairie Ry. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg, Pennsylvania.

FATHER
13. NAME John Berger.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Mary E. Brown.
16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMENT (Address) Mrs. R. J. Berger. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Sep. 14th 1932

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 9-18, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept, 12th 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 12, 1932
I last saw him alive on Sept 12th, 1932: death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Stomach	Sept 9th 32

Other contributory causes of importance:
Todowing. Appendix
Operation — Sept 7th 32

Name of operation Appendectomy Date of Sept 7th 32
What test confirmed diagnosis? Blood test appendix Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? [redacted] Date of injury —, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. C. Carsson, M. D.
(Address) Lewiston, Idaho.

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80718

PLACE OF DEATH
County of Nezperce
City of Lewiston, Ida

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No.) 46
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Williams

(a) Residence. No. 316 Adams St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George A Williams

6. DATE OF BIRTH (month, day, and year) April 16, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Harry Huffman

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Percilla Sampson

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Bessie Luther (Niece) Lewiston, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Ida. Date 9/16/32 193

19. UNDERTAKER H.R.Merchant (Address) Clarkston, Wash.

20. FILED 9-18, 1932 By M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/14 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Sept, 1932
I last saw h[illegible] alive on Sept 13, 1932 death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix of uterus	
Other contributory causes of importance:	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul W Johnson M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1932

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80719

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. 312 13th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Charlotta Johnson.

(a) Residence. No. 312 13th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14th, 1837.

7. AGE Years 95. Months 1. Days 18. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER
13. NAME Bengt Johanson.
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Anna ----------.
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) John Olson Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Sept. 4th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED 10/3, 1932 J. M. Lyle By NB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 2nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from saw her Ove time, 193, to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Stockslager

RECEIVED

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80720

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Nezperce
City of Lewiston,

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME John Mark
(a) Residence. No. 1514 G St. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Earnest

6. DATE OF BIRTH (month, day and year) Jan 6, 1858

7. AGE Years 74 Months 8 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) County of Brest France

PARENTS

10. NAME OF FATHER William Marc
11. BIRTHPLACE OF FATHER (city or town) (State or Country) St Pierre, France
12. MAIDEN NAME OF MOTHER Marie Jeanne Cam
13. BIRTHPLACE OF MOTHER (city or town) (State or County) France

14. Informant (Address) Mrs John Mark, Lewiston, Ida.

15. Filed 9-12, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 6 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932, to Sept 6, 1932
that I last saw him alive on Sept 4, 1932
and that death occurred, on the date stated above, at 2 50 am

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gastric Carcinoma

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓
✓ (duration) ✓ yrs. ✓ mos. ✓ ds.

18. Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) R B Stockslager, M. D.
9/16, 1932 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal Lewiston, Ida. Date of Burial 9/12/32 19

20. Undertaker H.R.Merchant Address Clarkston Wn

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80721

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Elisha Ragan.

(a) Residence. No. St. Peck, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 4th, 1857.

7. AGE Years: 75. Months: 0. Days: 14. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mercer. Missouri.

FATHER
13. NAME Nathan Ragan.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Margaret Smith.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Ira Coon Peck, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Sept. 19th 1932.

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED 10/3, 1932 J. M. Lyle By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932, to Sept 18, 1932
I last saw him alive on Sept 10, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of [illegible] [illegible]

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Sign Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80722

PLACE OF DEATH
County of Nezperce
City of Lewiston, Idaho
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 176
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Melvin Baker

(a) Residence. No. 14th & Bridge (Usual place of abode) St. Clarkston, Wash. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Troy Lumber Co.

10. Date deceased last worked at this occupation (month and year) Sept. 19, 1932

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Cherokee, Okla.

FATHER

13. NAME J. H. Baker

14. BIRTHPLACE (city or town) (State or country) Molem, Ill.

MOTHER

15. MAIDEN NAME Lula Siler

16. BIRTHPLACE (city or town) (State or country) Reno County, Kans.

17. INFORMENT (Address) Mrs Cecelia Adkison Clarkston, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wash Date Sept28, 1932

19. UNDERTAKER H. R. Merchant (Address)

20. FILED 10-3, 1932 J. M Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932, to Sept 26, 1932
I last saw h[illegible] alive on Sept 26, 1932: death is said to have occurred on the date stated above, at [illegible] P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lumbar Carbuncle	Sept 23
Ruptured Appendix	Sept 23

Other contributory causes of importance:

Name of operation Appendectomy Date of Sept 23
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) [illegible], M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80723

PLACE OF DEATH
County of Nez Perce.
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. 6

(No. St. Mary's Hospital) 17
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine Margaret Fuller.

(a) Residence. No. Clarkston St. W'n
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: W. Fuller.

6. DATE OF BIRTH (month, day, and year): July 13-1899

7. AGE: Years 33 Months one mo. Days 14 days. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lapwai Ida.

FATHER
13. NAME: F. W. Hutchison
14. BIRTHPLACE (city or town) (State or country): Putnam Co. Missouri

MOTHER
15. MAIDEN NAME: Lucy B. Pipier
16. BIRTHPLACE (city or town) (State or country): Wardsboro Vt.

17. INFORMENT (Address): W. Fuller Clarkston Wn

18. BURIAL, CREMATION, OR REMOVAL
Place Clarkston Wn Date , 193

19. UNDERTAKER: J. P. Merchant
(Address) Clarkston Wash.

20. FILED 8/29, 1932 J. M. Lyle Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1932, to Aug 27, 1932
I last saw h[illegible] alive on Aug 27, 1932; death is said to have occurred on the date stated above, at 2 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	Aug 26-32

Other contributory causes of importance: gangrenous appendicitis Aug 22nd 32

Name of operation: Appendectomy with drainage Date of Aug 22-32
What test confirmed diagnosis? Dr. Path. findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. L. Wheeler, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80724

PLACE OF DEATH
County of Nezperce
City of Lewiston, Ida
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. Whites) 1-9
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chris A Christenson

(a) Residence. No. 13th & Highland St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Anderson

6. DATE OF BIRTH (month, day, and year) April 17, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired, Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 15 Years Ago

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Andrew Christenson

14. BIRTHPLACE (city or town) (State or country) Nowway

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Nowway

17. INFORMENT (Address) Mrs Tilly Holway Palouse, Wash. (Daughter)

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Ida Date 9/7/32 193

19. UNDERTAKER H.R.Merchant (Address) Clarkston, Wash.

20. FILED 9/8, 193 J. M. Lyle By Geo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1932, to Sept 5, 1932
I last saw him alive on Sept 5, 1932, death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	

Other contributory causes of importance:

Old age, and weak Heart,

Name of operation none Date of

What test confirmed diagnosis? Verbal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm Alexander M.D.
(Address) Clarkston, Wash.

RECEIVED OCT 5 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80725

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Mark Perry

(a) Residence. No. Elk City Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vida Perry

6. DATE OF BIRTH (month, day, and year) April 2 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. General Store

10. Date deceased last worked at this occupation (month and year) ~~42~~ yrs

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME P.R Perry

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary Jane Moore

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT J.D. Perry
(Address) Elk City Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 9/4/32, 193

19. UNDERTAKER Vassar ortuary Inc
(Address) Lewiston Idaho.

20. FILED 9/6, 1932 By M. E. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/2/32 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 193 2 to Sept 2, 193 2
I last saw him alive on Sept 2, 193 2: death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Cerebral Thrombosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston Idaho

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80726

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Mr & Mrs M.L. Tyler

(a) Residence. No. 1126 12th Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

149

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 16 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Mose L. Tyler

14. BIRTHPLACE (city or town) (State or country) Montana

MOTHER

15. MAIDEN NAME Helen White

16. BIRTHPLACE (city or town) (State or country) Lewiston Ida,

17. INFORMENT Jas Tyler
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida Date 9.16/32 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED 9-18, 1932 J. M. Lyle
By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept16/32 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932, to Sept 16, 1932
I last saw him alive on Sept 16, 1932: death is said to have occurred on the date stated above, at 7 @ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Birth Pressure)	Sept 16 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Visual Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Brandon, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Carsson

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80727

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. 718-9th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Elizabeth Thoma

131

(a) Residence. No. 718 -9th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 1-1877

7. AGE: Years 55 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Clair
(State or country) Minn

FATHER

13. NAME Peter Kassel

14. BIRTHPLACE (city or town)
(State or country) Minn

MOTHER

15. MAIDEN NAME Marie Thurmes

16. BIRTHPLACE (city or town)
(State or country) Minn

17. INFORMENT Nicholas Thoma
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Idaho Date 9/17/32, 193

19. UNDERTAKER Vassar Mortuary Inc.
(Address) Lewiston Idaho.

20. FILED 9-18, 1932 J. M. Lyle
By N.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 15/32, 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to Sept 15, 1932

I last saw her alive on Sept, 1932: death is said to have occurred on the date stated above, at 12.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Acute	Sept 15/32

Other contributory causes of importance:

Name of operation - None Date of

What test confirmed diagnosis? Physical Ex Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Carsson, M. D.

(Address) Lewiston Idaho

Dr Braddock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80728

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 6
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sister Mary Magdalene, Society of St. Joseph.

(a) Residence. No. St Joseph Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~ Female	White	(Nun) Sister

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Hospital

10. Date deceased last worked at this occupation (month and year) Feb 11 1931

11. Total time (years) spent in this occupation 34yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penn

FATHER

13. NAME Henry Hughs

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Francis Morris

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Sister Superior St Joseph Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 8/12/32 93

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED 8/14, 1932 O. W. Lyle Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/11/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to Aug 11, 1932

I last saw h~~e~~ alive on Aug 10, 1932: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio nephritis	1932
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? Albumin Was there an autopsy? No

23. If death was due to exter~~n~~l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. W. Braddock, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80729

PLACE OF DEATH
County of NezPerce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 178

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph John Kazda

(a) Residence. No. Southwick Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kazda

6. DATE OF BIRTH (month, day, and year) Mar 19 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wheat Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 35 Yrs

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Kazda

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Magdalene Pavel

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMENT (Address) Mrs Mary Kazda Southwick Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 8/26/32, 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED 8/28, 1932 J. B. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Aug 24, 1932
I last saw h alive on Aug 24, 1932; death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Other contributory causes of importance:	
Acute Hemorrhagic nephritis	

Name of operation None Date of
What test confirmed diagnosis Clinical as there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Pearson, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINL[illegible] [illegible]NFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1932

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80730

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. 717 3rd, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-9

2. FULL NAME Charles F. Jain.

(a) Residence. No. 717 3rd, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 26th, 1872.

7. AGE Years: 60. Months: 4. Days: 5. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boulder, Colorado.

FATHER

13. NAME Lewis Jain,

14. BIRTHPLACE (city or town) (State or country) Switzerland.

MOTHER

15. MAIDEN NAME Adelia Farewell.

16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMENT (Address) C. L. Jain Moscow, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Aug. 3rd, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 8/3, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 1st, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Aug 1, 1932

I last saw him alive on 7/31, 1932: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

arterio-sclerosis & hypertension

Name of operation Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul G. Hanny M. D.

(Address) Lewiston, Idaho.

RECEIVED OCT 5 1932

White.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80732

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1029

Local Registrar's No.

(No. 922 4th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 9

2. FULL NAME Thomas Alexander Little.

(a) Residence. No. 922 4th, Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 25th, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74.	3.	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galt, Illinois.

FATHER

13. NAME Harmon Little.

14. BIRTHPLACE (city or town) (State or country) Roadhouse, Illinois.

MOTHER

15. MAIDEN NAME Behathalon Stoker.

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMENT (Address) Mrs. T. A. Little, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Sept. 6th, 1932.

19. UNDERTAKER (Address) Brower-Mann Company. Lewiston, Idaho.

20. FILED 9/10, 1932 J. M. Lyle By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1932, to Sept 4, 1932
I last saw him alive on Sept 2, 1932: death is said to have occurred on the date stated above, at 6:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Sept 3-32

Other contributory causes of importance:

Carcinoma of glands right side neck.	1 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Edgar L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80733

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 16

(No. Whites Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara W. Morey.

(a) Residence. No. 1510 G. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of W. A. Morey.

6. DATE OF BIRTH (month, day, and year) Aug. 18th, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78.	11.	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine.

FATHER

13. NAME Geo. F., Wyman.

14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME Hannah Priest.

16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMENT (Address) W. A. Morey, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Aug 8th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 8/10, 1932. J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20th, 1932, to Aug 6th, 1932

I last saw h live on Aug 5, 1932; death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Aug 3-1932

Other contributory causes of importance:
Fracture of neck of left femur

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? Lewiston Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home.

Manner of injury Slipped and fell on floor.

Nature of injury Fractured Left

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

Bradlock

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80734

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Edwin Fountain

(a) Residence. No. F. St. Lewiston, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary McQeen

6. DATE OF BIRTH (month, day, and year): July 7, 1856

7. AGE: Years 76 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Realestate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): 20 Yrs Ago
11. Total time (years) spent in this occupation: Not Known

12. BIRTHPLACE (city or town) (State or country): Fountain Co. Ind.

FATHER
13. NAME: Lemnel Fountain
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Martha Colman
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): L.C. Fountain (Brother) Clarkston, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston, Ida. Date: 9/16/32, 193

19. UNDERTAKER (Address): H.R. Merchant Clarkston, Wash.

20. FILED 9-18, 1932 J. M. Lyle Dy. Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to Sept 15, 1932
I last saw him alive on Sept 14, 1932: death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 10-32

Other contributory causes of importance:

Arteriosclerosis	1925

Name of operation: none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) E. G. Bradlock, M.D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80735

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. 820 18th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

180

2. FULL NAME Goldie Earlene Grant.

(a) Residence. No. 1518 13th, Avenue. ~~XX~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14th, 1923.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9.	3.	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School girl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alberta, Canada.

FATHER

13. NAME Franklin Grant.

14. BIRTHPLACE (city or town) (State or country) Nez Perce, Idaho.

MOTHER

15. MAIDEN NAME Irene Flemings,

16. BIRTHPLACE (city or town) (State or country) Butte, Montana.

17. INFORMENT (Address) Franklin Grant, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Aug. 4th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 8/4, 1932. J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 2nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/2, 1932

Where did injury occur? Lewiston, Nez Perce Co., Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Near home.

Manner of injury Child was playing in gravel pit which caved in covering head up.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. M. Brower Coroner.

(Address) Lewiston, Idaho.

RECEIVED OCT 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80736

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. 2110 Main Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sidney S Thiessen 889
(a) Residence. No. Waha, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Bessie Thiessen

6. DATE OF BIRTH (month, day, and year) Jan 4 1884

7. AGE Years 48 Months 8 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Stock raiser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) 25yrs
11. Total time (years) spent in this occupation 25yrs

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER
13. NAME J.D.C.Thiessen
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Lillie Meister
16. BIRTHPLACE (city or town) (State or country) Chicago.

17. INFORMENT (Address) George Thiessen Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida. Date 9/25/32 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho.

20. FILED 9-24, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 23 32 193

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to Sept 23, 1932
I last saw him alive on Sept 23, 1932: death is said to have occurred on the date stated above, at 9:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	unknown
Chronic nephritis	unknown

Other contributory causes of importance:

Name of operation None Date of ✓
What test confirmed diagnosis? Not Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) L B Stockslager, M. D.
(Address) Lewiston Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

State File No. 80738

Local Registrar's No.

(No. Whites Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

166 C

2. FULL NAME Charles W. Byers.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White. (Single, Married, Widowed, or Divorced (write the word)) ...le.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 29th, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61.	7.	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ex soldier.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winchester,
(State or country) Indiana.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town)
(State or country) Not known.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town)
(State or country) Not known.

17. INFORMENT (Address) J. A. Swingle. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Sept. 25 1932.

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED 10/3, 1932 J. M. Lyle Registrar.
By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 23rd 1932.

22. I HEREBY CERTIFY, That I attended deceased from 9/19-1932, 193..., to 9/23-32, 193...

I last saw him alive on 9/23-1932, 193...; death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal skull fracture due to being struck by auto, on Main st. Lewiston Idaho.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Supposed symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/19-, 1932

Where did injury occur? Main St. Lewiston, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury Struck by auto

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Bourse M. D., M. D.

(Address) Lewiston, Idaho.

RECEIVED OCT 5 1932

Ryc

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

DO NOT WRITE IN THIS SPACE

State File No. 80739

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No.) 889
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary B. Martin.

(a) Residence. No. Lewiston Orchards. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 16th, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	5.	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lacross, Wisconsin.

FATHER

13. NAME John Kight.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Rosine Nestler.

16. BIRTHPLACE (city or town) (State or country) Switzerland.

17. INFORMENT (Address) J. A. Martin Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Cheney, Wash. Date Sept. 14 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 9/16, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 12th 1932.

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Sept, 1932

I last saw her alive on July 11, 1932. death is said to have occurred on the date stated above, at 2-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	?

Other contributory causes of importance:

Chronic nephritis	?
" Diabetes	

Name of operation None Date of

What test confirmed diagnosis? Physical signs & tests Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80740

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael Smith.

(a) Residence. No. St. 889
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Not known.
7. AGE Years: 82. Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At hpme.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known.

FATHER
13. NAME Not known.
14. BIRTHPLACE (city or town) (State or country) Not known. Not known.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Robt Smith Lewiston, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Sept. 20th 1932.
19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.
20. FILED 10/3, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 18th 1932.
22. I ~~HEREBY~~ CERTIFY, That I attended deceased from Sept, 1932, to Sept, 1932
I last saw him ~~alive~~ on Sept. 17, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80741

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Goldstone

(a) Residence. No. 420 1st Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

66 V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Binnard Goldstone

6. DATE OF BIRTH (month, day, and year) Jan 25 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1902
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Hadley
(State or country) Michigan

FATHER
13. NAME Morris Goldstone
14. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER
15. MAIDEN NAME Rose Rosenberg
16. BIRTHPLACE (city or town) Michigan
(State or country)

17. INFORMENT Abraham Goldstone
(Address) New York

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date 9/20 32 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED 9-22, 193 J. M. Lyle
By NB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/18/32 193

22. I HEREBY CERTIFY, That I attended deceased from 9/15-1931, 193, to 9/18-1932, 193
I last saw him alive on 9/18-32, 193: death is said to have occurred on the date stated above, at 6.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyrhepatitis	
Other contributory causes of importance Chronic myocarditis.	

Name of operation None Date of
What test confirmed diagnosis? Signs + symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. H. Romer, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80744

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Matter 131

(a) Residence. No. Asotin, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10 yrs. ago

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Alsace-Lorraine

FATHER

13. NAME Joseph Matter

14. BIRTHPLACE (city or town) (State or country) Alsace-Lorraine

MOTHER

15. MAIDEN NAME Elizabeth Matter

16. BIRTHPLACE (city or town) (State or country) Alsace-Lorraine

17. INFORMENT H.P. Hutchison
(Address) Dayton, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Anatone, Wash. Date 8/11, 1932

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Wash.

20. FILED 8/10, 1932 J. M. Lee Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-9-1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw h.....alive on 8-9-, 1932 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. McElroy, M. D.

(Address) Asotin Wash

RECEIVED SEP 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80745

PLACE OF DEATH
County of Nezperce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 114
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christina Kiesecker

(a) Residence. No. Anatone, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of George Kiesecker

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phitzengen Germany

FATHER

13. NAME Adolph Stein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kathrine Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT Rosa Hopwood
(Address) Clarkston, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Anatone, Wash. Date 8/10, 1932

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wash.

20. FILED 8/14, 1932 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-11- 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-3, 1932 to 8-11-, 1932
I last saw her alive on 8-11-, 1932 death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro - enteritis	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) J. M. McElwain, M. D.
(Address) Asotin, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80746

PLACE OF DEATH
County of Cayhu
City of 3 Creek

Registration District No.
Primary Registration District No.
Local Registrar's No. ~~[illegible]~~ 92

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lee R. Estes

(a) Residence. No. 3 Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12/1880

7. AGE: Years 52 Months 3 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME M S Estes
14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Otis Estes 3 Creek

18. BURIAL, CREMATION, OR REMOVAL
Place 2. F. Cemetery Date 9/16, 1932

19. UNDERTAKER (Address) F. E. Drake Twin Falls

20. FILED 9/20, 1932 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/14 1932

22. I HEREBY CERTIFY, That I attended deceased from did not attend, 193
I last saw h alive on ✓, 193: death is said to have occurred on the date stated above, at 4 P m. 9-14-32
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolus, coronary, acute.	9/14/32

Other contributory causes of importance:

Sclerosis of arch of aorta, all coronary vessels, and vessels of the kidney.	unknown

Name of operation None Date of
What test confirmed diagnosis? Laboratory* Was there an autopsy? YES

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Laboratory Date of injury No, 193
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Duncan L. Alexander M.D.
(Address)

*Toxicological Exam. Neg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80747

PLACE OF DEATH
County of Owyhee
City of Silver City.

Registration District No. 43
Primary Registration District No. 2120 Local Registrar's No. 32

(No.) 107
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Wedlin

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	One	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Earl Johnson Silver City, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~, Place Silver City, Ida Date July 30, 1932

19. UNDERTAKER John Grete, (Address) Silver City, Idaho.

20. FILED Aug. 19, 1932 T. A. Leonard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Silicosis	
No physician attending.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner's Consumption.

(Signed) John Grete Coroner, ~~M. D.~~

(Address) Silver City, Idaho

RECEIVED OCT 3 1937

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80748

Local Registrar's No. 51

Registration District No. 43

Primary Registration District No. 2120

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Owyhee

City of .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lazaro Gutieres.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Mexican	Single

6. DATE OF BIRTH

Don't know. (Month) ..... 1 (Day) ..... (Year)

7. AGE

57 Yrs. 0 Mos. 0 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Sheep Herder

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country) Mexico

10. NAME OF Father Don't know

11. BIRTHPLACE OF FATHER (State or Country) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (State or Country) Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John. Grete.

(Address) Silver City, Idaho.

15.

Filed July 28, 1932. R. H. Leonard Local Registrar

MEDICAL CERTIFICATE OF DEATH 2054

16. DATE OF DEATH

July 26, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...,

that I last saw h... alive on ..... 19...,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Found dead in tent. Supposed heart disease.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John. Grete Coroner

7-28 1932 (Address) Silver City, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Flint, Idaho. **DATE OF BURIAL** July 27, 1932.

20. UNDERTAKER John Grete, **ADDRESS** Silver City, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 13 1932

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80749

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marvin Leon Gray

(a) Residence. No. 536 N. 5th St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. baby.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Oregon

FATHER

13. NAME Murell Gray

14. BIRTHPLACE (city or town) (State or country) Washington Idaho

MOTHER

15. MAIDEN NAME Wilma Boswell

16. BIRTHPLACE (city or town) (State or country) Baker Oregon

17. INFORMENT (Address) Mrs. Murel Gray Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Idaho Date Sept 1, 1932

19. UNDERTAKER (Address) Glenn E. Sheldon Payette Idaho

20. FILED Sep 30 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from July 6 - , 1932, to Aug. 30 , 1932

I last saw him alive on Aug. 26 , 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	7/6/32

Other contributory causes of importance:

Congenital absence of tongue Left Palate

Name of operation none Date of

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederic Belknap, M. D.

(Address) Ontario Ore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80750

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Agnes Cruetz Broderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Claus Fredric Broderson

6. DATE OF BIRTH (month, day, and year) Aug 14-1872

7. AGE Years 60 Months Days 26 If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kosel Germany

FATHER

13. NAME Christian Cruetz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Thiesen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. W. Toews Payette Ida

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date Sept 11, 1932

19. UNDERTAKER (Address) Glenn C. Landon Payette Idaho

20. FILED Sep 30, 1932 J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-9-1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h..... alive on some day, 193....: death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cardiovascular Renal.	
2nd. Cerebral Hemorrage.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Sol W. Cotton & Co.

(Address) Weiser, Idaho.

RECEIVED OCT 13 1932

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80751

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Franklin Wasson

(a) Residence. (Usual place of abode) No. 313 N. Sixth St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hopping Wasson

6. DATE OF BIRTH (month, day, and year): April 31 1859

7. AGE: Years 73 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: janitor at school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Newton Iowa

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): Florence Wasson Schreiber Hagerman Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Payette Idaho. Date: Sept 27, 1932

19. UNDERTAKER (Address): Glenn C Landon Payette Idaho

20. FILED: Sep 30 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 24 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to Sept 24, 1932

I last saw him alive on Sept 24, 1932: death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1 yr ago
Other contributory causes of importance: Haemorrhages from intestine	6 mo ago

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. R. Woodward M. D.

(Address) Payette, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE
State File No. 80752

Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wallace Hearn Noorsch

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months | Days: 7. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Baby.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Payette Idaho

FATHER

13. NAME: Archie E. Noorsch
14. BIRTHPLACE (city or town) (State or country): Van Coun Washington

MOTHER

15. MAIDEN NAME: Ethel M. Olson
16. BIRTHPLACE (city or town) (State or country): Weiser Idaho

17. INFORMENT (Address): ✓ Archie E. Noorsch Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Noorsch Idaho Date Sept 7, 1932

19. UNDERTAKER (Address): Glenn C. Gardner Payette Ida.

20. FILED Sept 30 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1932, to Sept 6, 1932.
I last saw him alive on Sept 6, 1932: death is said to have occurred on the date stated above, at 12 15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Insanition	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. C. Paxton, M. D.
(Address) Fruitland Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80754

Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 25

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry L. Share

(a) Residence. No. Rockland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or ~~WIFE of~~) Mary M. Share

6. DATE OF BIRTH (month, day, and year) Mar. 23, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jefferson City Mo.

FATHER

13. NAME Peter Share

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Jefferson City, Mo

17. INFORMENT (Address) Raft. P. Share.

18. BURIAL, CREMATION, OR REMOVAL
Place Rockland, Idaho Date Sept. 22 1932

19. UNDERTAKER H. Davis
(Address) Am. Falls, Idaho.

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-20 1932

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1932 to Sept. 20, 1932
I last saw him alive on Sept 20, 1932: death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senili-decay	
Cardio-vascular	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
*Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Fagan, M. D.
(Address)

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80755

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No.
Primary Registration District No.
Local Registrar's No. 82

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Alson Bradley

(a) Residence. No. Bismark N. D. St. Bismark N. D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura Bradley

6. DATE OF BIRTH (month, day, and year) March 28-1854

7. AGE Years 78 Months 6 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retierd.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Newton Bradley
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Lutricia Sutton
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Mrs Laura Bradley Bismark N. D.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Sept 29 1932

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace, Ida.

20. FILED, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows: Date of onset
Dropped dead
Mitral
Apparently
Fresh failure
Instant
Other contributory causes of importance:
Arterio Sclerosis
Severe yrs
Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Mowry Corony
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80756

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 7

(No. Co Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME F. G. Richardson

(a) Residence. No. Wallace, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 3 - 1875

7. AGE Years 57 Months 2 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Co Hospital Records. Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Dearey Cem. Date Sept 8, 1932

19. UNDERTAKER (Address) J. A. Bever Ward Undco Wallace, Idaho

20. FILED Sept 8, 1932 C. S. Stong Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 5 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Sept 3, 1932
I last saw him alive on Sept 4, 1932: death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	July 5th

Other contributory causes of importance:
Myocarditis Terminal

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) James R Bean, M. D.
(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80757

Registration District No.
Primary Registration District No.
Local Registrar's No. 83

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. Amel Anderson

(a) Residence. No. Kellogg Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (~~write the word~~): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Freda M.

6. DATE OF BIRTH (month, day, and year) Dec. 26 - 1866

7. AGE: Years 66 | Months 9 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Mrs. C. A. Anderson

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date Oct 1, 1932

19. UNDERTAKER (Address) Kit Stout Kellogg Ida

20. FILED, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1932, to 9/28, 1932
I last saw h. alive on 9/28, 193 ; death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Sigmoid Colon	Several mo

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr. Mowery M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80758

PLACE OF DEATH

County of Wallace

City of Wallace

Registration District No. 70

Primary Registration District No. 104 Local Registrar's No. 78

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Larry Raymond Sowerby

(a) Residence. No. Avery, Idaho St. Avery Idaho 179
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 28-1911

7. AGE Years 20 Months 11 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Forestry Service
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Last Rust.
10. Date deceased last worked at this occupation (month and year) Aug 29-32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash

FATHER
13. NAME LeRoy Sowerby
14. BIRTHPLACE (city or town) (State or country) Ontario

MOTHER
15. MAIDEN NAME Anna Furiak.
16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMENT (Address) LeRoy Sowerby Wallace, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date Sept. 1932

19. UNDERTAKER (Address) J. A. Barr (Wend and Co) Wallace Ida.

20. FILED Sept 12, 1932 C. S. Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1932, to Sept 7, 1932

I last saw him alive on Sept 7, 1932: death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive Burns of Trunk + legs	Aug 29-32

Other contributory causes of importance:

Uremia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-29-32 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury

Nature of injury Burn

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Handling inflammable Chemicals

(Signed) Max T. Smith, M. D.

(Address) Wallace Idaho

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80759

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No.
Primary Registration District No. Local Registrar's No. 79

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Helen Archerton

(a) Residence. No. Wardner Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 18-

7. AGE Years 64 Months 5 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stockholm Sweden

FATHER
13. NAME ✓
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Mary Hartshorn

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date Sept 16 1932

19. UNDERTAKER (Address) R. R. Stout Kellogg Ida

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jul 1/30, 193 2 to Sept 12, 193 2

I last saw her alive on Sept 12, 193 2; death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis acute — Date of onset several days

Other contributory causes of importance: Cholelithiasis several

Name of operation Cholelithectomy Date of Aug 17 1932

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. H. Mowery, M.D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80760

Registration District No.

Primary Registration District No. Local Registrar's No. 80

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Constance Eileen Edwards

(a) Residence. No. 2 miles west of Wallace on Great Western Hwy
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 19 1923
7. AGE: Years 9 | Months 2 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spokane Wash

FATHER
13. NAME: C. W. Edwards
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Bertha Epler
16. BIRTHPLACE (city or town) (State or country): Montana

17. INFORMENT (Address): C. W. Edwards, Missouri
18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Date 9/15/32
19. UNDERTAKER (Address): B. L. Marshall Wallace Idaho
20. FILED, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 13 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932, to Sept 13, 1932
I last saw her alive on Sept 13, 1932: death is said to have occurred on the date stated above, at 12:10 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture & base of skull	Sept 13, 1932

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-13, 1932
Where did injury occur? Wallace, Idaho (Specify city or town, county, and State) Shoshone Co.
Specify whether injury occurred in industry, in home, or in public place. Public road
Manner of injury: automobile accident
Nature of injury: Head injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Paul Wells, M.D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80761

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 101
Local Registrar's No. 81

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Wesley Glass

(a) Residence, No. Wallace Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura Glass

6. DATE OF BIRTH (month, day, and year) Apr 14 - 1854

7. AGE: Years 78, Months 5, Days 5. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, and year) Hard Go.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME Jacob Glass
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Sarah Ann Furey.
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Mrs Laura Glass Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date Oct 22 1932

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co.) Wallace Ida.

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1932, to Sept 19th, 1932

I last saw him alive on Sept 19th, 1932: death is said to have occurred on the date stated above, at 6 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Cardiac asthma	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. S. Stone, M. D.

(Address) Wallace

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Osborne

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80762

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 74

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Capparelli

(a) Residence. No. Osborne Ida St. Osborne
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ~~Male~~ Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 15, 1924

7. AGE 8 Years | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (~~city or~~ town) Wallace
(State ~~or country~~) Idaho

FATHER

13. NAME John Capparelli

14. BIRTHPLACE (city or town) La Jose
(State or country) Italy

MOTHER

15. MAIDEN NAME May Knapp

16. BIRTHPLACE (city or town) Big Rapids
(State or country) Mich

17. INFORMENT John Capparelli
(Address) Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Mission Mission Date Sept 9, 1932

19. UNDERTAKER J. G. Brown (Ward and Co)
(Address) Wallace Ida

20. FILED Sept 8, 1932 C. L. Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1932, to Sept 7, 1932.

I last saw him alive on Sept 5, 1932; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	
Other contributory causes of importance:	
Starvation	

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Mason, M. D.

(Address) Kellogg Ida

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPA

State File No. 80763

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jeanne Marie Vanderpool

19

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept. 11-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kellogg. Idaho

FATHER
13. NAME Gilbert Vanderpool
14. BIRTHPLACE (city or town) (State or country) Spickford Mo.

MOTHER
15. MAIDEN NAME Dora Crawford
16. BIRTHPLACE (city or town) (State or country) Pascoe Wn.

17. INFORMENT (Address) Gilbert Vanderpool

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Sept 26 1932

19. UNDERTAKER (Address) R. L. Stuart Kellogg Id

20. FILED Oct. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1932, to Sept 21, 1932
I last saw her alive on Sept 21, 1932: death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Infectious Jaundice	9-14-32
Hemorrhage umbilical	9-19-32

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80764

PLACE OF DEATH
County of Teton
City of
Registration District No.
Primary Registration District No.
Local Registrar's No. 4
(No. 1016)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Franz Rudolph
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 36 yrs. 2 mos. 8 ds. How long in U. S. if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Anna Rudolph

6. DATE OF BIRTH (month, day and year) Feb 22 - 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	7	0	—

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Leipsig, Germany

PARENTS

10. NAME OF FATHER Mr. Rudolph
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant Otto Rudolph
(Address) Tetonia, Idaho.

15. Filed 9-23-, 1932. Celia M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 22, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1932, to Sept. 22, 1932
that I last saw him alive on Sept. 14, 1932
and that death occurred, on the date stated above, at 5:20 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hydrocele + urinary retention (duration) 45 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Hydrocele Topped at
Did an operation precede death? Yes Date of 9/15/32
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) L. R. Peterson, M. D.
9/23, 1932 (Address) Driggs, Idaho.

19. Place of Burial, Cremation, or Removal Tetonia district — Date of Burial 9-25- 1932
20. Undertaker — Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80765

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 170
(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nelson Pyle

(a) Residence. No. St. Buhl Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Anna Pyle

6. DATE OF BIRTH (month, day, and year) May 31-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebr

FATHER
13. NAME Samuel Pyle
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Esther Aiken
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Mrs. Anna Pyle R #3 Buhl, Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Idaho Date 9-13-1932
19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho
20. FILED 9/12, 1932 Elizabeth J. Smith Registrar. Act.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 9 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to Sept. 9, 1932
I last saw him alive on Sept 2, 1932; death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Years ago

Other contributory causes of importance:
Nephritis

Name of operation Paracentesis Date of 9/4/32
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. D. Weaver, M. D.
(Address)

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80766

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 176

(Carl) (No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Elmer Peterson

(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Elma Peterson

6. DATE OF BIRTH (month, day, and year) Jan 6 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte Mont

FATHER

13. NAME John Peterson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Charlotte Ahl

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. E. Peterson 1602 Warren Ave Butte Mont

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Butte Mont Date 9-18, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Ida

20. FILED 9/17, 1932 George C. Talley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 16 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/16 —, 1932, to 9/16 —, 1932
I last saw him alive on 9/16 —, 1932; death is said to have occurred on the date stated above, at 3:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	4 months

Other contributory causes of importance:

Myocarditis	3 yrs.
3 yrs. duration	dur.

Name of operation None Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1932
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. A. Dwight M. D.
(Address) Filer Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80767

PLACE OF DEATH
County of Twin Falls
City of Filer
Registration District No. 37
Primary Registration District No. 2081
Local Registrar's No. 179

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Scranton

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 1 Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. a Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) A Scranton Filer Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date Sept 21 1932

19. UNDERTAKER (Address) J E Drake Twin Falls

20. FILED 9/20, 1932 George C. Hatley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1932, to Sept 19, 1932
I last saw her alive on Sept 17, 1932; death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Sept 13

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Russell Weaver M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80768

PLACE OF DEATH

County of Twin falls

City of Twin falls

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 178

(No. 520--4Th ave, East, Twin falls, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mrs. Florence E. Robinson,

(a) Residence. No. Kimberly, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J.M. Robinson,

6. DATE OF BIRTH (month, day, and year) Sept. 1St 1880

7. AGE	52 Years	0 Months	17 Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waveland, Ark.

FATHER

13. NAME W.J. Parks,

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Anna Scott,

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMENT (Address) J.M. Robinson, Kimberly, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Sept. 21 1932

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho.

20. FILED 9/23, 1932 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 18Th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-1-, 1932, to Sept-18, 1932

I last saw her alive on Sept-18, 1932: death is said to have occurred on the date stated above, at 1130 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9/17/32

Other contributory causes of importance:

Arteriosclerosis & Hypertention about	8 yrs

Name of operation Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J.M. Davis, M.D.

(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 80769

Local Registrar's No. 182

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.) County Hospital

2. FULL NAME Mrs. Ada Lester

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. M. Lester

6. DATE OF BIRTH (month, day, and year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date Sept 26 1932

19. UNDERTAKER F. E. Drake (Address) Twin Falls

20. FILED 9/26, 1932 George A. Hally Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1932, to 9/24, 1932

I last saw her alive on 9/23, 1932; death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: arterio-sclerosis	
Parotiditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Weaver M. D.

(Address) Twin Falls, Ida.

acs

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80770

PLACE OF DEATH

County of Twin Falls

City of Twin Falls, Registration District No. 37

Primary Registration District No. 1082 Local Registrar's No. 168

(No. 446--6Th. Ave No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William S. Mallory

(a) Residence. No. 446--6Th. Ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dora Mallory

6. DATE OF BIRTH (month, day, and year) Oct. 23. 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Life insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winston, Mo

FATHER

13. NAME Joseph F. Mallory,

14. BIRTHPLACE (city or town) (State or country) Virg.

MOTHER

15. MAIDEN NAME Mary Creekmore,

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Anna M. Wise. 446-6Th ave, No

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date Sept. 9 1932

19. UNDERTAKER S.C. Phillips, (Address) Twin Falls, Idaho.

20. FILED 9/9, 1932 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 7Th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 7, 1932

I last saw h[illegible] alive on Sept 7, 1932. death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows: Date of meet

Cerebral Hemorrhage - apoplexy Sept 6 1932

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193.

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) [illegible], M. D.

(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80771

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 180

(No. Twin Falls Co. Gen. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Parley Pratt Walton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 wks ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hazel Walton

6. DATE OF BIRTH (month, day, and year) Dec 1 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Powder man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on construction work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Utah

FATHER

13. NAME Parley Pratt Walton

14. BIRTHPLACE (city or town) (State or country) Bountiful Utah

MOTHER

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) S. A. Walton Hansen, Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 9-24 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Ida

20. FILED 9/24, 1932 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to Sept 19, 1932

I last saw him alive on Sept 19, 1932; death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident producing internal injuries to chest. Hemorrhage + Sepsis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug, 1932

Where did injury occur? Murtaugh Twin Fall Co. Ida (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Blow to chest by Steering wheel

Nature of injury Internal hemorrhage + Sepsis

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no

(Signed) St John R Morgan, M. D.

(Address) Twin Falls Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80772

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 188

(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emmick L. Fiske

(a) Residence. No. 208 Reed Apts. Twin Falls Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 10 1898
7. AGE: Years 34; Months 4; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Instructor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: in High School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Valentine Nebr.

FATHER
13. NAME: James Allen Fiske
14. BIRTHPLACE (city or town) (State or country): Centralia Ill

MOTHER
15. MAIDEN NAME: Mary Belle Hawkins
16. BIRTHPLACE (city or town) (State or country): Mt. Vernon Ill.

17. INFORMENT (Address): Mrs H. M. Paradise Omaha Nebr.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Omaha, Neb Date 10-3, 1932

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Ida.

20. FILED 10/, 1932 George C. Talley Registrar. M.D. acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-2-32, 1932, to Sept 30, 1932.
I last saw her alive on Sept 26, 1932: death is said to have occurred on the date stated above, at 5-25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Pneumonia (Bilateral) Lobular.	Sept 27/32
(2) Pleurisy with Effusion Bilateral.	Sept 29-32
Other contributory causes of importance: Appendicitis - Subacute	Aug 17th 1932
Appendectomy	Sept 24th 1932

Name of operation Appendectomy Date of 9-24-32
What test confirmed diagnosis? X Ray + operation + Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan A. Hammond M. D.
(Address) Twin Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80773

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 185
(No. Twin Falls Co. Gen Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pedro Yuchausty
(a) Residence. No. Castleford - Ida St. 44
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Teresa Yuchausty

6. DATE OF BIRTH (month, day, and year) Apr. 22-1882

7. AGE Years 50 Months 5 Days 7 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER
13. NAME Pantalion Yuchausty
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Juliona Obieta
16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMENT (Address) Frank Sabala Twin Falls, Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Twin Falls Date 10-3, 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Ida

20. FILED 10/1, 1932 George C. Halley M.D. Acts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1932, 193..., to Sept 29, 1932
I last saw him alive on 9/29/32, 1932; death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach, pyloric, complete obstruction.	?

Other contributory causes of importance:
Postoperative shock.

Name of operation Gastrointerostomy Date of 9/29/32
x-ray, laboratory, operation.
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 193
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Duncan L. Alexander M. D.
(Address) Twin Falls Ida

RECEIVED [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80774

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 184
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maud Larmore Young. 117
(a) Residence. No. 137 - 4th Ave N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm. J. Young

6. DATE OF BIRTH (month, day, and year) Dec 20 - 1878

7. AGE: Years 53 | Months 9 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blooming Grove Ind.

FATHER
13. NAME Geo. H. Larmore
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Jennie Dukate
16. BIRTHPLACE (city or town) (State or country) Blooming Grove Ind

17. INFORMENT (Address) W. J. Young Twin Falls Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 9-30, 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Ida

20. FILED 9/30, 1932 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-28 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 -, 1932, to Sept 28, 1932
I last saw her alive on Sept 28, 1932: death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis Acute Suppurative Gangrenous #	48 hrs.
Other contributory causes of importance:	
(1) Adhesions - Obstruction Small intestines. (Shock)	36 hrs.
(2) Peritonitis Suppurative Acute.	

Name of operation Abdominal Lap. Date of 9-28-32
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None -
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Duncan R. Alexander, M. D.
(Address)

MARGIN RESERVED FOR BINDING

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RECEIVED OCT 19 1932

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80775

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 177

(No.) 128
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Joseph Wagner

(a) Residence. No. 1328 - 6th ave E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Wagner

6. DATE OF BIRTH (month, day, and year) Sept 30-1862

7. AGE Years 69 Months 11 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cutler Ill

FATHER
13. NAME Christopher Wagner
14. BIRTHPLACE (city or town) (State or country) Baveria

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Miss Emma Wagner 1328 - 6th ave E.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 9-20, 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Ida

20. FILED 9/19, 1932 George C. Halley acd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Sept 17, 1932
I last saw him alive on Sept 4, 1932; death is said to have occurred on the date stated above, at 5-15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	

Other contributory causes of importance:
Eurepelas about 6 month ago and he never got completely over it

Name of operation No Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. E. Lamb, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80776

PLACE OF DEATH

County of Twin Falls
City of Twin Falls, Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 171

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Stokesberry

(a) Residence. No. Twin Falls, Route #3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 11-1927

7. AGE			
5 Years	1 Months	29 Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida.

FATHER

13. NAME David Stokesberry

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Clara Helms,

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) David Stokes Berry, Twin Falls, Route #3

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Sept. 13 1932

19. UNDERTAKER S.C. Phillips,
(Address) Twin Falls, Idaho

20. FILED 9/13, 1932 Elizabeth Q. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 10TH 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1932, to Sept. 10, 1932

I last saw h— alive on Sept 10, 1932; death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic Cerebro Spinal Meningitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H.W. Wilson, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80777

Registration District No. 37
Primary Registration District No. 2082 Local Registrar's No. 174

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Sophia Butler

(a) Residence. No. St. Kimberly Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter D Butler

6. DATE OF BIRTH (month, day, and year) July 7-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hickory Co Mo.

FATHER
13. NAME William Chaney
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Emily Owens
16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMENT (Address) Ralph Butler Kimberly Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Rock Creek Date 9-19, 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 9/16, 1932 Elizabeth L Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th, 193-, to Sept 14th, 193-
I last saw her alive on Sept 14, 193-; death is said to have occurred on the date stated above, at 3:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia from abscess on abdomen & abdominal wall	Aug 15th 1932
Other contributory causes of importance:	
Gangrenous Appendicitis	Aug 15th
Name of operation Incision of abscess	Date of Sept 13th
What test confirmed diagnosis? "	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~✓~~ Date of injury ~~✓~~, 193-
Where did injury occur? ~~✓~~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~~✓~~
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John L Carnahan, M. D.
(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

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RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80778

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 187

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Phoebe Jane Ostrander

(a) Residence. No. 1437 Maple Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of H. J. Ostrander

6. DATE OF BIRTH (month, day, and year) Oct 17 - 1840

7. AGE — Years 91 — Months 11 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

FATHER

13. NAME Alfred Bradley

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Clarissa Briscoe

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMENT (Address) E. J. Ostrander

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date Oct 1, 1932

19. UNDERTAKER (Address) White Mortuary Inc. Twin Falls Ida

20. FILED 9/30, 1932 George C. Halley Act. Registrar. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23rd, 1931, to Sept 30, 1932

I last saw her alive on Sept 22d, 1932; death is said to have occurred on the date stated above, at 7 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis from	9-23-32
Other contributory causes of importance: Cancer of uterus rupturing into peritoneal cavity	9-21-31

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H. Loughlin M. D.

(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11 1932

PLACE OF DEATH
County of Washington
City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80780

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Ira Lee Langer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX White
4. COLOR OR RACE
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Son

6. DATE OF BIRTH (month, day, and year) May 1 - 1910

7. AGE Years 21 Months 4 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Bassano Alberta

FATHER

13. NAME Lewis Langer

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME Olive Grayham

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) Ollie Langer

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address)

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1932, to Sept 22, 1932,
I last saw h alive on Sept 22, 1932: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrown & pumped on by a horse causing internal injuries	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 22, 193
Where did injury occur? Cambridge
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at Rodeo
Manner of injury thrown by horse
Nature of injury internal

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. F. Hunt D.C., M.D.
(Address) Cambridge

OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80781

PLACE OF DEATH
County of Washington
City of Midvale

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Leroy Johnson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 12 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Midvale Ida,

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Jane E Nelson

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMENT (Address) Geo W. Johnson Midvale Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Midvale Date 7/25, 1932

19. UNDERTAKER (Address) J A Hudleson Cambridge Ida

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1932 to July 24, 1932
Last saw h alive on July 24, 1932: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Autointoxication	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W H Marshall M. D.
(Address) Weiser

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80782

PLACE OF DEATH
County of Twin Falls
City of Twin Falls Registration District No. 27
Primary Registration District No. 2085 Local Registrar's No. 173
(No. County Gen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Calalwell

(a) Residence. No. County Gen. Hosp. St. Sept 12 - 1932
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Sept 1932

19. UNDERTAKER D. C. Phillips
(Address) Twin Falls Idaho

20. FILED 9/23, 1932 George C. Dailey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1932, to Sept. 12, 1932
I last saw him alive on Sept. 6, 1932; death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile dementia,	
Other contributory causes of importance: Dysentery	Sept 5

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. D. Weaver, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80783

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 160

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby, Harms (Vernida Gene Harms.)

(a) Residence. No. Buhl St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 31/32

7. AGE Years — Months — Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Albert Harms
14. BIRTHPLACE (city or town) (State or country) Wyoming

MOTHER
15. MAIDEN NAME Lois Lehmann
16. BIRTHPLACE (city or town) (State or country) Okla

17. INFORMENT (Address) F.W. ~~Harms~~ Lehman Buhl Route 3

18. BURIAL, CREMATION, OR REMOVAL Place Filer Date Sept. 14, 1932

19. UNDERTAKER (Address) F. E. Drake Twin Falls

20. FILED 9-14, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-14 1932

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 193.., to ....., 193..

I last saw h ~~alive~~ on Sept. 14, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infantile Debility	5 Days.
Marasmus.	14 Days.

Other contributory causes of importance:

Name of operation None. Date of —

What test confirmed diagnosis? Hunter Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) F. A. Dwight, M.D.

(Address) Filer Ida

Coroner of Twin Falls County.

RECEIVED OCT 10 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80784

PLACE OF DEATH

County of Twin Falls,

City of Kimberly

Registration District No. 37

Primary Registration District No. 2086 Local Registrar's No. 172

(No. Kimberly, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James E. Tate,

(a) Residence. No. Kimberly, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22-1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Okla.

FATHER

13. NAME Tulley Tate,

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Oma Matheus,

16. BIRTHPLACE (city or town) (State or country) Okla.

17. INFORMENT (Address) Tulley Tate, Kimberly, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Sept. 13 1932

19. UNDERTAKER S.C. Phillips, (Address) Twin Falls, Idaho.

20. FILED 9/15, 1932 Elizabeth L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Septll Th 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1932, to 9-11, 1932

I last saw h alive on 9-11, 1932. death is said to have occurred on the date stated above, at 10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-1-32

Other contributory causes of importance:

Rheumatic fever	Jan 23-32
Endocarditis & Myocarditis	2-23-32

Name of operation 0 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Davis, M.D.

(Address) Kimberly, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80785

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Oliver Primary Registration District No. 2085 . Local Registrar's No. 164

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Henry Frederick Jasper Sr.

(a) Residence. No. ..... Filer Ida St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 8 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	9	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Waterton
(State or country) Wisconsin

PARENTS

10. NAME OF FATHER Wm Noltine

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or County)

14. Informant Henry Jasper
(Address) Oliver Ida

15. Filed 9/6, 1932 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 3, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to ....., 19.....
that I last saw her ~~alive~~ on Sept. 3, 1932
and that death occurred, on the date stated above, at 1 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis
..... (duration) 12 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Angina Pectoris
..... (duration) 1 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? History
(Signed) F. A. Dwight, M. D.
....., 19..... (Address) Coroner Filer Ida

19. Place of Burial, Cremation, or Removal Oliver | Date of Burial Sept. 7 1932

20. Undertaker F E Drake | Address Twin Falls

RECEIVED OCT 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80787

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 165

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elza Newton Whitney

(a) Residence. No. 361 6th Ave E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura Whitney

6. DATE OF BIRTH (month, day, and year) May 6-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockbuyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianola Iowa

FATHER

13. NAME George Whitney

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Lavilla Sidcott

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) Mrs. E. N. Whitney

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 9-7, 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 9/6, 1932 Elizabeth L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1931, to Sept. 4, 1932

I last saw ~~him~~ alive on Sept 4, 1932; death is said to have occurred on the date stated above, at 10 45 ~~p~~m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	May - 1930

Other contributory causes of importance:
Bronchial asthma

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. W. Wilson, M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80788

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 163
(No. Twin Falls County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Melton
(a) Residence. No. 414 - 2nd West St. 87
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mildred Melton
6. DATE OF BIRTH (month, day, and year): Sept 27-1897
7. AGE Years: 34 Months: 11 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Gas Station
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: attendant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mountain Grove Mo.

FATHER
13. NAME: J. H. Melton
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Etta Troxel
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMENT (Address): Mrs. J. H. Melton Twin Falls Ida.
18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Twin Falls Date: 9-5 1932
19. UNDERTAKER (Address): White Mortuary Inc Twin Falls
20. FILED 9/6, 1932 Elizabeth J. Smith Registrar. acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9-3 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1932, to Sept 2, 1932
I last saw him alive on Sept 2, 1932, death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis	
Myocarditis	
Pleurisy with effusion	

Other contributory causes of importance: None

Name of operation: None Date of —
What test confirmed diagnosis? Path M Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. E. Lamb, M. D.
(Address) Twin Falls Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80789

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 175

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilma Dora Bacon

(a) Residence. No. Route # 2 St. Hansen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Chancy Bacon

6. DATE OF BIRTH (month, day, and year) May 25- 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kooskia
(State or country) Idaho

FATHER
13. NAME Merritt Eignor
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER
15. MAIDEN NAME Hanah Jensen
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMENT Chancy Bacon
(Address) Hansen Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Creek Date 9-18, 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 9/16, 1932 Elizabeth L Smock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 15- 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15-, 1932, to Sept 15-, 1932
I last saw h~~im~~ alive on Sept 15, 1932, death is said to have occurred on the date stated above, at about 7:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	Jan 1931

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J M Dennis, M. D.
(Address) Kimberly, Idaho

RECEIVED OCT 10 1932

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80790

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 186

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Florence Laubenheim

(a) Residence. No. 1128 - 7th Ave E. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND of (or) WIFE of~~ Chas. N. Laubenheim

6. DATE OF BIRTH (month, day, and year) Jan 4 - 1879

7. AGE: Years 53 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Coulterville Ill.

FATHER

13. NAME Thos. H. McKill

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Adaline Richmond

16. BIRTHPLACE (city or town) (State or country) Miss.

17. INFORMENT (Address) C. N. Laubenheim 1128 - 7th Ave E.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Ida Date Sept. 30 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Ida

20. FILED 9/30, 1932 George C. Halley Registrar MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-29 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1932, to Sept 29, 1932

I last saw her alive on Sept 29th, 1932 death is said to have occurred on the date stated above, at 1 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast Left	2 yrs ago
Recurrent after Operation (Medullary Type III)	
Carcinoma Lung R. Secondary	6 mo ago

Other contributory causes of importance:

Carcinoma Breast Recurrent Reoperated

Name of operation Removal remains R Breast Date of 2-4-32

What test confirmed diagnosis? Microscopic & Xray. Was there an autopsy? No

Reoperated 7-28-32

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) Duncan L. Alexander, M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80791

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 169
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Mrs. Luana C. Bates

(a) Residence. No. Sidney St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richfield Utah

FATHER

13. NAME Russell Kelly

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Mary Ellen Striggets

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. Fred L. Olmstead Ontario, Oregon

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 9/13, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Ida

20. FILED 9/12, 1932 Elizabeth J. Smith Registrar. Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-8 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Sept 8, 1932
I last saw her alive on Sept 8, 1932; death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelial Carcinoma of Cervical Uteri extending into broad ligaments	
Other contributory causes of importance:	
Myocardetis	
Surgery	

Name of operation Amputation Cervix Date of Sept 5/32
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. John A. Morgan, M. D.
(Address) Twin Falls, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80792

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 167

(No. Rex Arms, Apts. Shoshone St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Jessie M. Bascom

(a) Residence. No. Rex Arms Apt, Shoshne, St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Elmer E. Bascom

6. DATE OF BIRTH (month, day, and year) Aug. 2Nd 1885

7. AGE	48 Years	1 Months	2 Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Kans

FATHER

13. NAME Wm. B. Hull

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMENT (Address) Elmer E. Bascom

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Sept 7. 1932

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 9/9, 1932 Elizabeth J. Smith Registrar. Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/4 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h~~im~~ ~~alive~~ on Sept. 4, 1932: death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & hemorrhage from gun shot wound of abdomen.	Instant Death.

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical as there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9-4, 1932
Where did injury occur? at home Twin Falls Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home.
Manner of injury Gun shot wound.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No.

(Signed) F. A. Dwight M.D.
(Address) Filer Ida.

Coroner of Twin Falls Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80793

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 181
(No. Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geraldine Florence Fine

(a) Residence. No. Hagelton Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11-1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hermiston
(State or country) Oregon

FATHER
13. NAME John M. Fine
14. BIRTHPLACE (city or town) Bressett
(State or country) Wash.

MOTHER
15. MAIDEN NAME Blanch Brooks
16. BIRTHPLACE (city or town) Huntsville
(State or country) Wash.

17. INFORMENT (Address) Mrs. J. M. Fine Hagelton, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 9-24, 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 9/24, 1932 George E. Dailey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Sept 22, 1932
I last saw her alive on Sept. 21, 1932: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis - Gas Gangrene bacillus	
Death caused by peritonitis, Sepsis, gangrene of surgical wounds & skin abrasions	

Other contributory causes of importance:

Surgery Tonsilitis & Appendicitis
Arteritis

Name of operation Laparotomy & Tonsils Date of Sept 16
What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Dr. J. E. Morgan, M. D.
(Address) Twin Falls Idaho.

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80794

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 160

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

742

2. FULL NAME Heize G Brauer

(a) Residence. No. Hospital St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	white	devorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Brauer

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Chace Anderson Twin Falls

15. Filed 9/2, 1932 Elizabeth J. Smith Registrar. Act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 1, /32, 19..
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to Sept 1, 1932
that I last saw him alive on Sept 1, 1932
and that death occurred, on the date stated above, at 4P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) [signature] M. D.
Sept 1, 1932 (Address) Twin Falls, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Brimfield Ill	Sept 19

20. Undertaker	Address
F E Drake	Twin

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 21 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 80795

Local Registrar's No. 407

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Retta F. Martin

(a) Residence. No. Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unmarried

6. DATE OF BIRTH (month, day, and year): July 17, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Bureau Vital Statistics

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tennessee

FATHER

13. NAME: Robert B. Martin

14. BIRTHPLACE (city or town) (State or country): Boones Creek Tenn.

MOTHER

15. MAIDEN NAME: Mary Sue

16. BIRTHPLACE (city or town) (State or country): Lynchburg Va

17. INFORMENT (Address): Herbert Martin Nampa Boise Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Boise Date: 10/15/32 193

19. UNDERTAKER: Wm. McBratney (Address) Boise Idaho

20. FILED 10/17/32 193 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Automobile Accident	
(Accidental)	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.....

(Signed) Arthur W. Stahl Coroner, M.D.

(Address) Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80796

PLACE OF DEATH
County of Clearwater
City of Greer

Registration District No. 90
Primary Registration District No. 21 Local Registrar's No. 65
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Emery Burden

(a) Residence. No. Potlatch Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Burden

6. DATE OF BIRTH (month, day and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	35			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm Work
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Potlatch Idaho

PARENTS

10. NAME OF FATHER Jasper S. Burden
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oregon
12. MAIDEN NAME OF MOTHER Chumbley
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unascertained

14. Informant Jessie Burden
(Address) Potlatch Ida

15. Filed 1/7, 1932 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at about 8:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Crushed in Automobile
accident
...(duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary)
...(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wayne L. Herres Coroner, M. D.
..., 19... (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Palouse Wash.	
20. Undertaker	Address
Orofino Mortuary	Orofino Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80797

PLACE OF DEATH
County of Kootenai
City of Coeur

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 66
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orval Burden
(a) Residence. No. Potlatch Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Burden

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mill man
(b) General nature of industry, business, or establishment in which employed (or employer) Saw mill works
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Potlatch Idaho

PARENTS

10. NAME OF FATHER John Burden
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oregon
12. MAIDEN NAME OF MOTHER Austie Hughes
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unascertained

14. Informant Jessie Burden
(Address) Potlatch Ida

15. Filed 11/7, 1932 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at about 9.30 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Crushed in automobile accident

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?.....
Did an operation precede death?..... Date of.....
Was there an autopsy?.....
What test confirmed diagnosis?.....
(Signed) Wayne S. Herris Coroner, M. D.
....., 19.... (Address).....

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Palouse Wash	
20. Undertaker Orofino Mortuary	Address Orofino Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

80798

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80798

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 87

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Lee Birlew

(a) Residence. No. Route #2 St. Parma, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1888

7. AGE: Years 44 | Months 8 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Timberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Nancy J. Birlew

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Winona, Mo. Date Shipped 10/27/32 193

19. UNDERTAKER (Address) McBratney Funeral Home Boise, Idaho

20. FILED 10-27, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 26 1932

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1931, to October 26, 1932

I last saw him alive on October 26, 1932: death is said to have occurred on the date stated above, at 4:10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chr. active	

Other contributory causes of importance:

Toxic Myocarditis with Myocardial degeneration

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

RECEIVED NOV 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

80799

DO NOT WRITE IN THIS SPACE
State File No. 80799

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 56

2. FULL NAME Jack Estes Needham.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Francis Needham.

6. DATE OF BIRTH (month, day and year) July 6 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	3	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manager Drygoods Store.
(b) General nature of industry, business, or establishment in which employed (or employer) J. C. Penney Co.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Anaconda Montana.

PARENTS

10. NAME OF FATHER Arthur A. Needham.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Matilda Tuckfield.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales.

14. Informant Mrs. Jack E. Needham.
(Address) Rigby, Idaho.

15. Filed 10-29, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 27 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That ~~I attended deceased~~ ....., 19..., to ....., 19...
that I last saw him dead on Oct. 28, 1932
and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:
Shock & Loss of blood following the accidental discharge of a gun in posession of the deceased.

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Coroners jury.

(Signed) A B Eckersell Coroner, M. D.
10/29, 1932 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	10/30/32

20. Undertaker A B Eckersell Address Rigby Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

80800

PLACE OF DEATH

County of Ida

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80800

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 288

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick Creedon

(a) Residence. No. 1912 N 11 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 6, 1875

7. AGE: Years 57 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bridge Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grenagh Ireland

FATHER

13. NAME Daniel Creedon

14. BIRTHPLACE (city or town) (State or country) Grenagh Ireland

MOTHER

15. MAIDEN NAME Norah Cogan

16. BIRTHPLACE (city or town) (State or country) Grenagh Ireland

17. INFORMENT (Address) Paul F. Kerwin Boise

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Date 11-3, 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise

20. FILED 11-2, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/22-32, 1932, to Oct 29, 1932

I last saw him alive on 10/27, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	?
of prostate	1

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Ralph Falls, M. D.

(Address) Boise

RECEIVED NOV 3 19[illegible]

STATE OF IDA
DEPARTMENT OF PUBL
BUREAU OF VITAL STATISTI

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80801

PLACE OF DEATH

County of Power — Arbon C.O.

City of ~~American Falls~~

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 26

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward Keeler

(a) Residence. No. Farmer in Arbon Valley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Julia Ann Keeler

6. DATE OF BIRTH (month, day, and year) 12/2/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cherokee Kansas

FATHER

13. NAME Ebenezer Keeler

14. BIRTHPLACE (city or town) (State or country) Elkhart Indiana

MOTHER

15. MAIDEN NAME Sarah Redd

16. BIRTHPLACE (city or town) (State or country) Missouria

17. INFORMENT (Address) Julia Ann Keeler

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Ida Date 10/7/32 193

19. UNDERTAKER McHan Undertaking Co. (Address) Pocatello

20. FILED 10/8/32 193 Genevieve Nott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on ..., 193...: death is said to have occurred on the date stated above, at 9:30 Am.

The principal cause of death and related causes of importance were as follows: Date of onset

Suicide - Left two notes confirming this fact. Used a 38 Colt Revolver shooting only three - Head near Occipital Region

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

~~Accident~~, suicide, or ~~homicide~~? ... Date of injury ..., 193..

Where did injury occur? Boise, Ada, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home (front porch)

Manner of injury ...

Nature of injury Bullet wound

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank Hoch acting Coroner

(Address) Am. Falls, Ida.

Justice of the Peace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20802

DO NOT WRITE IN THIS SPACE
State File No. 80802

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 90

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adolph Strom

(a) Residence. No. 93 Carr Fork St. Bingham, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME John Krumstrom

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Anna Johnson

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT Audrie M. Fleming
(Address) V. A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Bingham, Utah Date 10/31/32

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-31, 1932. W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 30 1932

22. I HEREBY CERTIFY, That I attended deceased from September 30, 1932 to October 30, 1932

I last saw him alive on October 30, 1932; death is said to have occurred on the date stated above, at 6:25p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, chronic,	
pulmonary, far advanced, active.	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. SMITH, M. D.

(Address) V. A., Boise, Idaho

RECEIVED NOV 5 1932

80804

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80804

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 129

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ivan Edward Swift

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lucy Swift

6. DATE OF BIRTH (month, day, and year) 1897-5-23

7. AGE Years 35 Months 5 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) 1932-10-8
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tom Lynn Mich.

FATHER
13. NAME Carlton E. Swift
14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER
15. MAIDEN NAME Cora McCrum
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Lucy H. Swift Harrison

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Ida Date 10-10, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Harrison Idaho

20. FILED 10-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.....alive on ....., 193...; death is said to have occurred on the date stated above, at 11 A m. about
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	Oct 8-32

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/8, 1932
Where did injury occur? Harrison Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury In digging well
Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Well digging
(Signed) [illegible], M. D.
(Address) St Maries Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

80805

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of CUSTER
MACKAY
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16
Primary Registration District No. 2153

DO NOT WRITE IN THIS SPACE
State File No. 80805

Local Registrar's No. 162

(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JENNIE CARLETTE BRASHEAR

(a) Residence. No. MACKAY IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of W H BRASHEAR

6. DATE OF BIRTH (month, day, and year) 1/31/1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc H-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 8/1/32

11. Total time (years) spent in this occupation 41 yrs

12. BIRTHPLACE (city or town) (State or country) SALT LAKE CITY UTAH

FATHER

13. NAME JAMES HUNTER

14. BIRTHPLACE (city or town) (State or country) PAISLEY SCOTLAND

MOTHER

15. MAIDEN NAME JANE BROWN

16. BIRTHPLACE (city or town) (State or country) ISLE OF MAN

17. INFORMENT (Address) W H Brashear

18. BURIAL, CREMATION, OR REMOVAL
Place Salt Lake City Utah Date 10/17/32 193

19. UNDERTAKER Isaac Nicholas
(Address) Grace Idaho

20. FILED Oct 17 1932 Rose Nowoch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/12/32 193

22. I HEREBY CERTIFY, That I attended deceased from 8/28/32, 193, to 10/12/32, 193
I last saw her alive on 10/12/32, 193: death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
UREMIA, acute	10/9/32
GLOMERULONEPHRITIS, chronic	10 yrs
CARDIAC DILATATION, acute	24 hrs
Other contributory causes of importance:	
MYOCARDITIS	5 yrs

Name of operation Date of
What test confirmed diagnosis clin. symp. Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify no
(Signed) J. P. Richards, M. D.
(Address) Mackay Idaho

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80806

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 364
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul A. Mesecher.
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, Divorced (write the word.) Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Mesecher.
6. DATE OF BIRTH (month, day and year) Nov. 13 - 1893
7. AGE Years 38 Months 11 Days 18 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Washington
PARENTS
10. NAME OF FATHER Frank Mesecher
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri
12. MAIDEN NAME OF MOTHER Alice Stith
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Missouri
14. Informant (Address) Mrs Esther Mesecher Boise Idaho.
15. Filed Nov 1st, 1932 F. H. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 31, 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw him alive on Oct 31 1932
and that death occurred, on the date stated above, at m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: (auto accident)
Internal hemorrhage
One & one half hours
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Concussion of chest
One & one half hours (duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? History
(Signed) F. A. Dwight, M. D.
Oct 31 1932 (Address) Tabor Corner of Town Falls Co.
19. Place of Burial, Cremation, or Removal Briggs Ore. Date of Burial Nov. 5 1932
20. Undertaker D. E. Johnson Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 9 1932

80807

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80807

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 411
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

71a

2. FULL NAME MARK SHERMAN GEYER

(a) Residence. No. 182 Hawthorne St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) 2/9/1875

7. AGE: Years 57 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mail Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Post Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ~~16~~ 37

12. BIRTHPLACE (city or town) (State or country) South Bend Indiana

FATHER
13. NAME Jacob Geyer
14. BIRTHPLACE (city or town) (State or country) Canton Ohio

MOTHER
15. MAIDEN NAME Sarah Harris
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) J. Mark Geyer 182 Hawthorne

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date 10/22/32

19. UNDERTAKER McHan Funeral Home (Address) Pocatello

20. FILED 10/20/32 193 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932, to Oct 19, 1932
I last saw him alive on Oct 19, 1932: death is said to have occurred on the date stated above, at 2:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute septic meningitis (strepto coccus)	Oct. 18, 1932

Other contributory causes of importance:

Chr. Purulent Ethmoiditis	12 or 13 years

Name of operation Ethmo Sphenoid exenteration Date of 10-17-32
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) C. W. Lord, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80808

PLACE OF DEATH

County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 126

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leon Samuel Prater

(a) Residence. No. Caldwell #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Emma D. Prater

6. DATE OF BIRTH (month, day, and year) July 29 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tennessee

FATHER

13. NAME Burl Prater

14. BIRTHPLACE (city or town) (State or country) Not known " "

MOTHER

15. MAIDEN NAME Jane Cassy

16. BIRTHPLACE (city or town) (State or country) Not known " "

17. INFORMENT (Address) Emma Prater Caldwell Ida R#2

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem Date 11-8, 1932

19. UNDERTAKER (Address) Caldwell Ida

20. FILED 11-8, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1932, to Nov. 1, 1932

I last saw him alive on Oct. 31, 1932: death is said to have occurred on the date stated above, at 11-45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David E Barrol, M. D.

(Address) Caldwell Ida

RECEIVED NOV 9 1932

80810

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80810

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 408

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1882

2. FULL NAME Clarence Edgar Bacock.

(a) Residence. No. Albion, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/14/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. College President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Castleton Vermont
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Clarence Stevenson
(Address) Albion

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Burley Date Oct 15, 1932

19. UNDERTAKER D. A. Johnson
(Address) Burley

20. FILED 10-16 1932 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Automobile Accident	
(Accidental)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur W Hall Coroner

(Address) Pocatello.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Benewah
City of St. Maries

DO NOT WRITE IN THIS SPACE
State File No. 80811

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

171

2. FULL NAME Karl Berglund

(a) Residence. No. unknown St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. saw mill

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation about 14 yrs.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Dr. O. D. Platt Coroner St. Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St. Maries Date Nov 16, 1932

19. UNDERTAKER (Address) Grob Mitchell St. Maries

20. FILED Nov. 14, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/11 1932

22. I HEREBY CERTIFY, That I attended deceased from ✓ ....., 193...., to ✓ ....., 193....

I last saw him alive on ✓ ....., 193....: death is said to have occurred on the date stated above, at 3 A m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicidal Severing Jugular Vein Haemorrhage	

Other contributory causes of importance:
Self inflicted with Razor.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ✓, 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Owen D. Platt, Coroner, M. D.
(Address) St. Maries, Ida.

(Owen D. Platt)

RECEIVED NOV 23 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80812

PLACE OF DEATH
County of CUSTER
City of MACKAY

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 165

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JAMES HENRY MUFFETT

(a) Residence. No. MACKAY IDAHO St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of MARIA MUFFETT

6. DATE OF BIRTH (month, day, and year) 1/12/1858

7. AGE: Years 74 | Months 9 | Days 22 | If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. MINER, Quartz
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MINE LEASER
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) SCOTLAND

FATHER

13. NAME JOHN MUFFETT
14. BIRTHPLACE (city or town) (State or country) ENGLAND

MOTHER

15. MAIDEN NAME MARY PASCO
16. BIRTHPLACE (city or town) (State or country) ENGLAND

17. INFORMENT (Address) ALBERT J. MUFFETT MACKAY IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place Mt. McCoy Date Nov. 10, 1932

19. UNDERTAKER Mackay Mortuary (Address) Mackay Idaho

20. FILED Nov. 15 1932 Rose Nowack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/9/32 193

22. I HEREBY CERTIFY, That I attended deceased from 7/9/32, 193.., to 11/9/32, 193..
I last saw him alive on 11/9/32, 193.., death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIAL SCLEROSIS	1922
CHRONIC INTERSTITIAL NEPHRITIS	1929
Other contributory causes of importance:	
ADENOMA PROSTATE GLAND	1930

Name of operation .... Date of ....
What test confirmed diagnosis Clin. Symp. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....
(Signed) F. P. Richards, M. D.
(Address) MACKAY IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 12 1932

80813 ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80813

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 284

(No.) 74
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George S. Bartlett

(a) Residence. No. 117 East Bannock St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jenny Kinney

6. DATE OF BIRTH (month, day, and year): July 30, 1861

7. AGE: 71 Years | Months: 2 | Days: 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Bank
10. Date deceased last worked at this occupation (month and year): October 1932
11. Total time (years) spent in this occupation: 49

12. BIRTHPLACE (city or town) (State or country): South Milford Indiana

FATHER
13. NAME: George R. Bartlett
14. BIRTHPLACE (city or town) (State or country): Augusta N.Y.

MOTHER
15. MAIDEN NAME: Catharine Arnold
16. BIRTHPLACE (city or town) (State or country): West Stockbridge Mass.

17. INFORMENT (Address): Frederick A Bartlett

18. BURIAL, CREMATION, OR REMOVAL Place: Boise Date: 10-31-1932 Morris Hill

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 10-31, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Oct 26, 1932; death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	10/27/32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) N. A. Roelsch, M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80814

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 275

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Eliza Ferrell

(a) Residence. No. Eagle, Idaho. R#1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of George B. Ferrell.

6. DATE OF BIRTH (month, day, and year) Sept. 9-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willard, Utah.

FATHER

13. NAME James Wake.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Eliza Brewerton.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) George B. Ferrell Eagle, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 10-21-32

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho

20. FILED 10-20, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/18/32 193

22. I HEREBY CERTIFY, That I attended deceased from 1923, 193..., to Oct 18, 193 2

I last saw her alive on Oct 17, 193 2: death is said to have occurred on the date stated above, at 1. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis and Myocarditis	
High Blood Pressure	

Other contributory causes of importance:

Cardiac decompensation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Reno Nusbaum, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80815

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 79

(No. Boise, Idaho. Rt. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Bruce Bloom.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Bloom.

6. DATE OF BIRTH (month, day, and year) Jan. 31-1870

7. AGE: Years 62 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Roadmaster for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.V.T.Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Table Rock, Neb.

FATHER
13. NAME James W. Bloom.
14. BIRTHPLACE (city or town) (State or country) Clinton Co., Ohio

MOTHER
15. MAIDEN NAME Rebecca Zimmerson.
16. BIRTHPLACE (city or town) (State or country) Lee Co., W. Va.

17. INFORMENT (Address) Arthur Bloom. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 10/14/32 193

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 10-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/11/32 193

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to Oct 10, 1932
I last saw h... alive on Oct 10, 1932 death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Febris	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M.D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80816

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 271

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

9/30-1932

2. FULL NAME William Dayton Stevens. 89

(a) Residence. No. 1201. N. 17 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Emma May Stevens.

6. DATE OF BIRTH (month, day, and year) April. 26. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72.	5	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Building

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Napolion, Ohio.

FATHER

13. NAME John. W. Stevens.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Ann Myers.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. Emma May Stevens. 1201. N. 17 th Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date October. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-15, 1932 W. V. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 6/19/28, 193 to 10/12/32, 193

I last saw h— alive on 9/30, 193 2: death is said to have occurred on the date stated above, at 9:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1929
Essential Hypertension	1928

Other contributory causes of importance:

Name of operation ——— Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernest E. Lawbaugh, M. D.

(Address) Boise, Idaho

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80817

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1064 Local Registrar's No. 268

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roussi. A. Poppoff.

(a) Residence. No. 611. Grove. Street. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of None.

6. DATE OF BIRTH (month, day, and year) April. 20. 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57.	5	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bulgaria.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Clyde. E. Summers. 906. Bannock Street. Boise.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date. Oct. 14. 1932.

19. UNDERTAKER Summers & Knebs.
(Address) Boise, Idaho.

20. FILED 10-13, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from October 8, 1932 to , 193 .

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Dropped dead.	

Other contributory causes of importance: Had High Blood Pressure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Clyde. E. Summers Coroner, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80818

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Nella Holtz
(a) Residence. No. Meridian St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Benjamin Holt

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 91 | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tromso Ho

FATHER
13. NAME Christian Christoferson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Miss Emma Westerheim Meridian Id.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) W S Mater Meridian Id.

20. FILED ....., 193 H F Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.....alive on 7-8, 1932; death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H F Neal, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80819

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 78

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar Cathcart.

(a) Residence. No. Ada County Hospital. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 28. 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71.	11	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Clyde. E. Summers. 906. Bannock Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Oct. 11. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 10-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to Oct 9, 1932
I last saw him alive on Oct 7, 1932; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 1932
Other contributory causes of importance:	
Second Hemorrhage and Hemiplegia.	Oct 6 1932

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Ada County Insfirmery

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Bradbury, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 11
Primary Registration District No. 2003

DO NOT WRITE IN THIS SPACE
State File No. 80820

Local Registrar's No. 14

74a

(No. ~~7~~ 5 Colestock St.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Colestock Sparkey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or ~~Divorced~~ (write the word): Widow

5a. If married, widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of Vance Murphey

6. DATE OF BIRTH (month, day, and year) Sept 19 1850

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret. 15 yrs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Iowa

FATHER

13. NAME James Redpath
14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Louisa Colestock
16. BIRTHPLACE (city or town) (State or country) Harrisburg Pennsylvania

17. INFORMENT (Address) Edna Murphy Meridian Ada

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Mora Hill Date Aug 1, 1932

19. UNDERTAKER C. W. Robison
(Address) Meridian Ida

20. FILED July 2, 1932 J. F. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 193 , to July 30, 193 2
I last saw h alive on July 20, 193 2; death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. F. Reed, M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Jan RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80821

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 263

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mrs. Josephine Olson.

(a) Residence. No. 403 Bannock St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lawrence W. Olson.

6. DATE OF BIRTH (month, day, and year) June 17-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville, Ill.

FATHER

13. NAME ------Lyon

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Mary E. Lewis.

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) Lawrence G. Olson. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 10/3/32

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 10-4, 1932 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/1/32

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1932, to Oct. 1, 1932

I last saw her alive on Sept. 30, 1932; death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept. 24

Other contributory causes of importance:

Arterio-sclerosis
Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) H. G. Wellman, M. D.

(Address) Boise, Idaho.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80822

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 281

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emuline M. Larson.

(a) Residence. No. 615. S. 13 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 17. 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clark County Illinois.

FATHER

13. NAME Aaron Clark.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Ellen Eliza Wolfe.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Mrs. Sophia Shores. 615. S. 13 th Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date October. 28. 1932

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 10-27. 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932, to Oct 26, 1932

I last saw her alive on Oct 26, 1932; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 15
Senility and Debility	

Other contributory causes of importance:

Aortea-sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert E. Cochran D.O. M.D.

(Address) 325 Idaho Bldg

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—MARGIN RESERVED FOR BINDING—PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 3

PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 11

Primary Registration District No. 2003

DO NOT WRITE IN THIS SPACE
State File No. 80823

Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Ruth Coggins

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E. S. Coggins

6. DATE OF BIRTH (month, day, and year) April 17, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spring Green Wisconsin

FATHER

13. NAME Thomas Mabbett

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Nellie Farewell

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Guy Mabbett Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date 10-31, 1932

19. UNDERTAKER E. N. Robinson (Address) Meridian Ida.

20. FILED Oct 30 1932 H. F. Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1932, to Oct 29, 1932

I last saw her alive on Oct 29, 1932; death is said to have occurred on the date stated above, at 11-30 A.P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
Other contributory causes of importance: high blood pressure	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) H. F. Neal, M. D.

(Address) H. F. Neal

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80824

County of Ada
City of
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 86

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James. T. Black.

(a) Residence. No. 1 Mile south of Cloverdale School. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 24. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74.	7	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baldwin, Illinois

FATHER

13. NAME Thomas Black.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Mc Millan.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Glen Black. R.D. # 2. Meridian, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Oct. 25. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10 24 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 1928, 193..., to Oct 23, 1932

I last saw h alive on Oct 22, 1932; death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 1931
Ulcer of stomach	1928

Other contributory causes of importance:
High blood Pressure + Arterio-sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Reno Number, M. D.
(Address) Boise Ida

RECEIVED NOV 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80825

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 280

(No.) 1a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Marion Strawn.

(a) Residence. No. 1701. Colorado Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 9. 1918.

7. AGE: Years 13. Months 10. Days 15. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Souix City Iowa.

FATHER
13. NAME Benjamin. M. Strawn.
14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER
15. MAIDEN NAME Mamie Harden.
16. BIRTHPLACE (city or town) (State or country) Minnesota.

17. INFORMENT (Address) Benjamin. M. Strawn. 1701. Colorado St. R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Oct. 26. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-26 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to Oct 24, 1932
I last saw him alive on Oct 24, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	probably above Oct 5/32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H M Folverson, M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80826

PLACE OF DEATH
County of Ida
near
City of Eagle

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 89

(No.) 16
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Patterson Cooper

(a) Residence (Usual place of abode) No. 2 Miles N.W. of Eagle St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katherine Cooper

6. DATE OF BIRTH (month, day, and year) Feb 24-1884

7. AGE Years 48 Months 8 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Boiler Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caney, Kansas

FATHER
13. NAME Joseph B. Cooper
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Emma Patterson
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Pearl H. Gay 4133 Woodland Kans. City Mo.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Ia Date 10-29-1932 Morris Hill

19. UNDERTAKER (Address) Schreiber & Wm Cam Boise, Ida

20. FILED 10-31, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 2, 1932, to Oct 26, 1932

I last saw him alive on Sep 2, 1932 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amoebic Dysentery	Years ago

Other contributory causes of importance:

Secondary Anaemia & Myocarditis	Sep 2

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. N. Braxton, M. D.

(Address)

Proxtore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1932 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80827

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 282

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy Oscar Wood. 31

(a) Residence. (No.) Meridian, Idaho. R2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Feb. 9-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Everetton, Mo.

FATHER

13. NAME John F. Wood.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Rhoda Marcum.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Ernest Wood. Meridian, Ida. R#.2

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cemetery Date 10/27/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 10-27, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/25/32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary chronic acture	

Other contributory causes of importance:

Tuberculous Meningitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Maggie Ward, M. D.

(Address) Boise, Idaho.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80828

PLACE OF DEATH
County of Ada
City of Eagle

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 21

(No.) 31
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernestine Moon

(a) Residence. No. Eagle Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Carlos E. Moon

6. DATE OF BIRTH (month, day, and year): May 16 - 1897

7. AGE: Years 34; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Belleville Kansas

FATHER
13. NAME: G. J. Collins
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Emma Hall
16. BIRTHPLACE (city or town) (State or country): Lee County Iowa

17. INFORMENT (Address): Carlos E. Moon

18. BURIAL, CREMATION, OR REMOVAL Place: Joplin Cemetery Date: 5-15-, 1932

19. UNDERTAKER: W. S. Mateer
(Address): Meridian Idaho

20. FILED 5-13, 193 W. F. Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-13- 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1932, to 5-13, 1932
I last saw her alive on 5-12, 1932: death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	
2 Hrs Intermittent	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. F. Neal, M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

PLACE OF DEATH

County of Ida

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80829

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME James Richard Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Malvina J. Clark

6. DATE OF BIRTH (month, day, and year): Feb 17 - 1858

7. AGE: Years 74 | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Real Estate Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryville Tenn.

FATHER

13. NAME: Philander Harvey Clark

14. BIRTHPLACE (city or town) (State or country): Maryville Tenn.

MOTHER

15. MAIDEN NAME: Mary A. DeArmond

16. BIRTHPLACE (city or town) (State or country): Maryville Tenn.

17. INFORMENT (Address): Jeannette C. Loomis, Meridian Id.

18. BURIAL, CREMATION, OR REMOVAL Place: Meridian Date: Nov 1, 1932

19. UNDERTAKER (Address): W. B. Mateer, Meridian Id.

20. FILED: 11-1, 1932 H F Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10 - 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 9.25, 1932, to 10 - 30, 1932

I last saw him alive on 10.30, 1932; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inf. Splenitis	
following Emboli	
with Infected left	
lung	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H F Neal, M. D.

(Address) Meridian Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 12 1932

PLACE OF DEATH

County of Ada

City of Star.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80831

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 88

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph. A. Noland.

(a) Residence. No. Star Idaho. (Usual place of abode) Died in Auto on way to St Alphonsus Hospital (If nonresident, give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lucille. A. Noland.

6. DATE OF BIRTH (month, day, and year) Oct. 29. 1895.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	11	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweet Idaho.

FATHER

13. NAME Frank. A. Noland.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Ada. G. Ireton.

16. BIRTHPLACE (city or town) (State or country) SWEET Idaho.

17. INFORMENT (Address) Lucille. A. Noland. Star Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Oct. 30. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-28, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 193

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 193 2, to , 193 .

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Broken neck. Hit by Automobile on State Highway, near Star Idaho. Parties in auto unknown

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Oct 26-1932 Date of injury , 193

Where did injury occur? Near Star Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Clyde E. Summers Coroner, M. D.

(Address) Boise Idaho 449 Court

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80832

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 267

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 F

2. FULL NAME Alice Florence Campbell

(a) Residence. No. 1317 Bannock St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Arthur A. Campbell

6. DATE OF BIRTH (month, day, and year) Oct. 8th 1888

7. AGE Years 43 Months 11 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mt Pleasant Utah

FATHER
13. NAME Samuel L. Shelley
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Marian Burnside
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Arthur A. Campbell Boise

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 10-7, 1932 Morris Hill

19. UNDERTAKER (Address) Schreiber & Mr. Cameron Boise, Ida

20. FILED 10-7, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 19th, 1932, to Oct. 5th, 1932
I last saw her alive on Oct 5th, 1932: death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency, chronic Arrythmia	?

Other contributory causes of importance:

Acute spastic paraplegia apparently due to hemorrhage in lumbar cord, 33 hrs before death	10-4-32

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. M. Taylor, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

J. M. Taylor

RECEIVED NOV 12 1932

Bruton

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80833

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 279

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Emily Mitten Ferguson.

(a) Residence. No. 1707. N. 9 th Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 4. 1860.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71.	10.	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Capetown
(State or country) South Africa.

FATHER

13. NAME John Bourne.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMENT Jess Mitten.
(Address) 1707. N. 9 th Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pioneer Cemetery. Oct. 20. 1932. Date, 193

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-26 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1932 to Oct 17, 1932

I last saw her alive on Oct 16, 1932: death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertention Chronic Myocarditis & Bronchial asthma	

Other contributory causes of importance:

Acute Lobar Pneumonia of right lower lobe	Oct 2, 1932

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. N. Bradbury, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Meridian
R 3.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 11
Primary Registration District No. 2008

DO NOT WRITE IN THIS SPACE
State File No. 80834

Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Robert Towle.

(a) Residence. No. 1015. N. 9 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Grace R. Towle.

6. DATE OF BIRTH (month, day, and year) Dec. 17. 1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Optician.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Grace. R. Towle. 1015. N. 9 th Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Oct. 30. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED Oct 28, 1932 J. P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1932, to , 193
I last saw him alive Oct 27 1932; death is said to have occurred on the date stated above, at 6.40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull, Contusion Head of Boys on Highway 1 1/2 miles East of Meridian Idaho	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Clyde E. Summers Coroner of Ada County
(Address) Boise Idaho,

RECEIVED NOV 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80835

PLACE OF DEATH
County of Ada
City of Kuna

Registration District No. 124
Primary Registration District No. 2202
Local Registrar's No. 217

(No.) 188e
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph H Young
(a) Residence. No. Kuna Id (Idaho) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Henrietta Young

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 75 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn -

FATHER
13. NAME David Young.
14. BIRTHPLACE (city or town) (State or country) Penn -

MOTHER
15. MAIDEN NAME Hannah Evans
16. BIRTHPLACE (city or town) (State or country) Penn -

17. INFORMENT (Address) E. O. Young Kuna Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kuna Id Date ..., 193

19. UNDERTAKER (Address) N S Mater Meridian Id

20. FILED 10-30, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 32- 3. P.M. to 9.25 P.M., 193..., to ..., 193...
I last saw him alive on 10-20, 193...: death is said to have occurred on the date stated above, at 9.25 P.M.
The principal cause of death and related causes of importance were as follows:

Fell from a truck on his face. He sustained a fracture in the anterior part of the base of his skull.

Other contributory causes of importance:

Date of onset

Name of operation None. Date of -
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193
Where did injury occur? In Kuna near Depot.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On a public road.
Manner of injury Truck was turning on the road, He was standing: Fell of
Nature of injury Fracture at base of brain.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) F. J. Coleman, M. D.
(Address) Kuna, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 [illegible]

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80836

PLACE OF DEATH
County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 82

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Alois Skerik.

(a) Residence. No. Died 4 Miles east of Boise. near U.P. R.R. Track.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 10. 1884.

7. AGE Years 48. Months 5. Days 4. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia.

FATHER
13. NAME John Skerik.
14. BIRTHPLACE (city or town) (State or country) Bohemia.

MOTHER
15. MAIDEN NAME Barbara Vytlacil.
16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMENT (Address) Joseph Skerik. 903.- 3 Rd Ave South. Great Falls Montana.

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Cemetery. Date Oct. 20. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-17, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 14 1932

22. I HEREBY CERTIFY, That I ~~attended~~ ~~deceased from~~ Oct 14, 1932, to saw, 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Suicide, Shot himself in head with 32, Caliber revolver.

Date of onset

Other contributory causes of importance: Bad health, and out of employment.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clyde E. Summers Coroner, M. D.

(Address) Boise Idaho

RECEIVED NOV 1 1932

PLACE OF DEATH

County of Ada

City of Boise

WELLS.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80837

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 834

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Wells, Meade Lawwill.

(a) Residence. No. Lived 1. Miles S.E. of Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Verna Lawwill.

6. DATE OF BIRTH (month, day, and year) October. 30. 1909.

7. AGE: Years 22 | Months 11 | Days 23. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell, Idaho.

FATHER
13. NAME John. F. Lawwill.
14. BIRTHPLACE (city or town) (State or country) Marysville. Kentucky.

MOTHER
15. MAIDEN NAME Jennie. O. Oxley.
16. BIRTHPLACE (city or town) (State or country) Cincinatti Ohio.

17. INFORMENT (Address) John. F. Lawwill. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date Oct. 25. 1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-24 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 23 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ saw Oct 23, 1932, to ....., 193...

I last ~~saw h alive on~~ ....., 193...: death is said to have occurred on the date stated above, at 8 05 P M m.

The principal cause of death and related causes of importance were as follows:

Suicide. Shot himself in head with 32 Caliber revolver.

Other contributory causes of importance: Domestic troubles

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Clyde E. Summers Coroner ad Ada County M.D.

(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED NOV 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80838

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 264

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

165

2. FULL NAME Mrs. Inez Virginia Banks.

(a) Residence. No. Banks, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of M. R. Banks.

6. DATE OF BIRTH (month, day, and year) Aug. 23-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska.

FATHER

13. NAME Dave Silivan.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) M. R. Banks. Banks, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Emmett, Idaho. Date Shipped 10/5/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 10-4, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/5/32 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 193?, to Oct 5, 193?

I last saw her alive on Oct 4, 193?: death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of Mercury Poisoning	Oct 1 193?
Self Administered	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Forbush, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80839

PLACE OF DEATH

County of Ada

City of Boise. Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 273

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Charles W. Parker.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place County Cemetery. Date 10-18-32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 10-18, 1932 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/16/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Oct 16, 1932
I last saw h. alive on Oct 16, 1932: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility and Volvulus of Colon	Oct 10, 1932

Other contributory causes of importance:
Exhaustion following operation

Name of operation Lap for Volvulus Date of Oct 12
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. N. Braxton, M. D.
(Address) Boise, Idaho.

RECEIVED NOV 1 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80840

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 269

(No. 1213 N. 5th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159 A

2. FULL NAME Arron Rex Larsen

(a) Residence. No. Melba, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Sept. 1-1932

7. AGE Years | Months 1 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

FATHER

13. NAME A. Rudolph Larsen

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Mary Allred.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) A. R. Larsen. Melba, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 10/12/32 193

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 10-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/11/32 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Oct 11, 1932

I last saw him alive on Oct 11, 1932 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Failure of closure of foramen ovale

Date of onset

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 193

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alfred Rudy E Jr M.D., M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 12 1932

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MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80841

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 262
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Susan Pancoast Smith.

(a) Residence. No. 1607. N. 14 th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James Warren Smith.

6. DATE OF BIRTH (month, day, and year) Dec. 19. 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	9	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem. (State or country) New Jersey.

FATHER

13. NAME John. M. Pancoast.

14. BIRTHPLACE (city or town) New Jersey. (State or country)

MOTHER

15. MAIDEN NAME Annie Miller.

16. BIRTHPLACE (city or town) (State or country) New Jersey.

17. INFORMENT James Warren Smith. (Address) 1607. N. 14 th Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Oct. 4. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 10-3, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jany 20, 1932, to Oct 2, 1932
I last saw he alive on Sept 30, 1932; death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	
Metastatic Carcinoma involving Ovaries.	
Other contributory causes of importance: Cancer of Breast 2 years Standing.	

Name of operation Right Mastectomy Date of 1/20/32
What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) James Stewart, M. D.
(Address) Boise Idaho

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RECEIVED NOV 12 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80842

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 80

(No. 1st & Garden Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Sarah Walker Smith

(a) Residence. No. 1st & Garden Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Jesse L. Smith

6. DATE OF BIRTH (month, day, and year) June 30-1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska.

FATHER

13. NAME Loren Walker.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Levina Smith.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Mrs. Clarence Borup. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date 10/16/32

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 10-14, 1932 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/12/32 193

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to Oct 12, 1932
I last saw her alive on Oct 12, 1932: death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal disease.	Beyond Guess.
Diabetis.	1920
hypertension.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? P. E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Orval T. Hokes, M. D.
(Address) Boise, Idaho.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80843

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 83

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Emanuel C. Madsen

(a) Residence. No. 661 East 8th North St. Logan, Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Teona Madsen

6. DATE OF BIRTH (month, day, and year) Dec. 3, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Mr.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Logan, Utah Date Shipped 10/22/32

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 10-21, 1932 W. W. Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 21 1932

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1932, to October 21, 1932

I last saw him alive on October 21, 1932, death is said to have occurred on the date stated above, at 3:40a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydronephroma, bilateral	
Other contributory causes of importance:	
Acute Uremia	

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80844

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 85
(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME William I. Sherrod

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Feb. 17-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Huntsville, Ark.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. B. Johansen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 10/24/32 193

19. UNDERTAKER Wm. McPratney. (Address) Boise, Idaho.

20. FILED 10-24, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/22/32. 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932, to Oct 22, 1932
I last saw h im alive on Oct 20, 1932: death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Don't Know

Other contributory causes of importance:

Pulmonary Oedema	Oct 20

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. H. Brayton, M. D.
(Address) Boise, Idaho.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80845

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 81

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Leslie Franklin Cutright

(a) Residence. No. (Usual place of abode) St. New Plymouth, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER
13. NAME S. I. Cutright
14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho
18. BURIAL, CREMATION, OR REMOVAL Newton, W. Virginia. Date Shipped 10/19/32
19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho
20. FILED 10-19 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1929 193 , to October 17 , 1932
I last saw him alive on October 17 , 1932 : death is said to have occurred on the date stated above, at 11:00a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary,	
chronic, active	
Other contributory causes of importance:	
Myocarditis, acute	

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. C. SMITH, M. D.
(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ada
City of Meridian Id

DO NOT WRITE IN THIS SPACE
State File No. 80846

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret E Tague 33

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) M

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fred L. Tague

6. DATE OF BIRTH (month, day, and year) March 14-1903

7. AGE Years 29 Months 4 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toronto Canada

FATHER
13. NAME Thomas H White
14. BIRTHPLACE (city or town) (State or country) Ontario Canada

MOTHER
15. MAIDEN NAME Lydia Coutts
16. BIRTHPLACE (city or town) (State or country) Ontario Canada

17. INFORMENT (Address) Mrs. T. H. White Meridian Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cemetery Date July 26, 1932

19. UNDERTAKER (Address) N S Mateer Meridian Id

20. FILED July 26, 1932 H F Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1932, to July 24, 1932
I last saw her alive on 7-23, 1932; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
T. B. J. entire intestinal tract following operation	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify H. F. Neal
(Signed) ..... M. D.
(Address) Meridian Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80847

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 265

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

37b

2. FULL NAME Mrs. Katherine Sims

(a) Residence. No. 428 Pioneer Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: Black
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of A. Z. Sims

6. DATE OF BIRTH (month, day, and year) May 19-1876

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Corine, Utah.

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Bessie Neal. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 10-7-32, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 10-5, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/4/32 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Oct 4, 1932

I last saw her alive on Oct 4, 1932 death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Dont know

Other contributory causes of importance:

Hydrothorax & Exaustion	6 mo.

Name of operation Paracentesis Date of several times

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. N. Braxton, M. D.

(Address) Boise, Idaho.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80848

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 277
(No. St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

38

2. FULL NAME H. A. Braun
(a) Residence. No. No 7 Cabin 7th & Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Dont Know
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) —
7. AGE About Years 65 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laboran
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dont Know
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) A. Schreiber
County Plot Boise
18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery Date 10-19 1932
19. UNDERTAKER (Address) Schreiber & Mc Cann Boise, Ida
20. FILED 10-24, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 21, 1932
I last saw him alive on Oct 21, 1932 death is said to have occurred on the date stated above, at 11.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Heart	

Other contributory causes of importance:
Aortitis + Pulmonary Edema

Name of operation None Date of
What test confirmed diagnosis? Wasserman Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. M. Braxton, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED NOV - 3 1932

A B Boeck ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80849

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 276

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza Hansen.

(a) Residence. No. 1014. Euclid. Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Charles Hansen.

6. DATE OF BIRTH (month, day, and year): Feb. 6. 1883.

7. AGE: Years 49 | Months 10 | Days 12. | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England.

FATHER
13. NAME: Henry Steele.
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): Charles Hansen. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Morris Hill Cemetery Date: Oct. 20. 1932.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 10-20 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 18 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Oct 18, 1932
I last saw her alive on Oct 10, 1932: death is said to have occurred on the date stated above, at 5:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach	July 1931

Other contributory causes of importance:

Exploratory Laparotomy
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A B Boeck, M. D.
(Address) Boise Ida

RECEIVED NOV 1 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80850

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 266

(No. Dr. Lukes 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily Ingraham
(a) Residence. No. Grand View St. Bonneville Co Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Frank B. Ingraham

6. DATE OF BIRTH (month, day, and year): 7-4-1862

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): London England.

FATHER
13. NAME: J. Smith
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Apelaby
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Frank Ingraham Grand View Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Morris Hill Boise Idaho Date: 10-6, 1932
19. UNDERTAKER (Address): Schreiber & McCann Boise Ida
20. FILED 10-7, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 4 1932
22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to Oct 4, 1932
I last saw h alive on Oct, 1932. Death is said to have occurred on the date stated above, at 11.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation: Exploratory Section Date of: 7/28/32
What test confirmed diagnosis: Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Stewart, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 10V 1932

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80851

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 272

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Mattie Pearl Boswell.

(a) Residence. No. Near Whitney School. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow,

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17. 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	10.	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jasper County Missouri.

FATHER

13. NAME John Rickman.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Amanda Owen.

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) Mrs. Margaret. S. Hudson. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Portland Oregon Oct. Date 18. 1932., 193

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-17, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Oct 15, 1932

I last saw her alive on Oct 15, 1932: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary anemia and Inanition following Carcinoma uterus and lower bowel	

Other contributory causes of importance: Carcinoma uterus and lower bowel

Name of operation Date of

What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas V. Genoway, M. D.

(Address) 618 Eastman Bldg Boise Ida

RECEIVED NOV 9 1932

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80852

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Etta Belle McKie

(a) Residence. No. Meridian Id St. 47
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or) WIFE of~~ Wife Lenord McKie

6. DATE OF BIRTH (month, day, and year) Mar-2-1886

7. AGE Years 46 Months 4 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Walnut Shade Missouri

FATHER
13. NAME E F Crawford
14. BIRTHPLACE (city or town) (State or country) Springfield Missouri

MOTHER
15. MAIDEN NAME Emma Stutzman
16. BIRTHPLACE (city or town) (State or country) Goshen Ind

17. INFORMENT (Address) E F Crawford Meridian Ro 2

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Aug 27, 1932

19. UNDERTAKER (Address) W S Mater Meridian

20. FILED Aug 26, 1932 H F Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug 23, 1932
I last saw her alive on Aug 23, 1932; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Breast Inoperable with metastases To Rt Lung	

Other contributory causes of importance:
Toxemia + metastases

Name of operation none Date of .....
What test confirmed diagnosis? Roy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) G H Wahle, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80853

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 274

(No. Justus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Justus Momberg

(a) Residence. No. 1410 North 6th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Momberg

6. DATE OF BIRTH (month, day, and year) March 5-1844

7. AGE Years 88 Months 7 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Johannes Momberg
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME A. C. Bartholomei
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Adam Momberg 1410 N. 6th St. Boise

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 10-16-1932 Morris Hill

19. UNDERTAKER (Address) Schreiber & Mt. Cann Boise, Ida.

20. FILED 10-19, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Octbr. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Octbr. 13th, 1932, to Octbr 15th, 1932
I saw him alive on Octbr 14, 1932: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:
obstruction of bowels (volvulus) - | Date of onset

Other contributory causes of importance:
senility - Double hernia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) John Bock, M. D.
(Address) Boise Ida.

Bock

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of ADA

City of MERIDIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80854

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 17

(No. At His Home 5 Miles S-E-of Meridian
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME BERNARD E LEE

(a) Residence. No. ..... St. .....
(Usual place of abode) Home (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~XXXXXXX~~ VERA LEE

6. DATE OF BIRTH (month, day, and year) Mar 19 1893

7. AGE: Years 3[illegible] Months 5 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Tedrow Ohio

FATHER

13. NAME S-LEE
14. BIRTHPLACE (city or town) (State or country) Tedrow Ohio

MOTHER

15. MAIDEN NAME Ella Miley
16. BIRTHPLACE (city or town) (State or country) Tedrow Ohio

17. INFORMENT (Address) Mrs W-N-Yost Meridian Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Sept 11 1932

19. UNDERTAKER (Address) W-S-Mateer W S Mateer Meridian Idaho

20. FILED Sept 9 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 8 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1928, to Sept 1, 1932

I last saw him alive on Sept 1, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Actinomycosis bovis.	1926

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Infected thru mouth

Nature of injury by sharp pieces of hay

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify Farming

(Signed) [signature], M. D.

(Address) Boise Ida

RECEIVED NOV 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80855

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 285
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Eleanor Wing 47
(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Herbert Wing
6. DATE OF BIRTH (month, day, and year): Dec. 19th 1875
7. AGE: Years 56, Months 10, Days 7; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mercantile
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Book shelf
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: John Anderson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Josephine Sallander
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Mathilda C. Woellhaf, South Haven, Mich.
18. BURIAL, CREMATION, OR REMOVAL Place: Boise Date: 10-30 1932
19. UNDERTAKER (Address): Schreiber & Mr Cain, Boise, Idaho
20. FILED 10-31, 1932 W. H. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 26 1932
22. I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to Oct. 26, 1932
I last saw her alive on Oct. 26, 1932: death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Generalized Metastatic Carcinoma
Other contributory causes of importance: Cancer of Breast July 1925
Name of operation: Left Mastectomy Date of July 1925
What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Amesh Stewart M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80856

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 283

(No. Idanha Hotel-Boise, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Mrs. Kate DuBois Kerr Seaver.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ralph L. Seaver.

6. DATE OF BIRTH (month, day, and year): Oct. 4-1858

7. AGE: Years 74; Months 0; Days 21; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Owner-American
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Laundry.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Marbletown, N.Y.

FATHER
13. NAME: Isaac DuBois.
14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER
15. MAIDEN NAME: Mary Ennist.
16. BIRTHPLACE (city or town) (State or country): Atwood, N.Y.

17. INFORMENT (Address): Justin Schoonmaker. Ellensville, N.Y.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem Date: 10/28/32, 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 10-28 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10/25/32, 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to 10/25, 1932
I last saw her alive on 10/25, 1932 death is said to have occurred on the date stated above, at 10:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	? Oct-1931

Other contributory causes of importance: none.

Name of operation: Excision of Breast Date of
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N If so, specify
(Signed) W. B. Evans-Lombe, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80857

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 278

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Thomas William Davis

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male.	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) March 14-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Contractor.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake, Utah

FATHER

13. NAME Theophilus Davis.

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Jane McElhanny

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Mrs. Mattie Stone, Ogden, Utah.

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake, Utah Date 10/22/32 Shipped

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho

20. FILED 10-24, 1932 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/19/32

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1932 to 10/19/32, 1932

I last saw him alive on 10/19/32, 1932: death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Tumor (Sarcoma)	3/1/32

Other contributory causes of importance:

Name of operation Biopsy Date of 9/29/32

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. B. Grand-Lomb, M. D.

(Address) Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80858

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada
City of Kuna
Registration District No. 124
Primary Registration District No. 2202
Local Registrar's No. 27
(No. 2 mi. West Kuna)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Edwin Sheldon Young

(a) Residence. No. 2 mi. west Kuna St.
(Usual place of abode.)
Length of residence in city or town where death occured 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen A. Young

6. DATE OF BIRTH (month, day and year) Nov. 11th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	11	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tipton, Iowa

PARENTS

10. NAME OF FATHER Sheldon W. Young
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Melinda W. Green
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Rutland Vermont

14. Informant Mrs. Chas Hunt
(Address) Kuna, Idaho

15. Filed 11-5, 1932 Fred L. Whitehouse Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 4 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1932, to Nov 4, 1932, that I last saw him alive on Nov. 3, 1932, and that death occurred, on the date stated above, at 9:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Uraemia Coma
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. F. Neal, M. D.
11-5, 1932 (Address) Meridian Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kuna Cemetery	11-6 1932
20. Undertaker	Address
Wm D Talley	Nampa, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80859

PLACE OF DEATH
County of Adams
City of New Meadows.

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

7/2

2. FULL NAME Emma F Clark.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. ~~Single,~~ Married, ~~Widowed,~~ or ~~Divorced~~ (write the word): Married.

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: E. C. Clark

6. DATE OF BIRTH (month, day, and year): Mar. 28, 1861

7. AGE: Years 71; Months 6; Days 15. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.
10. Date deceased last worked at this occupation (month and year) Feb 1932
11. Total time (years) spent in this occupation life.

12. BIRTHPLACE (city or town) (State or country): Nelson City Virginia

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country): unk.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): Mr. E. C. Clark. Husband. New Meadows

18. BURIAL, CREMATION, OR REMOVAL Place New Meadows. Date Oct 14, 1932

19. UNDERTAKER (Address): Family.

20. FILED Nov 10, 1932 Alan S Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to Oct 12, 1932
I last saw h~~e~~ alive on Oct 12, 1932: death is said to have occurred on the date stated above, at 9:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplectic Stroke	8 hours.
	Oct 12, 1932
Other contributory causes of importance: Hypertension. Nephritis. Dropsy Myocarditis	4 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? exam Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Alan S Thurston, M. D.
(Address) Council Idaho

RECEIVED NOV 12

PLACE OF DEATH

County of Adams

City of Ind. Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80861

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number.) 170

2. FULL NAME Mabel Ellen Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 7th 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home Girl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Jess Van Smith

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Lucy Brown

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Mother. Indian Valley

18. BURIAL, CREMATION, OR REMOVAL Place Indian Valley Date Oct 21, 1932

19. UNDERTAKER (Address) J. Huddleson.

20. FILED Nov 10, 1932 Alvin S Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw her alive on dead Oct 20, 1932: death is said to have occurred on the date stated above, at 4:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound into brain.	
Suicide.	

Other contributory causes of importance: Dispondency over death of father 1 wk.

Name of operation O Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 193..

Where did injury occur? At home, Indian Valley (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury 22 Rifle.

Nature of injury Bullet into forehead. Mid. over nose

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify no

(Signed) Alvin S Thurston, M. D.

(Address) Council Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 21
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 80862

Local Registrar's No. 406

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

71a

2. FULL NAME Marvin Arthur Bush

(a) Residence. No. Inkom, (Usual place of abode) Idaho. St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Grace Roylance

6. DATE OF BIRTH (month, day, and year): May 24, 1908.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St. John, Utah.

FATHER

13. NAME: M. M. Bush

14. BIRTHPLACE (city or town) (State or country): Utah.

MOTHER

15. MAIDEN NAME: Mary Arthur

16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMENT (Address): M. M. Bush, Inkom, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Ida. Date: Oct. 14, 1932.

19. UNDERTAKER (Address): Arthur V. Hall, Pocatello, Idaho.

20. FILED: Oct. 15, 1932. D. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 12, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932, to Oct 12, 1932

I last saw him alive on Oct 12, 1932; death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Septic Meningitis	Oct 7, 1932
Brain Abscess	Probably over long period of time.

Other contributory causes of importance:

Chronic otitis media	since childhood
Mastoiditis	June 1922 -

Name of operation: Mastoidectomy Right Date of: Oct 12-1932

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. W. Ford, M. D.

(Address) Pocatello, Idaho.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80863

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 404

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 b

2. FULL NAME ~~A. C. Davis~~ Alfred C. Davis.

(a) Residence. No. Pocatello R.F.D. NO 1. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura M. Davis

6. DATE OF BIRTH (month, day, and year) 4/9/1873

7. AGE: Years 59 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clifton Idaho

FATHER
13. NAME Wm. C. Davis
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Eliza Pike
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) A. Clark Davis Pocatello

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Soda Springs Idaho Date ....., 193

19. UNDERTAKER (Address) McHan Undertaking Co Pocatello

20. FILED 10/13/32 193 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/12 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/7/ 1932, to 10/12 1932
I last saw him alive on 10/12 1932 death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Toxemia following abdominal [illegible]

Date of onset

Other contributory causes of importance:

Abdominal death for Volvulus of Intestine

Name of operation Laporotomy Date of 10/7/32
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) [illegible], M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80864

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 21
Primary Registration District No. 21 61
Local Registrar's No. 409

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159a

2. FULL NAME Joyce Ann Munn

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of .

6. DATE OF BIRTH (month, day, and year) Oct. 11, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME LaVerne Munn

14. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Carolyn Snyder

16. BIRTHPLACE (city or town)
(State or country) Nebraska.

17. INFORMENT LaVerne Munn
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbon, Idaho. Date Oct. 16, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Oct. 15, 1932. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 15, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932, to Oct 15, 1932.
I last saw h[illegible] alive on Oct 14, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	
Intracranial hemorrhage	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80865

PLACE OF DEATH
County of Bannock
City of Downey

Registration District No. 29
Primary Registration District No. 2161 Local Registrar's No. 416
(No. Henry Wakeley Ranch, Downey, Ida.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. Walter Turner

(a) Residence. No. Downey, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Annie Kimball

6. DATE OF BIRTH (month, day, and year) Aug. 22, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
67	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farm-laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri.

FATHER

13. NAME: Walter Turner

14. BIRTHPLACE (city or town) (State or country): Missouri.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Elmer Turner, Fruitland, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Oct. 28, 193 2.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Oct. 28, 193 2. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 23, 193 2.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193....: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall, Coroner, M. D.

(Address) Pocatello

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80866

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 405

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James H. Robinson

(a) Residence. No. 245 North Third Ave. St. 74a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Kate Anderson

6. DATE OF BIRTH (month, day, and year): Feb. 7, 1863.

7. AGE: Years 69, Months 8, Days 4, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: B.&B. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: O.S.L.R.R.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): American Fork, Utah.

FATHER
13. NAME: Joseph Robinson
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Elizabeth Hopson
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Mrs. James H. Robinson Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Pleasant, Utah. Date: Oct. 15, 1932.

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho.

20. FILED: Oct. 13, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 11, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Oct - 11, 1932
I last saw him alive on Oct 11, 1932; death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	
Other contributory causes of importance: Thrombosis R Coronary artery Myocarditis.	

Name of operation: no - Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) J. Young, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80867

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 400

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph E. Tyler

(a) Residence. No. 227 Park Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Minna Hopkins

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: O. S. L. R. R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fillmore, Utah.

FATHER

13. NAME: Joseph A. Tyler
14. BIRTHPLACE (city or town) (State or country): Farmington, Utah.

MOTHER

15. MAIDEN NAME: Delila Varner
16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMENT (Address): Dorus M. Tyler, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Ida. Date: Oct. 7, 1932.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Oct. 7, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 5, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Oct 5, 1932
I last saw him alive on Oct 5, 1932; death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Myocarditis - R Coronary Thrombosis

Name of operation: — Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. C. Ray, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2761

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 80868

Local Registrar's No. 420

46

2. FULL NAME Ivy Worth Cox

(a) Residence. No. 622 North Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced — Wife of George Cox

6. DATE OF BIRTH (month, day, and year) Mar. 29, 1893.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER

13. NAME Brigham Spackman

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Laura Pitkin

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Carl F. Worth, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lund, Idaho. Date Nov. 2., 1932.

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED Nov. 1., 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 31, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1932, to 10-31, 1932

I last saw her alive on 10-31, 1932: death is said to have occurred on the date stated above, at 109 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix & uterus	1930
Other contributory causes of importance:	
Shock following Operation	10-25-32

Name of operation Hysterectomy Date of 10-25-32

What test confirmed diagnosis? Mic. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Trolson, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2761

DO NOT WRITE IN THIS SPACE
State File No. 80869

Local Registrar's No. 417

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME George Wright Lamb

(a) Residence. No. 534 West Fremont St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Eliza M Combs

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1848.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rome, Indiana.

FATHER

13. NAME: Thomas Lamb

14. BIRTHPLACE (city or town) (State or country): Indiana.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Grace Hall, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Ida. Date: Oct. 29, 1932.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Oct. 29, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 26, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1932, to Oct 26, 1932

I last saw him alive on Oct 26, 1932; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

General debility due to age

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) J. J. Raad, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80870

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 418

(No. Lynn Brothers Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101

2. FULL NAME June W. Buckendorf

(a) Residence. No. North of Poca., City. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3, 1932.

7. AGE: Years 0 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER
13. NAME E. F. Buckendorf
14. BIRTHPLACE (city or town) (State or country) Chesterfield, Idaho.

MOTHER
15. MAIDEN NAME Winona Woolsey
16. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

17. INFORMENT (Address) E. F. Buckendorf Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Oct. 30, 1932

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Oct. 29, 1932. D. C. Ray 10/28/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932, to Oct 28, 1932
I last saw her alive on Oct 28, 1932 death is said to have occurred on the date stated above, at 950 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
80871
State File No.

Registration District No. 2

Primary Registration District No. 2161, Local Registrar's No. 419

(No. St Anthony's)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1184

2. FULL NAME Mrs Julia Gertrude Donahue

(a) Residence. No. 541 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Peter

6. DATE OF BIRTH (month, day, and year) Jan 8 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Patrick A. Coyle

14. BIRTHPLACE (city or town) (State or country) Scranton Penn.

MOTHER

15. MAIDEN NAME Hanna Cull

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Donald Donahue Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Oct. 29 193 2

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED Oct 29, 1932 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to Oct 25, 1932

I last saw h[illegible] alive on Oct 25, 1932 death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Intestinal Obstruction	
Toxaemia - Shock	

Name of operation H. C. Dunn Date of 10/25/32

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Dunn, M. D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80874

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 424

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1P9

2. FULL NAME Wallace Martin

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: ABOUT 70 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Asteen Lange, Denver, Colorado.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Ida. Date: Nov. 6, 193 2

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Nov. 4, 193 2. J. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 30, 193 2

22. I HEREBY CERTIFY, That I attended deceased from 10 - 1, 1932, to 10 - 30, 1932
I last saw him alive on 10 - 30, 1932 death is said to have occurred on the date stated above, at 6 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unremited fracture of surgical neck rt. femur	Aug 1931

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 1930
Where did injury occur? Bannock Co. Ida. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Handling horse
Manner of injury Fracture rt. femur
Nature of injury Fracture rt. femur unremited

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Bethers, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 80875

Local Registrar's No. 1 22

170

(No. 1324 South Fourth Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Hoffman

(a) Residence. No. 1324 South Fourth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 30	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poca., City.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Arthur W. Hall (Coroner) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Nov. 4, 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Nov. 4, 193 DC Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 26, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound in Head (Suicidal)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur W. Hall, Coroner, M. D.

(Address) Pocatello, Idaho.

RECEIVED NOV 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80876

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2 6 1
Local Registrar's No. 414

(No.) 131
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. Renshaw

(a) Residence. No. 407 S Arthur St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/22/1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ENGLAND

FATHER
13. NAME UNKNOWN Jos Renshaw
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Sadie Eaton 407 S Arthur Pocatello

18. BURIAL, CREMATION, OR REMOVAL
Place Willard Utah Date 10/28/32 193

19. UNDERTAKER Mc HAn Funeral Home
(Address) Pocatello, Idaho

20. FILED 11/2/32 193 D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-26 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Oct 26, 1932
I last saw h alive on 25 Oct, 1932; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal	
Bronchpneumonia	
Other contributory causes of importance:	

Name of operation - No Date of
What test confirmed diagnosis? - Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury , 193
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. F. Call M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 27 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80877

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 271
(No.) 1889
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Russell Merrick.

(a) Residence. No. Lava Hot Springs St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Madeline D Merrick.

6. DATE OF BIRTH (month, day and year): Aug. 28 1897

7. AGE: Years 35 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): General Farming
(c) Name of employer: None

9. BIRTHPLACE (city or town) (State or country): Lava Hot Springs Idaho.

PARENTS

10. NAME OF FATHER: Leander Merrick.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Irena Henderson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Mrs. Russel Merrick.
(Address): Lava Hot Springs.

15. Filed Oct 31, 1932 Mrs. V. J. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 1 (Day) 1932. (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-30, 1932, to 10-1, 1932
that I last saw ~~him~~ alive on 9-30, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: Accidental Internal Hmorg
Tippedover with Load of wood

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Observation.

(Signed) C. H. Rich, M. D.
10-1, 1932 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Lava Hot Springs, Idaho.	Oct. 3, 1932.
20. Undertaker	**Address**
Arthur W. Hall	Poca. Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80878

Registration District No. 29
Primary Registration District No. 2161 Local Registrar's No. 402

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME Joseph Charles Hawkes

(a) Residence. No. 431 South Arthur Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Christine White

6. DATE OF BIRTH (month, day, and year): June 24, 1856.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Dray and transfer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Hawkes Transfer Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (city or town) (State or country): England.

FATHER

13. NAME: James Hawkes

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Jane Heard

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Leland H. Hawkes, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Ida. Date: Oct. 11, 1932.

19. UNDERTAKER (Address): Arthur V. Hall, Pocatello, Idaho.

20. FILED Oct. 10, 1932. J. C. Roy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 8, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1932, to Oct 8, 1932.

I last saw h[illegible] alive on Oct 8, 1932; death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Senility

Name of operation: No Date of:

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. V. Hall, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80879

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 423

(No. Highway South of McCammon, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1886

2. FULL NAME Robert E. Moore

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced Elsie Williams

6. DATE OF BIRTH (month, day, and year) June 25, 1890.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Independence, Missouri.

FATHER

13. NAME R. W. Moore

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Clifford Curtis Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Nov. 3, 1932

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Nov. 3, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 30, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest & Face	
Internal Hemorrhage	
Run over by large truck	
Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner, M. D.

(Address) Pocatello, Idaho.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80880

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 410
(No. Fifth Ave, & Dunn Street, s. Poca. Ida.
(If death occurred in a hospital or institution, give its name instead of street and number.)

1830

2. FULL NAME James Arnold Allen

(a) Residence. No. 1430 South Second Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2, 1927.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME James A. Allen

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Hazel Rose Simmons

16. BIRTHPLACE (city or town) (State or country) San Francisco, California.

17. INFORMENT (Address) Mrs. James A. Allen Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Oct. 18, 1932.

19. UNDERTAKER Arthur J. Hall
(Address) Pocatello, Idaho.

20. FILED Oct. 18, 1932. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 15, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Run over by truck operated by Norman Johnson in a Careless Manner	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury Oct. 15 1932

Where did injury occur? Pocatello Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On public Highway

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall. Coroner, M. D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 80881 -

Local Registrar's No. 401

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1881

2. FULL NAME Flora B Brandt

(a) Residence. No. 306 N. Hayes St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Con Brandt

6. DATE OF BIRTH (month, day, and year) 1/23/1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clinton County Iowa

FATHER
13. NAME George Bruhn
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Mary Cain
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Con Brandt 306 N Hayes

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date 10/9/32

19. UNDERTAKER Mcgan Funeral Home (Address) Pocatello

20. FILED 10/8/32 193 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/7 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1932, to 10-7, 1932
I last saw h alive on 10-7, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure.	

Other contributory causes of importance: Cholecystlectomy
Operation was performed for Chronic Cholecystitis

Name of operation Cholecystectomy Date of 10/3/32
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. E. Davis, M. D.
(Address) Pocatello

ECEIVED NOV 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80882

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 413
(No. Gen. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Jane Owen
(a) Residence. No. 735 No 7th (rear) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Apr 22-1851
7. AGE Years 81 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Peoria
(State or country) Ill

FATHER
13. NAME David J. Bedford
14. BIRTHPLACE (city or town) Montreal
(State or country) Canada

MOTHER
15. MAIDEN NAME Mary Moffett
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT Mrs Mary Barbour
(Address) 735 N. 7th - rear

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Oct. 21, 1932

19. UNDERTAKER Downard Fun. Home
(Address) Pocatello Idaho

20. FILED Oct 20, 1932 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1932, to 10-19, 1932
I last saw her alive on 10-19, 1932 death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9-1-32

Other contributory causes of importance:

Hypertension	1 yr

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Brothers M. D.
(Address) Pocatello, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80883

PLACE OF DEATH
County of Benewah
City of Plummer

Registration District No. 46
Primary Registration District No. 2123
Local Registrar's No. 14

(No.) 66
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Agusta Yarber

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Harriet Adam. Married

6. DATE OF BIRTH (month, day, and year) Dec 3 1866

7. AGE Years 65 Months 9 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor No. Sisters hand.
10. Date deceased last worked at this occupation (month and year) 2 years.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Henry Yarber
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Mary Morris
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Eva Ellen Moran

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Plummer Ida Date 10/16, 1932

19. UNDERTAKER (Address) H. G. Jaeger Fairfield Wn

20. FILED 10/20, 1932 Fred A Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 14th 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sep 15th, 1932, to Oct 14th, 1932
I last saw h alive on Sep 15th, 1932: death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism.	Aug 3-1931.

Other contributory causes of importance:
Show Paralysis of Central Nervous System.

Name of operation Stetiness. Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Fennington M. D.
(Address) Wooley Idaho

RECEIVED NOV 1 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80884

PLACE OF DEATH
County of Benwah
City of Saint Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Howitt Craney

(a) Residence. No. Kootnai Kootnay Inn St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 5, 1866

7. AGE: Years 66 | Months 9 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Railway constn.
10. Date deceased last worked at this occupation (month and year) 1906
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Dallas City Ill.

FATHER
13. NAME Clark Alfred
14. BIRTHPLACE (city or town) (State or country) Louisville Ky.

MOTHER
15. MAIDEN NAME Nellie Ester Lionberger
16. BIRTHPLACE (city or town) (State or country) Adams Co. Ill.

17. INFORMENT (Address) Charles W. Craney Saint Maries Idaho
18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date Oct. 10, 1932
19. UNDERTAKER Geo. E. Mitchell (Address) St. Maries, Ida
20. FILED 11-10, 1932 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 6 1932
22. I HEREBY CERTIFY, That I attended deceased from —, 1932 to Oct 6, 1932
I last saw h. alive on Oct 5, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	about Oct 1. 32
Other contributory causes of importance: Arteriosclerosis	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1932
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. E. Mitchell, M. D.
(Address) St Maries Ida

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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80885

PLACE OF DEATH
County of Benewah
City of St. Maries Idaho

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles J. Leonard

(a) Residence. No. 208 Fourteenth St. St. Maries, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edith A Leonard

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 58 Months 10 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. R R Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Chicago Ill
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Edith A Leonard
(Address) St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Oct 13, 1932

19. UNDERTAKER Geo E Mitchell
(Address) St Maries

20. FILED 11-10, 1932 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1932, to 10-10, 1932
I last saw him alive on 10-10, 1932; death is said to have occurred on the date stated above, at 9 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	10-10-32

Other contributory causes of importance:

Atheromatosis aorta coronary arteries and aortic valve	Unknown

Name of operation None Date of None
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Was employed fighting forest
Manner of injury fire at time fatal illness
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Only so for association as
If so, specify
Concerned
(Signed) C A Robins M. D.
(Address) St. Maries, Ida.

RECEIVED NOV 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80886

PLACE OF DEATH
County of Benewah
City of St Joe

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME John T Johannes

(a) Residence. No. St Joe Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs Tina Johannes

6. DATE OF BIRTH (month, day, and year): Dec 5. 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hiawatha Kansas

FATHER

13. NAME: Greenberry Johannes

14. BIRTHPLACE (city or town) (State or country): Tuscaloosa Co Tennessee

MOTHER

15. MAIDEN NAME: Bettie Graham

16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMENT (Address): Grapevine Trust Chapman Kansas

18. BURIAL, CREMATION, OR REMOVAL Place: St Maries Ida. Date: Oct 6, 1932

19. UNDERTAKER: Geo E Mitchell
(Address): St Maries Ida

20. FILED 11-10, 1932 Walter Broberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10/1 1932

22. I HEREBY CERTIFY, That I attended deceased from 2, 193, to ✓, 193
I last saw h ✓ alive on ✓, 193: death is said to have occurred on the date stated above, at 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Arteriosclerosis was	
Contributory on the	
Heart and Lungs	
were clear	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Owen D Platt Coroner, M. D.
(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Joe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80887

Registration District No. 32
Primary Registration District No. 20-19
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William E Baker

(a) Residence. No. St Joe Ida St. 88 h
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep herder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER
13. NAME Otto Baker
14. BIRTHPLACE (city or town) (State or country) N C

MOTHER
15. MAIDEN NAME Mollie Horton
16. BIRTHPLACE (city or town) (State or country) Kent

17. INFORMENT (Address) John Baker Bellmont Wash

18. BURIAL, CREMATION, OR REMOVAL
Place Stratford Wn Date Oct. 7, 1932

19. UNDERTAKER (Address) Geo E Mitchell St Maries

20. FILED 11-10, 1932 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1932, to Oct 4, 1932
I last saw him alive on Oct 3, 1932: death is said to have occurred on the date stated above, at 7:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	Sept 10-32

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) D Clarmwell, M. D.
(Address) St. Maries Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80888

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 133

(No.) 88a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Von R. Fackrell

(a) Residence. No. RD#2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 7, 1925

7. AGE Years 7 Months ~~Oct~~ Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Blackfoot RD. #2

FATHER
13. NAME Parley P. Fackrell
14. BIRTHPLACE (city or town) (State or country) Orderville Utah

MOTHER
15. MAIDEN NAME Rachael Reese
16. BIRTHPLACE (city or town) (State or country) Cedar City Utah

17. INFORMENT (Address) P. P. Fackrell Blackfoot RD#2

18. BURIAL, CREMATION, OR REMOVAL
Place Riverside Thomas Cem Date Oct. 14, 1932

19. UNDERTAKER (Address) E. J. Rush Blackfoot

20. FILED Oct. 13, 1932 Mrs Walter E. Patrice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Oct 12, 1932
I last saw him alive on Sept 1, 1932: death is said to have occurred on the date stated above, at 11:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	4 mo

Other contributory causes of importance:
Valvular Heart disease 1 yr
Rheumatism + Endocarditis ago

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80889

PLACE OF DEATH
County of Bingham
City of Firth

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 131

100a

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geraldine Steel Anderson

(a) Residence. No. Firth Idaho St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. ✓ yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) July 21 1932
7. AGE Years No. Months 2. Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley Ida.

FATHER
13. NAME Swan Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Alice Steel.
16. BIRTHPLACE (city or town) (State or country) Lake Nebogamon Wisconsin.

17. INFORMENT (Address) Mrs Alice Steel Anderson. Firth Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Firth Idaho Date Oct 12 1932
19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.
20. FILED Oct 17, 1932 Mrs Walter E. Fabini Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 1932.
22. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1932 to Oct 11th, 1932
I last saw her alive on Oct 10, 1932: death is said to have occurred on the date stated above, at 8 40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Oct 9 1932

Other contributory causes of importance:

✓

Name of operation None Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Shelley Ida

RECEIVED NOV 7 1932

PLACE OF DEATH

County of Bingham

City of Pingree

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80890

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 136

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Sarah Belle Beebe

(a) Residence. No. Pingree, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of S.E.Beebe

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME James Brady

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Myrtle Rapp Pingree Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Riverside Thomas Cem Oct. 18, 1932

19. UNDERTAKER (Address) E T Peck Blackfoot, Idaho

20. FILED Oct. 17, 1932 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-16 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 10-16, 1932 to ....., 193..

I ~~last saw~~ did not see her alive on ....., 193..: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis with chronic nephritis of about 5 yrs standing	
Other contributory causes of importance:	
Diabetes	2 yrs ago

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. J. Hampton, M.D.

(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80891

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2144
(No.) 180
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 129

2. FULL NAME Walter S. Sanders

(a) Residence. No. 230 So. Shilling St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Sanders

6 DATE OF BIRTH (month, day and year): Jan 21 - 1891

7 AGE: Years 41 | Months 8 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Sugar Mill
(c) Name of employer: Utah-Idaho Sugar Co

9 BIRTHPLACE (city or town) (State or country): Mo.

PARENTS
10 NAME OF FATHER: James Sanders
11 BIRTHPLACE OF FATHER (city or town) (State or country): Mo
12 MAIDEN NAME OF MOTHER: Sarah Hoshman
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mo.

14 Informant: Beryl Sanders
(Address): Blackfoot Ida

15 Filed Oct. 5, 1932. Mrs Walter E Patrick
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct - (Month) 4 - (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___, that I last saw h___ alive on Oct - 4 - 1932 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:
Suffocation caused by being accidently covered with slack coal.
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)
(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Coroners Jury.
(Signed) Ray McClellan, M. D.
10/5/32, 19 County Coroner (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, ~~Cremation~~, or Removal: Mountain View Pocatello
Date of Burial: 10/7 1932

20. Undertaker: E F Peck
Address: Blackfoot Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80892

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 137

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nickolas Burggraf 74a

(a) Residence. No. East Blackfoot St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13, 1850

7. AGE: Years 81 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Andrew Burggraf
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Miss Molitar
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Vena Bell Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Grove City Cem. Date Oct. 24, 1932

19. UNDERTAKER (Address) E J Peck Blackfoot Idaho

20. FILED Oct 24, 193 Mrs Walter E Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-21 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-21-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. O. Hampton M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 7 1932

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 12
Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE
State File No. 80893

Local Registrar's No. 135

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annette Sophie Lindsay 49

(a) Residence. No. Moreland - Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warren P. Lindsay

6. DATE OF BIRTH (month, day, and year) Jan. 2 - 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Carl A. Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Fredrika Carlson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Jamie Williams Moreland Ida

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Date 10-17, 1932

19. UNDERTAKER Ray McClelland (Address) Bedford for Idaho

20. FILED Oct 17, 1932 Mrs. Hallie E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Oct 15, 1932, last saw her alive on Sept 14, 1932; death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intra-thoracic Glands (metastatic)	1yr

Other contributory causes of importance:

Carcinoma of Right Breast	Operated Jan 1931

Name of operation Amputation of Breast Date of Jan 1931

What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Beck, M. D.

(Address) Blackfoot, Ida

RECEIVED NOV 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80894

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bingham
City of Blackfoot.

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 127
(No. County Hospital No. Broadway
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Bennie Dominguez

(a) Residence. No. 1a St. Colorado, Walsenburg
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) June 1, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	4	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Walsenburg, Colo.

PARENTS

10. NAME OF FATHER Ross Dominguez
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Walsenburg, Colo.
12. MAIDEN NAME OF MOTHER Flora Gonzales
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Walsenburg, Colo.

14. Informant (Address) Ross Dominguez Shelley, Idaho.

15. Filed Oct. 26, 1932. Mrs Hales E Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) — 22 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10 - 21, 1932, to 10 - 22, 1932, that I last saw him alive on 10 - 22, 1932, and that death occurred, on the date stated above, at 1 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Typhoid

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of
Was there an autopsy? ✓
What test confirmed diagnosis? Laboratory Test

(Signed) J. O. Dunn M. D.
10 - 26, 1932 (Address) Blackfoot Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Grove City Cem.	Oct. 27 1932

20. Undertaker E. T. Peck Address Blackfoot, Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 7 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80895

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bingham
City of Shelley, Rd

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 130
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Cecil Mitchell

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 0 yrs. 0 mos. ½ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day and year)

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Idaho

PARENTS

10. NAME OF FATHER Emmett Mitchell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Shelley, Ida
12. MAIDEN NAME OF MOTHER Mary Beth Hardcastle
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah Bingham Canyon

14. Informant (Address) Father Emmett Mitchell Shelley, Idaho

15. Filed Oct. 7, 1932 Mrs Helen E Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932, to Oct 7, 1932
that I last saw him alive on Oct 7, 1932
and that death occurred, on the date stated above, at 11:50 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Six month premature

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Place of death
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) H. E. Gerrett, M. D.
Oct 7, 1932 (Address) Shelley Ida

19. Place of Burial, Cremation, or Removal Shelley, Idaho
Date of Burial Oct 8 - 1932

20. Undertaker
Address

RECEIVED NOV 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Woodville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80896

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 132

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Leon Davies

(a) Residence. No. Woodville Idaho St. R4 Idaho Falls
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 5-3-1921

7. AGE Years 11 Months 5 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9-30-32

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) Talmage
(State or country) Duchesne Utah

FATHER

13. NAME James Wallace Davies

14. BIRTHPLACE (city or town) Escalante
(State or country) Garfield Co. Utah

MOTHER

15. MAIDEN NAME Lavena Blanch Mecham

16. BIRTHPLACE (city or town) Lander
(State or country) Wyoming

17. INFORMENT (Address) Jas. W. Davies

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Shelley Date 10-16, 1932

19. UNDERTAKER (Address) Jack Wood Idaho Falls

20. FILED Oct. 12, 1932 Mrs Helen E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-12-1932

22. I HEREBY CERTIFY, That I attended deceased from after Death ~~193~~, to 10-12, 1932

~~I last saw h alive on ....., 193~~ ; death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dragged & kicked to death by a horse	10-12-32

Other contributory causes of importance: None

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? at home - Woodville
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On land adjoining home

Manner of injury Dragged & kicked by horse

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Edwin Cutler, M. D.

(Address) Box 86 Shelley Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80897

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 73
Primary Registration District No. 2107
Local Registrar's No. 1747

(No. 205a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hatsutaro Tamura

(a) Residence. No. Shelley St. Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Japanese	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Japan

PARENTS
10. NAME OF FATHER Sigitaro Tamura
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Japan
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Japan

14. Informant Frank Taniyama
(Address) Idaho Falls Idaho.

15. Filed Sept. 26, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 24th 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dead when Seen, 19..., that I last saw him alive on ..., 19..., and that death occurred, on the date stated above, at 6 45 P.M.

The CAUSE OF DEATH* was as follows:
Died suddenly probably apoplexy
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) F. McLean M. D.
Sept 24 1932 (Address) Shelley Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Idaho Falls, Ida.	Sept. 26 1932
20. Undertaker	**Address**
D. F. McHan	Ida. Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Blaine

City of Gannett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80900

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Peterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Peterson Ida Holgerson

6. DATE OF BIRTH (month, day, and year): Nov 15-1866

7. AGE: Years 65 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Karlskrona Sweden

FATHER

13. NAME: Peter G. Peterson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Ester Johnson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Arvella Peterson Gannett Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: City Plot - Hailey Date: Oct 26 1932

19. UNDERTAKER (Address): L. Harris Hailey - Ida.

20. FILED 10-31, 1932 P. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to Oct 22, 1932

I last saw him alive on Oct 22, 1932: death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. W. Fox M. D.

(Address) Hailey, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80901

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Jefferson Mizer
(a) Residence. No. ..... St. ..... (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Wright 129

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) June 1 - 1853

7. AGE: Years 79 | Months 4 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton Dorica

FATHER
13. NAME John Mizer
14. BIRTHPLACE (city or town) (State or country) Dayton Ohio

MOTHER
15. MAIDEN NAME Mary Fetters
16. BIRTHPLACE (city or town) (State or country) Dayton Ohio

17. INFORMENT (Address) J. Mizer Jr. Hailey Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Hailey - F.O.E. Plot Date Oct 10, 1932

19. UNDERTAKER (Address) Mrs L J Harris Hailey, Idaho

20. FILED 10-31, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from 8 - 1, 1932, to 10 - 8, 1932
I last saw him alive on 10 - 8, 1932: death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930

Other contributory causes of importance:
Senility

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

RECEIVED NOV 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80902

PLACE OF DEATH
County of Blaine
City of Glendale

Registration District No. 57
Primary Registration District No. 2022
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 17

159b

2. FULL NAME Elizabeth Ann Beck

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct-21-1932

7. AGE Years Months Days 3 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Glendale Idaho
(State or country)

PARENTS

10. NAME OF FATHER Marshall Peter Beck
11. BIRTHPLACE OF FATHER (city or town) Union, Oregon
(State or Country)
12. MAIDEN NAME OF MOTHER Jessie Hanney
13. BIRTHPLACE OF MOTHER (city or town) Midway, Utah
(State or Country)

14. Informant Marshall Beck
(Address) Glendale, Idaho

15. Filed 10-31, 1932 R. H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-24, 1932, to 10-24, 1932
that I last saw her alive on 10-21, 1932
and that death occurred, on the date stated above, at 12:30 P.M.
The CAUSE OF DEATH* was as follows: Valvular heart lesion from birth.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Robert H. Wright M. D.
10-24, 1932 (Address) Hailey, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Bellevue Cemetery
Date of Burial: 10-25 1932

20. Undertaker: The Family
Address: Glendale Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80903

PLACE OF DEATH
County of Boise
City of Lowman

Registration District No. 12
Primary Registration District No.
Local Registrar's No. 205a

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Jackson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Rose Jackson

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 84 | Months 6 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) July 15th 1932
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Golland, Sweden

FATHER
13. NAME John Jackson
14. BIRTHPLACE (city or town) (State or country) Unknown Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Wm. E. Cooper Lowman, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Lowman Date July 17 1932

19. UNDERTAKER (Address)

20. FILED Oct 10, 1932 Mrs E S Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Was found dead about 6.15 P.M.	
Heart trouble & old age	July 15th

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J E Shanahan Co. ~~M.D.~~
(Address) Idaho City

RECEIVED OCT 29 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80904

PLACE OF DEATH

County of Boise

City of Near Placerville Registration District No. 12

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert E Lee Hawkins This Wenatchee wash. 2052

(a) Residence. No. Payette Idaho Hotel Bancroft Before St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of believe lives in Seattle Wash. Do not know name

6. DATE OF BIRTH (month, day and year) Jan

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	9 about	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rancher most of his life

(b) General nature of industry, business, or establishment in which employed (or employer) Last 3 years Nursery Salesmen 20 years Superintendent gas co collector Freezing

(c) Name of employer Mr Underhill Payette

9. BIRTHPLACE (city or town) (State or country) Bunker Hill Idaho farm

PARENTS

10. NAME OF FATHER Richard L Hawkins

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Cincinnatti Ohio farm Walnut Hills

12. MAIDEN NAME OF MOTHER Mary E Doern

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Cincinnatti Ohio Farm Nevada City

14. Informant (Address) Albert D Hawkins 2703-N Clark St Chicago Ill

15. Filed Oct 29, 1932 Wm E S Robson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Found dead

Cause of death

Heart trouble

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Joel Shamaban Graves M. D.

..... 19..... (Address) Idaho City Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Boise Idaho	Oct 31st 1932

20. Undertaker	Address
Schrieber & McCaun	Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80906

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 56

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis M Turpin

(a) Residence. No. 627 N Boyer St.
(Usual place of abode)
Length of residence in city or town where death occurred, 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

91

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Agnes Turpin

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Lumber mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Hugh Early Sandpoint

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Date Oct 21, 1932

19. UNDERTAKER Tunnell Co
(Address) Sandpoint Idaho.

20. FILED Oct 21, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 19 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Oct 19, 1932
I last saw h.. alive on Oct 19, 1932: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	uncertain
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. F. Page, M.D.
(Address) 514 North Second St
Sandpoint Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 7

PLACE OF DEATH

County of Bonner

City of Kootenai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80907

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME John Knudsen Peterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Helen Peterson

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1896

7. AGE: Years 35 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 8, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nevada
(State or country) Iowa

FATHER

13. NAME John K. Peterson

14. BIRTHPLACE (city or town) .....
(State or country) Denmark

MOTHER

15. MAIDEN NAME Martha Nelson

16. BIRTHPLACE (city or town) .....
(State or country) California

17. INFORMENT Mrs. Helen Peterson
(Address) Kootenai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Nevada, Iowa Date Oct. 9, 1932

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Oct 9, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 8. 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....; death is said to have occurred on the date stated above, at 9:24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Crushed by Railway Train.	
at railway crossing.	
Struck broadside by locomotive at	
railroad crossing while driving a truck	
loaded with wood.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/8 1932

Where did injury occur? Kootenai, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by railway train

Nature of injury Broken neck, skull fracture

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. G. Moon Coroner.

(Address) Sandpoint, Idaho.

RECEIVED NOV 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80908

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 55

(No. 29)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Lee Holliday

(a) Residence. No. ..... St. Clarkfork, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Day
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Watertown, South Dakota

FATHER

13. NAME George Holliday
14. BIRTHPLACE (city or town) (State or country) Rock Rapids, Iowa

MOTHER

15. MAIDEN NAME Mary Selner
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs. Mary Holliday, Clarkfork, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clarkfork, Idaho. Date Oct. 18, 1932

19. UNDERTAKER R. E. Wessa
(Address) Priest River, Idaho.

20. FILED Oct 18, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 17 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932 to Oct. 17, 1932
I last saw him alive on Oct 17, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus resulting from gun shot wound in hand	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury Oct 10, 1932
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Floyd A. Headle, M. D.
(Address) Sandpoint, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80909

PLACE OF DEATH
County of Bonner
City of Sandpoint.

Registration District No. 78
Primary Registration District No. 2155.
Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sidney Arthur Brotherton 101a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If maried, widowed or divorced HUSBAND of (or) WIFE of: Letha Brotherton
6. DATE OF BIRTH (month, day, and year): Aug 8, 1875
7. AGE: Years 57 | Months 2 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Painter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): Oct. 7, 1932
11. Total time (years) spent in this occupation: 25.

12. BIRTHPLACE (city or town) (State or country): England.

FATHER
13. NAME: Fred Brotherton
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Ray Brotherton Sandpoint Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Pinecrest Cemetery Date: Oct. 18, 1932 Sandpoint Idaho.
19. UNDERTAKER (Address): L. L. Mason Sandpoint Idaho.
20. FILED Oct 16, 1932 Viola Collins Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 16 1932
22. I HEREBY CERTIFY, That I attended deceased from October 6th, 1932, to October 16, 1932
I last saw him alive on October 6, 1932: death is said to have occurred on the date stated above, at 1.20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct. 5-1932

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. R. Graves, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Stackhouse RECEIVED NOV 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80910

PLACE OF DEATH
County of Bonner
City of Westmond

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

84

2. FULL NAME Augusta Victoria Swanson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Andrew Swanson

6. DATE OF BIRTH (month, day, and year) March 22, 1860

7. AGE: Years 72 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Carl Peterson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Roy Swanson Westmond, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Westmond, Idaho Date Oct. 4, 1932

19. UNDERTAKER (Address) L. G. Moon Sandpoint, Idaho.

20. FILED Oct 4, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Several years, 193..., to Oct 1 -, 1932
I last saw her alive on Aug 13, 1932 death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	Many years
Neurasthenia	Many years

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) C. P. Stackhouse, M. D.
(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80911

PLACE OF DEATH
County of Bonner
City of Wrencoe

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

32

2. FULL NAME Daniel E. Sayler.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Mabel Sayler
6. DATE OF BIRTH (month, day, and year): Feb. 25, 1868.
7. AGE — Years: 64 — Months: 7 — Days: 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Section
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Railroad.
10. Date deceased last worked at this occupation (month, day, year): Oct. 31, 1930.
11. Total time (years) spent in this occupation: 3 years.

12. BIRTHPLACE (city or town) (State or country): Dora Indiana

FATHER
13. NAME: Martin Sayler.
14. BIRTHPLACE (city or town) (State or country): Dora Indiana

MOTHER
15. MAIDEN NAME: Rebecca Williamson
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMENT (Address): Mrs. Mabel Sayler. Wrencoe Idaho.
18. BURIAL, CREMATION, OR REMOVAL — Place: Sandpoint Idaho Date: Oct. 26, 1932
19. UNDERTAKER (Address): L. D. Moon Sandpoint Idaho.
20. FILED Oct. 26, 1932 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 24, 1932.
22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Oct. 24, 1932.
I last saw h/ alive on Oct. 18, 1932: death is said to have occurred on the date stated above, at 4:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	
Sciatic Rheumatism	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury: , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Floyd C. Wendle, M. D.
(Address) Sandpoint, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80912

PLACE OF DEATH
County of Bonner
City of Hope

Registration District No. 80
Primary Registration District No. 2157
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

90

2. FULL NAME Abraham L. Kyle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Kyle

6. DATE OF BIRTH (month, day and year) Sept. 5, 1[illegible]

7. AGE Years 67 Months 11 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mount Auburn Iowa

PARENTS

10. NAME OF FATHER Abraham Kyle
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lancaster Co. Pa.
12. MAIDEN NAME OF MOTHER Susan Ginrick
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Lancaster Co. Pa.

14. Informant Mrs. Josephine Kyle
(Address) Hope, Idaho.

15. Filed Oct 3, 1932 John Larson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 4th. (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Dec 20, 1932
that I last saw him alive on December, 1932
and that death occurred, on the date stated above, at 5:45 a. m.
The CAUSE OF DEATH* was as follows: Chr Valvular Heart disease
Chr myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) R T Ross, M. D.
9/6, 1932 (Address) Sandpoint, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Hope, Idaho. Date of Burial Sept. 8, 1932

20. Undertaker L.G.Moon Address Sandpoint, Idaho.

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80913

PLACE OF DEATH
County of Bonner
City of Coolin

CERTIFICATE OF DEATH
Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 10
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Leavens Duffill.
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Duffill.

6. DATE OF BIRTH (month, day and year) July 23, 1858

7. AGE Years 74 Months 3 Days 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Whitby England.

PARENTS
10. NAME OF FATHER Wm Duffill.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England.

14. Informant (Address) Mrs. Mary Donaldson Coolin, Ida.

15. Filed Oct. 29, 1932 R. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 27, (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 2 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
History Cancer Liver.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no.
What test confirmed diagnosis? none
(Signed) L. H. Moon Coroner.
Oct. 28, 1932 (Address) Sandpoint, Idaho.

19. Place of Burial, Cremation, or Removal Priest River, Idaho. Date of Burial Oct. 29, 1932

20. Undertaker L. H. Moon Address Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80914

PLACE OF DEATH
County of Bonn
City of Gray

Registration District No. 73
Primary Registration District No. 21 1-0 Local Registrar's No. 144

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marjorie June Boan 183

(a) Residence. No. Gray, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 11, 1926

7. AGE Years 6 Months 3 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 9-20-32
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ucon, Ida.

FATHER
13. NAME Henry W. Boan
14. BIRTHPLACE (city or town) (State or country) Vernal Utah

MOTHER
15. MAIDEN NAME Lilly M. Taylor
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Henry W. Boan Gray, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls, Ida. Date Sept. 23 1932

19. UNDERTAKER (Address) V. F. McHart Idaho Falls, Ida.

20. FILED Sept 24, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/20 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at about 6 P.M.

The principal cause of death and related causes of importance were as follows:

Accidental Shot with 22 Rifel

Date of onset

Other contributory causes of importance: Internal Hemmorage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/20, 1932

Where did injury occur? Bonneville Co. Ida. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gunshot Wound

Nature of injury Entered Hip, Internal Hemorage

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] Coroner M.D.

(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80915

PLACE OF DEATH
County of Bonneville
City of Irwin

Registration District No. 73
Primary Registration District No. 2-14-0
Local Registrar's No. 134

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Edith McBride 88a
(a) Residence. No. (Irwin) Family House
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Russell McBride
6. DATE OF BIRTH (month, day, and year) August 20-1898
7. AGE Years 33 Months 11 Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Irwin Idaho.

FATHER
13. NAME J. H. Butler.
14. BIRTHPLACE (city or town) (State or country) Liberty Idaho.

MOTHER
15. MAIDEN NAME Agnes Martin
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Russell McBride Irwin Idaho.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Ida. Date 8/9, 1932
19. UNDERTAKER (Address) V. F. McHan Idaho Falls
20. FILED Sept 8, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/6. 1932
22. I HEREBY CERTIFY, That I attended deceased from April 6, 1930, to Sept. 6, 1932
I last saw her alive on Mar. 5, 1932: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows: Chronic endocarditis — Date of onset: Indep. Int. Long Duration
Other contributory causes of importance: Cardiac asthma — Indep.
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John O. Miller M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80916

PLACE OF DEATH
County of Bonn
City of Ida. Falls

Registration District No. 73
Primary Registration District No. 2147 Local Registrar's No. 147

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Andrew Carter 90

(a) Residence No. Idaho Falls R.F.D. # 3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ermina Carter

6. DATE OF BIRTH (month, day, and year) July 25, 1863

7. AGE Years 69 Months 2 Days 2 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) Sept. 27 - 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Kanosh, Utah

FATHER
13. NAME Sidney R. Carter
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME Leah Lucinda Ross
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Clarence Carter Shelley Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ammon, Ida. Date Sept. 30, 1932

19. UNDERTAKER V. F. McHan
(Address) Idaho Falls, Ida.

20. FILED Sept 27, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 27 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw him alive on ~~Sept 27~~, 1932: death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease Leakage.	

Other contributory causes of importance:
Cardiac Asthma

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Dr. B. Allen Coroner M.D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80917

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 1

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allan J. Arave

(a) Residence. No. ..... St. Taylor, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

21

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 15, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME H. H. Arave

14. BIRTHPLACE (city or town) (State or country) Taylor Idaho

MOTHER

15. MAIDEN NAME Mae Clark

16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMENT (Address) H. H. Arave R.3 I.F. Shelley Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Taylor Date Sept. 26 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.

20. FILED Sept. 27, 1932 C. A. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932, to Sept 24, 1932

I last saw him alive on Sept 23, 1932: death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	
Other contributory causes of importance:	

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Spencer, M. D.

(Address) Idaho Falls Ida

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80918

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2-1-0
Local Registrar's No. 139

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles M. Johnson

101a

(a) Residence. No. 242 North Eastern Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jona Johnson

6. DATE OF BIRTH (month, day, and year) Oct. 4, 1847

7. AGE Years 84 Months 11 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. Retired Hotel
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Winter Quarters (Omaha) Nebraska

FATHER
13. NAME Charles M. Johnson
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Elizabeth Fife
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs. Bessie McCallum 242 N. Eastern Ave Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Sept. 18, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls.

20. FILED Sept. 17, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1932, to Sept 14, 1932
I last saw h..... alive on Sept 14, 1932 death is said to have occurred on the date stated above, at 12:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 13-32

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) A. P. Sodermick M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80919

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 138

(No. Idaho Falls L. D. S. Hosp.) 111a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lancing Earnest Bates

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred, yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Hattie Bates.

6. DATE OF BIRTH (month, day and year) Jan. 16, 1881

7. AGE: Years 51, Months 7, Days 27. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): General Painter

(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Arizona.

PARENTS

10. NAME OF FATHER: Lancing Bates.

11. BIRTHPLACE OF FATHER (city or town) (State or Country):

12. MAIDEN NAME OF MOTHER: Mary Robinson.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Utah.

14. Informant: Wilford C. Bates
(Address) Rigby, Idaho.

15. Filed Sept 16, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to Sept. 12, 1932

that I last saw him alive on Sept. 11, 1932

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows: Perforated gastric ulcer C peritonitis.

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9/1 32

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. A. West M. D.

9/ , 1932. (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: Sept. 14 32

20. Undertaker: A B Eckersell Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80923

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21 V-0
Local Registrar's No. 1 4 a
(No. I. F. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME John E. Jorgensen

(a) Residence. No. Blackfoot R.F.D. #3 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary N. McCracken

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weston, Idaho

FATHER

13. NAME Niels J. Jorgensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Osten Bywater Mrs. Groveland, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Groveland Cem. Date Sept. 19th, 1932

19. UNDERTAKER (Address) E. J. Leek Blackfoot Idaho

20. FILED Sept 19, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1932, to Sept. 17, 1932

I last saw him alive on Sept. 17, 1932; death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gen'l Peritonitis following Acute appendicitis	
Other contributory causes of importance:	

Name of operation appendectomy + drainage Date of 9, 4, 32

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80924

PLACE OF DEATH
County of Bonneville
City of

Registration District No. 73
Primary Registration District No. 21 40
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 14 f

2. FULL NAME Thomas Goe.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~ XXXXXX): Bertha Goe.

6. DATE OF BIRTH (month, day and year): August 24, 1860

7. AGE: Years 72, Months 1, Days 4. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10. NAME OF FATHER: Wm. Henry Goe.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: (Unknown) Stratton.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Wales

14. Informant: Grant Goe
(Address) Choke Cherry Ida.

15. Filed Oct 3, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 28 1932 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Sept, 1932
that I last saw him alive on Sept 28, 1932
and that death occurred, on the date stated above, at 12:40 P. m.
The CAUSE OF DEATH* was as follows:
Chronic myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) N. R. Abbott, M. D.
Sept 30, 1932 (Address) Kirie Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Tablerock Cemetary
Date of Burial: 10/2/32 19

20. Undertaker: [signature] Address: Rigby

RECEIVED OCT 19 1932

PLACE OF DEATH

County of Bonn

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80925

Registration District No. 23

Primary Registration District No. 2 1 4 -0

Local Registrar's No. 149

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sven Munson

49

(a) Residence. No. Milo, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Carrie Munson

6. DATE OF BIRTH (month, day, and year) Oct. 28, 1882

7. AGE Years 49 Months 10 Days 3 If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8-16-32

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andrew Munson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Carrie Munson Rigby, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Milo, Cem. Date Sept. 1, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls

20. FILED Aug 31, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932, to Aug 29, 1932

I last saw him alive on Aug 29, 1932; death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	9

Other contributory causes of importance:

Name of operation Resection of bowel Date of Aug 22, 32

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Ray Hatch, M. D.

(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80926

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 1470
Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura May Williams 49

(a) Residence. No. 251-8 St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Chas H Williams

6. DATE OF BIRTH (month, day, and year): 8/22/1875

7. AGE: Years 57 | Months 0 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER
13. NAME: Joseph Mc Bride
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Josephine
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Chas H. Williams Idaho Falls
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 9/14, 1932
19. UNDERTAKER (Address): F. F. McHan Idaho Falls
20. FILED Sept 13, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9/11 1932
22. I HEREBY CERTIFY, That I attended deceased from 9/9-32, 193, to 9/9, 1932
I last saw her alive on 9/9-32, 193: death is said to have occurred on the date stated above, at 10:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Thyroid	
Other contributory causes of importance:	

Name of operation: — Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. P. Turner, M. D.
(Address) Idaho Falls Ida.

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Laura May Williams now lying buried in Rose Hill Cemetery, in the City or Town of Idaho Falls County of Bonneville State of Idaho, who died on the 11 day of Sept., 1932, Aged 57 years 11 months ___ days, the cause of death being Carcinoma of the thyroid and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

H. D. Spencer attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private (private or railway conveyance) to another lot same cemetery in the City or Town of Idaho Falls County of Bonneville State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Bonneville it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho, this 16th day of May, A.D. 1953.

Permit issued to:
Leo A. Nelsons

W. M. Benson
Director, Division of Vital Statistics
By- Mike Fielder Deputy

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Bonneville State of Idaho, this 21 day of May 1953.

K Bidwell
Health Officer

Form DPH-48019

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80927

PLACE OF DEATH
County of Bonneville
City of Rigby R.F.D. 2

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 041
(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Louise Ryset.
(a) Residence. No. Rigby Ida R.F.D. 2 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Wht.
5. Single, Married, Widowed, or Divorced (write the word.) Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 3, 1932

7. AGE

Years	Months	Days	If LESS than 1 day,
0	0	0	2 hrs. or 35 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby R.F.D. 2

PARENTS

10. NAME OF FATHER Francis Edward Ryset
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bonneville Co Ida.
12. MAIDEN NAME OF MOTHER Mary Louise Blake
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Elkhart Ind.

14. Informant (Address) Priscilla Ryset

15. Filed Sept. 20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 3 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932, to Sept 3, 1932
that I last saw her alive on Sept 3, 1932
and that death occurred, on the date stated above, at 1:45 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Prematurity
(6½ mo gestation)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) W. R. Abbott M. D.
Sept 3, 1932 (Address) Ririe Ida.

19. Place of Burial, Cremation, or Removal: Rigby Ida Date of Burial: Sept. 4 1932

20. Undertaker: None Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80928

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 135

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Glen L. Nebel

(a) Residence. No. Antelope Dry Farm St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 9 1916

7. AGE: Years 15 | Months 11 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Popular Idaho.

FATHER
13. NAME John Nebel
14. BIRTHPLACE (city or town) (State or country) Cottonwood Idaho.

MOTHER
15. MAIDEN NAME Elizabeth Bassett
16. BIRTHPLACE (city or town) (State or country) Clarkston Utah

17. INFORMENT (Address) John Nebel Ririe Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ririe Ida Date 9/12, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida

20. FILED Sept 13, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Occidental gun shot wound	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide accidental Date of injury 9/11, 1932
Where did injury occur? Home, Bonneville
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Gunshot Wound
Nature of injury Bullet Penetrated Spine

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Dr. B. J. Allen M.D.
(Address) Idaho Falls, Ida. Coroner

RECEIVED OCT 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80929

PLACE OF DEATH
County of Bonneville
City of Ucon

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 133

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nels Herbert Jensen 44

(a) Residence. No. Ucon, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mirna Jensen

6. DATE OF BIRTH (month, day, and year) April 11, 1857

7. AGE Years 75 Months 4 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Peter Jensen
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Olson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) P. H. Jensen Ucon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ucon, Idaho Date Sept 9, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Sept. 9, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 6 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to July 13, 1932. I last saw him alive on July 13 1932: death is said to have occurred on the date stated above, at 11-15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	?

Other contributory causes of importance: Chronic Myocarditis

Name of operation no Date of .....
What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) H Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 21 ND

DO NOT WRITE IN THIS SPACE
State File No. 80930

Local Registrar's No. 176

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gus Adolph Johnson

(a) Residence. No. Rt # 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 13 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andrew Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) B. E. Eastburg Rt # 3 Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL Place Rose Hill, Idaho Falls. Date Oct. 2, 1932

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls.

20. FILED Oct. 29, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h~~im alive on~~ ....., 193...: death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter~~n~~al causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Idaho Falls, Ida.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80931

Registration District No. 59

Primary Registration District No. 2129

Local Registrar's No. 63

1. PLACE OF DEATH
County of Butte
City of Howe
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Dawson Hackney

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed
6. DATE OF BIRTH: Oct (Month) 24 (Day) 1866 (Year)
7. AGE: 66 Yrs. ..... Mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): ?
9. BIRTHPLACE (State or Country): Topeka, Kansas
10. NAME OF Father: Dawson
11. BIRTHPLACE OF FATHER (State or Country): U. S.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (State or Country): U. S.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Hackney
(Address) Howe, Ida.
15. Filed Nov. 5, 1932 T. L. Salt Local Registrar

MEDICAL CERTIFICATE OF DEATH 37

16. DATE OF DEATH: Oct (Month) 24 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1932, to Oct 24 1932, that I last saw her alive on Oct 3 1932, and that death occurred on the date stated above, at 10 20 P.M.
The CAUSE OF DEATH* was as follows:

Diabetic Coma

(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Diabetes Mellitus
(Duration) 15 yrs. ..... mos. ..... ds.
(Signed) D. R. Egbert M. D.
Oct 25 1932 (Address) Arco Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Arco Ida — DATE OF BURIAL ..... 19.....
20. UNDERTAKER: Gladys Garnick — ADDRESS Arco Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE ... ENT RECORD

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80932

PLACE OF DEATH
County of Butte
City of Moore

Registration District No. 59
Primary Registration District No. 2129
(No.)

Local Registrar's No. 62

182

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Eugene Beverland

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

6. DATE OF BIRTH (month, day and year) Dec. 21-1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Carmen Ida.

PARENTS

10. NAME OF FATHER Does not know (Illegitimate)
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Does not know.
12. MAIDEN NAME OF MOTHER Bernice Palmer
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Carmen Ida.

14. Informant Scott Beverland
(Address) Moore Ida.

15. Filed Sept. 16, 1932 T. Salt Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1932, to Sept 14, 1932
that I last saw her alive on Sept., 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Accidental
Drowning
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Exam
(Signed) A. E. Gilbert, M. D.
Sept. 14, 1932 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Moore, Idaho	Oct. 15 1932.
20. Undertaker	Address
Warmore	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 15 1932

PLACE OF DEATH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 118

DO NOT WRITE IN THIS SPACE
State File No. 80933

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph A. Lowe

(a) Residence. No. Middleton St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Willie Pearl Lowe

6. DATE OF BIRTH (month, day, and year) Oct 2 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnson Co Tennessee

FATHER

13. NAME John Lowe

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Annie Cole

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Mrs. J. A. Lowe Middleton Ida

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Date 11-11, 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 11-8, 1932 John T. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 7 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 12-30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
History of bad heart.	
Died of heart from Army on account of dist-	
olicity.	
Acute dilatation of heart.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. V. Peckham Coroner

(Address) Caldwell Ida

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80934

PLACE OF DEATH

County of Canyon Registration District No. 3

City of Parma Primary Registration District No. 2007 Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Dell

(a) Residence. No. Parma Ida St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb-13-1849

7. AGE	Years	Months	Days	If LESS than 1 day,
	83	8	1	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House keeping
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER Cyprian H. Middleton

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Pennsylvania

14. Informant Mrs G. S. Sayre
(Address) Parma Ida

15. Filed Nov 2, 1932 Ethel Farries Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct - 12 - 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932, to Aug 12, 1932
that I last saw her alive on Aug 12, 1932
and that death occurred, on the date stated above, at 10-30 P.m.
The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinomatosis

(duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) Eugene T. Johnson M. D.
Oct. 15, 1932 (Address) Parma, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Roswell	10-14 1932
20. Undertaker E. V. Peckham	Address Caldwell Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dec 35

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80935

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 122

(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

742

2. FULL NAME George W. Stovel

(a) Residence. No. ~~Sanitarium~~ Gillmore St. Caldwell, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Laura A. Stovel

6. DATE OF BIRTH (month, day, and year) Jan. 28, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Abstracter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service Abstr. Co.

10. Date deceased last worked at this occupation (month and year) 10-14-32

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Chicago-Cook Co. Illinois

FATHER

13. NAME Geo. Stovel

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Margaret McParrlan

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Laura A. Stovel Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Oct. 17, 1932

19. UNDERTAKER (Address) Paul L. Case Caldwell, Idaho.

20. FILED 10-17, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1932, to Oct. 15, 1932
I last saw h~~im~~ alive on Oct 15, 1932; death is said to have occurred on the date stated above, at 5-10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Kaley, M. D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80936

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 714
(No. R.7.D. # 5)
(If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME Alephire Riuett

(a) Residence. No. R.7.D. # 5 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 30th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	5	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) St. Benoit, Quebec, Canada
(State or country)

PARENTS

10. NAME OF FATHER Baptise Boyer
11. BIRTHPLACE OF FATHER (city or town) St. Benoit, Quebec, Canada
(State or Country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) "
(State or County)

14. Informant Mr. Joe Riuett
(Address) Nampa, Idaho.

15. Filed Oct 26, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 19 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1932 to Oct 19, 1932
that I last saw her alive on Oct 19, 1932
and that death occurred, on the date stated above, at 10:55 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Senile Gangrene of foot + leg.

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? V
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Evident

(Signed) J. F. Murray, M. D.
Oct 21, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal: Mt. Calvary-Nampa — Date of Burial: 10-22 193
20. Undertaker: Mrs. Nina M. Talley — Address: Nampa Ida

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80937

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2007
Local Registrar's No. 9
(No.) 47
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude May Scott

(a) Residence. No. Caldwell #1 St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin M. Scott

6. DATE OF BIRTH (month, day and year) Jan 8 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England Michigan

PARENTS
10. NAME OF FATHER John D Clark
11. BIRTHPLACE OF FATHER (city or town) (State or Country) London England
12. MAIDEN NAME OF MOTHER Imogene A McCarty
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Brooklyn New York

14. Informant Mrs M D Catt
(Address) Caldwell #1

15. Filed Nov 2, 1932 Ethel Purvis Registrar

* MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to 10/21, 1932
that I last saw her alive on Oct. 21, 1932
and that death occurred, on the date stated above, at 3 — P m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (duration) 1 yrs. 10 mos. ds.
CONTRIBUTORY (Secondary) Generalized Carcinomatosis (duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of Jan. 1931
Was there an autopsy? no
What test confirmed diagnosis? X ray + Microscopic exams
(Signed) Eugene T. Johnson M. D.
Oct. 24, 1932 (Address) Nampa, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa Cem	10-23 1932
20. Undertaker C. V. Peckham	Address Caldwell Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED NOV

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80938

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 127

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

102

2. FULL NAME William E. Lewis

(a) Residence. No. Oreana, ida. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 26, 1906

7. AGE Years 26 Months 6 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Silver City, Ida.

PARENTS

10. NAME OF FATHER George H. Lewis

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Silver City Ida.

12. MAIDEN NAME OF MOTHER Carothers

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Colo.

14. Informant George H. Lewis.
(Address) Silver City. Ida.

15. Filed Nov. 2, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 22, 1932, October 25, 1932

that I last saw him alive on Oct 24, 1932

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Acute pleurisy and pericarditis

Pleurisy 10 days

(duration) yrs. mos. ds.

Pericarditis two days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. R. Rocks, M. D.

10-28, 1932 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Nampa, Ida. Date of Burial 10-26 1932

20. Undertaker F.K. Robinson Address Nampa Ida.

P.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 193[illegible]

PLACE OF DEATH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 80939

Local Registrar's No. 123

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Donald Dale Weedon

(a) Residence. No. Caldwell R.F.D. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 20 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thomas (State or country) Okla.

FATHER

13. NAME R. F. Weedon

14. BIRTHPLACE (city or town) R.F.D. Francisville (State or country) Ill.

MOTHER

15. MAIDEN NAME Zelda Hink

16. BIRTHPLACE (city or town) Inglewood (State or country) Kansas

17. INFORMENT (Address) R. F. Weedon - R.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date 10-77, 1932

19. UNDERTAKER D. V. Peckham (Address) Caldwell Idaho

20. FILED 10-20-1932 J. S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932, to Oct 15, 1932

I last saw him alive on Oct 14, 1932: death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonica	Oct 12-
Other contributory causes of importance: Enteritis of about 10 days standing	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) Caldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80940

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 115

(No. 101a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

PLACE OF DEATH

County of Canyon
City of Nampa R#4

2. FULL NAME Marlene Marianetta Gregory

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 7, 1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Nampa, Ida.
(State or country)

PARENTS

10. NAME OF FATHER Geo. E. Gregory

11. BIRTHPLACE OF FATHER (city or town) Okla.
(State or Country)

12. MAIDEN NAME OF MOTHER Lois Blanchard

13. BIRTHPLACE OF MOTHER (city or town) Nebr.
(State or Country)

14. Informant Geo. E. Gregory
(Address) Nampa, Ida.

15. Filed Nov 2, 1932 Lydia Rodgers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 25 (Day) 1932 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 19 32, to Oct. 25, 19 32
that I last saw h[illegible] alive on Oct. 25, 19 32
and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical Diagnosis
(Signed) Samuel Swayne, M. D.
Oct. 28, 1932 (Address) Nampa, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa, Ida.	10-28-32 19
20. Undertaker F. K. Robinson	Address Nampa Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80941

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 1005

Local Registrar's No. 119

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Emma L. Nichol

(a) Residence. No. Caldwell St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas M. Nichol

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Josephus Foreman

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Debby Sutton

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Thomas M. Nichol, Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 10-14, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 10-13, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-12 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1932, to Oct. 12, 1932

I last saw h[illegible] alive on Oct. 12, 1932; death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteric Sclerosis and Fragmentaria Myocarditis Began.	10 yr. ago

Other contributory causes of importance:

Shock and Contusions Auto Wreck Six months ago.

Name of operation Not Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) David E. Baird, M. D.

(Address) Caldwell, Ida.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80942

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 113
(No. 3 miles north) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allie Teresa Fisher

(a) Residence. No. 3 miles north St.
(Usual place of abode.)
Length of residence in city or town where death occured 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Wm. Fisher

6. DATE OF BIRTH (month, day and year) March 17th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	6	29.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cove Oregon

PARENTS

10. NAME OF FATHER Oliver Barnes.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri.
12. MAIDEN NAME OF MOTHER Minerva Kilgore
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Missouri

14. Informant (Address) Mrs Laura Berg

15. Filed Oct-26, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 16 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1932, to Sept. 10, 1932
that I last saw her alive on Sept. 10, 1932
and that death occurred, on the date stated above, at 1:30 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cancer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W. C. Hawley M. D.
Oct. 17, 1932 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal: Star, Idaho. Date of Burial: Oct. 18 1932

20. Undertaker: Mrs. Nina M. Talley Address: Nampa, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80943

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 120
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

122

2. FULL NAME John Grant Timmerman

(a) Residence. No. Nampa, Ida. St.
(If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Timmerman

6. DATE OF BIRTH (month, day and year) 2-8-63

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	8	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10. NAME OF FATHER Cornellus Timmerman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant Charles Timmerman
(Address) Nampa, Ida.

15. Filed Nov. 2, 1932 Lydia Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1932, to Oct. 12, 1932
that I last saw him alive on Oct 12, 1932
and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH was as follows:

Hypostatic Cirrhosis of Liver

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ...
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? ...

(Signed) W. C. Wolfe, M. D.
Oct. 19, 1932 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Nampa Idaho	
20. Undertaker	Address
F. K. Robinson	Nampa Ida.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80944

PLACE OF DEATH
County of Canyon
City of Melba

Registration District No. 7
Primary Registration District No. 2006
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 119

128

2. FULL NAME Asa Curtis Morse

(a) Residence. No. Melba Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 17, 1882

7. AGE	Years	Months	Days	If LESS than 1 day,
	50	3	8	....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10. NAME OF FATHER Francis Morse
11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown
12. MAIDEN NAME OF MOTHER Phebe Kelley
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown

14. Informant Mrs A. C. Morse
(Address) Melba Idaho

15. Filed Nov 1, 19.... Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 25 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1932, to Oct 25, 1932
that I last saw h.. alive on Oct 25, 1932
and that death occurred, on the date stated above, at 1 A m.
The CAUSE OF DEATH was as follows:
Heart - Mitral regurgitation with nephritis.
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W C Wolfe, M. D.
10/29, 1932 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Melba Idaho	10/27 1932
20. Undertaker	Address
F. K. Robinson	Nampa Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80945

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 122

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Infant Son of Mr& Mrs J.H.Lively.

(a) Residence. No. 2120 14th-Ave.S . St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 10-24-32

7. AGE: Years | Months | Days 1 | If LESS than 1 day, 12 hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nampa Ida.

PARENTS

10. NAME OF FATHER J.H. Lively

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill.

12. MAIDEN NAME OF MOTHER Goldie Tanner

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant J.H. Lively
(Address) Nampa, Ida.

15. Filed Nov. 2, 1932. Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 / 24 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 10/24, 1932, to ....., 19..., that I last saw him alive on 10/24 1932 and that death occurred, on the date stated above, at ~~4:45~~ 5:30 P m.

The CAUSE OF DEATH* was as follows:
Prematurity.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Difficult birth (Breech)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. E. Norwood M.D., M. D.

10/28, 1932 (Address) Medical Arts Bldg Nampa, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Nampa, Ida, | Date of Burial: 10/27 1932

20. Undertaker: F.K.Robinson | Address: Nampa Ida.

NW

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80946

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 118

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131.

2. FULL NAME Willis Harvey Angell

(a) Residence. No. Nampa, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Grace Angell

6. DATE OF BIRTH (month, day, and year): 10-26-58

7. AGE: 73 Years | Months: 11 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ermer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Boone county Mo.

FATHER
13. NAME: Ratfered Angell
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Sarah Nye
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Grace Angell Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida Date 10-5, 1932

19. UNDERTAKER (Address): F.K. Robinson Nampa, Ida.

20. FILED Nov. 2, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-7-1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to 10-1-, 1932
I last saw him alive on Sep 20, 1932: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	10-1-32
Other contributory causes of importance:	
Chronic Nephritis	1925

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) V. C. Beelman, M. D.
(Address) Nampa Ida.

V. C.

RECEIVED NOV 15 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80947

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 127

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Specht Sr

(a) Residence. No. 1901 Cleve Blvd St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word):
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) April 22 - 1861
7. AGE Years 71 Months 6 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Fred Specht
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Louise Schutz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Fred W. Specht Jr. Notus Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Nov 5, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell, Idaho

20. FILED 11-8, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-2-1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 193.., to Oct 2, 1932
I last saw him alive on Oct 25, 1932 death is said to have occurred on the date stated above, at 3+0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:
Chronic Parench.
Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) S. B. Dwelley, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80948

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 121

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Malissia Wilson

(a) Residence. No. Wilder (Usual place of abode) Idaho St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. J. Wilson

6. DATE OF BIRTH (month, day, and year) Dec 22-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gilmore Co. Georgia

FATHER

13. NAME Thomas A Ford

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Barbara Lillie Barbara

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMENT (Address) Lillie Wilson Wilder R#1 Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wilder Date Oct 16, 1932

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 10-20, 1932 J. S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to Oct 14, 1932
I last saw h[illegible] alive on Oct 13, 1932 death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Oct 9 32
Other contributory causes of importance:	
Chronic Nephritis	Several Years
Chronic Endocarditis	Several years

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Eve information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement PATION is very important. See instruction on back of certificate.

IS

CERTIFICATE OF DEATH

State File No.

City of Caldwell Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 128

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

143 b

2. FULL NAME Mrs. Anna Heder Carter

(a) Residence. No. Jordan Valley, Oregon. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James Van Allen Carter

6. DATE OF BIRTH (month, day, and year): Dec. 5, 1889

7. AGE: Years 42 Months 11 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER

13. NAME: Gustave Heder

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Charlotte Bachman

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): James Van Allen Carter, Jordan Valley, Oregon.

18. BURIAL, CREMATION, OR REMOVAL Place: Nampa, Idaho Date: 11-7, 1932

19. UNDERTAKER (Address): Paul L. Case, Caldwell, Idaho.

20. FILED: 11-12, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 1932, to 11/5, 1932

I last saw her alive on 11/5/32, 193 : death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Ectopic Pregnancy	11/2/32

Other contributory causes of importance:

Name of operation: Laparotomy Date of: 11/5/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. C. Jenner M. D.

(Address) Caldwell Idaho

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80950

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 112

(No. 209)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Edward Beck

(a) Residence. No. ..... St. Barber, Ada Co.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 30-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Falks Wholesale Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 Years

12. BIRTHPLACE (city or town) (State or country) Boise, Ida.

FATHER

13. NAME Charles Henry Beck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Brauer

16. BIRTHPLACE (city or town) (State or country) Grmany

17. INFORMENT (Address) A. Schreiber Boise, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Ida Date 10-17-32

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida.

20. FILED Oct 26, 1932 Ivy Lee Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-17 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death -	
Probable cause:	
Acute dilitation	
of heart.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. V. Beckham Coroner M.D.

(Address) Caldwell, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80951

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 115
(No. about 3 miles north)
(If death occurred in a hospital or institution, give its name instead of street and number.)

185 C

2. **FULL NAME** Susanne Lois Betts

(a) Residence. No. R. 7 D. #3 Nampa St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. / ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 24th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	22.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10. NAME OF FATHER Gilbert Betts
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Independence Kansas
12. MAIDEN NAME OF MOTHER Dorothea Feuerstein
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Marshalltown Kansas

14. Informant (Address) Mr. Gilbert Betts R.7 D.#3 Nampa, Idaho

15. Filed Oct-25, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct- 16, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Auto Accident -
Crushing skull.

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)
.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. V. Peckham Coroner
10-17, 1932 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn-Nampa	10-26 1932

20. Undertaker Address
Mrs. Nina M. Talley Nampa, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80952

PLACE OF DEATH
County of Canyon
City of Wilder
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 125

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME James Edward Charlton

(a) Residence, No. Wilder Ada St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle E. Charlton

6. DATE OF BIRTH (month, day, and year): Jan 9 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cottonwood Kansas

FATHER
13. NAME: Geo. Charlton
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Louisa Freemeyer
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): Myrtle E. Charlton Wilder, Ada

18. BURIAL, CREMATION, OR REMOVAL
Place: Canyon Hill Date: 10 - 28, 1932

19. UNDERTAKER: A. C. Peckham
(Address): Caldwell Idaho

20. FILED 11-8-, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10 - 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...
I last saw h... alive on ——, 193...: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died suddenly on public Highways of Heart Failure	
Other contributory causes of importance: Previous Heart attacks	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert E. Talbot, M. D.
(Address) Wilder, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80953

RECEIVED NOV 9 1932

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 120
(No.) 792
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Alvin Castile

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1-21-58

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Wayensbro (State or country) Tenn.

PARENTS

10. NAME OF FATHER James Castile
11. BIRTHPLACE OF FATHER (city or town) Tenn. (State or Country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) Tenn. (State or Country)

14. Informant L.C.Castile
(Address) Nampa, Ida.

15. Filed Nov. 2, 1932 Leslie Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/24/, 1932, to 10/14/, 1932, that I last saw h[illegible] alive on 10/13/32, 19..., and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:
Recurrent attacks of apoplexy. Last attack was basal in character.
(duration) 1 yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Chronic nephritis not known.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Muscular paralysis
(Signed) Geo. A. Kellogg, M. D.
10/17/1932 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa, Ida.	10-16-32

20. Undertaker	Address
F.K.Robinson	Nampa Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

K

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80954

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 124

(No. 189)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruben A Daniels

(a) Residence. No. Wilder St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 21 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisville
(State or country) Kentucky

FATHER

13. NAME Richard Daniel

14. BIRTHPLACE (city or town)
(State or country) Not known.

MOTHER

15. MAIDEN NAME Bourn

16. BIRTHPLACE (city or town)
(State or country) Not known

17. INFORMENT Kate Scruggs
(Address) Wilder Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 10-26, 1932

19. UNDERTAKER C. C. Peckham
(Address) Caldwell, Idaho

20. FILED 11-8, 1932 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-22 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1932 to Oct 22, 1932
I last saw him alive on Oct 21, 1932: death is said to have occurred on the date stated above, at 12 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of the brain	

Other contributory causes of importance:

Thrown by runaway team of horses.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 20, 1932
Where did injury occur? Wilder (Canyon) Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on public Highway
Manner of injury Thrown by Runaway
Nature of injury Head (Concussion of brain)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert E Talbot, M. D.
(Address) Wilder, Idaho

RECEIVED NOV 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80955

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 117

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Willis J. Potter
(a) Residence. No. 704 - N - Kimble St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 12 - 1854

7. AGE Years 77 Months 11 Days 25 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lycoming Co. Penn.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Harold F. Potter 906 Main Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 10-9-1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 10-20-1932 J. S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932, to Oct 7, 1932
I last saw him alive on Oct 7, 1932: death is said to have occurred on the date stated above, at 3:30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Anasarca.	
Heart. Liver and	
Kidney. Degeneration.	

Other contributory causes of importance:

Age.

Name of operation No. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) David E. Baird, M.D.
(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80956

PLACE OF DEATH
County of Canyon
City of Bowmont

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward C. Pike

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha Pike

6. DATE OF BIRTH (month, day, and year) Jan 22 1863

7. AGE: Years 69 Months 7 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Chas Pike
14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER
15. MAIDEN NAME Maria Sollers
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Martha Pike Meridian Id

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cemetery Date ....., 193

19. UNDERTAKER (Address) H. F. Mateus Meridian Id

20. FILED Aug 24, 1932 H F Mat Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 23 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at about 6 a.m.

The principal cause of death and related causes of importance ~~were as~~ follows:

Found dead in bed
History of ill health
affecting Heart
and kidneys.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. V. Peckham Coroner M. D.
(Address) Caldwell Ida

RECEIVED NOV 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80957

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonneville
City of Soda Springs

Registration District No. 97
Primary Registration District No. 2159 Local Registrar's No. 24
(No. 16)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Faye Woodall

(a) Residence. No. Soda Springs Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 20 - 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	4	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Soda Springs Ida

PARENTS

10. NAME OF FATHER James F. Woodall
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Soda Springs Ida.
12. MAIDEN NAME OF MOTHER Nellie L. Colborn
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sterling Idaho.

14. Informant Jenus F. Woodall
(Address) Soda Springs Ida

15. Filed 10-30 1932 Dr. Russell Sigurd Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct-20- 1932, to Oct-28- 1932
that I last saw h~~e~~r alive on Oct. 28 1932
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Trench Mouth.
Complicated by Dysentery

(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Dysentery
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms

(Signed) Russell Sigurd, M. D.
Oct 30 1932 (Address) Soda Springs Ida

19. Place of Burial, ~~Cremation, or Removal~~ Soda Springs Ida — Date of Burial 10-30 1932
20. Undertaker O. L. Whitmore — Address Soda Springs Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

CEIVED NOV 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80958

PLACE OF DEATH
County of Caribou
City of Soda Springs Ida

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 21
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME Elsie Thelma Hansen
(a) Residence. No. Erwin Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single
6. DATE OF BIRTH (month, day and year) April 12 1928
7. AGE Years 4 Months 6 Days 2 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) ~~Erwin Idaho~~ Idaho Falls Ida
(State or country)

PARENTS
10. NAME OF FATHER Hyrum Hansen
11. BIRTHPLACE OF FATHER (city or town) Logan Ida
(State or Country)
12. MAIDEN NAME OF MOTHER Hazel Shelton
13. BIRTHPLACE OF MOTHER (city or town) Logan Utah
(State or County)

14. Informant (Address) Wm L Shelton Soda Springs Ida
15. Filed 10-15, 1932 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) -14- (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932, to Oct. 14, 1932
that I last saw her alive on Oct 13, 1932
and that death occurred, on the date stated above, at 19 m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Dysentery Acute
(duration) yrs. mos. 21 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? Irwin, Idaho
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical & Bedding
(Signed) Eric Kackley, M. D.
10/14/32, 19 (Address) Soda Springs Id

19. Place of Burial, ~~Cremation, or Removal~~ Soda Springs Ida Date of Burial 10-15 1932
20. Undertaker E. L. Whitman Address Soda Springs Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80959

PLACE OF DEATH
County of Caribou
City of Soda Springs Ida

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 22
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME Lida Mildred Hansen
(a) Residence. No. Erwin Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby.

6. DATE OF BIRTH (month, day and year) Mch.-9-1930

7. AGE Years 2 Months 7 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Erwin Ida

PARENTS
10. NAME OF FATHER Hyrum Hansen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lago Ida
12. MAIDEN NAME OF MOTHER Hazel Shelton
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Logan Utah

14. Informant (Address) Wm T Shelton Soda Springs Ida

15. Filed 10-15 1932 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) -14- (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932, to Oct. 14, 1932, 19..
that I last saw her alive on Oct 14, 1932
and that death occurred, on the date stated above, at 8 9 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Dysentery Acute

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Irwin, Idaho
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Bact. & Physician
(Signed) Ellis Kaufman, M. D.
10/14/32, 19.. (Address) Soda Springs Id

19. Place of Burial, Cremation or Removal Soda Springs Ida
Date of Burial 10-15 1932

20. Undertaker C. L. Whiteman
Address Soda

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80960

PLACE OF DEATH

County of Caribou
City of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 23
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Pauline Gardiol Caribou County Hospital 117

(a) Residence. No. Challis, Idaho St. Challis, Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 20th, 1915

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
17	2	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Challis, Idaho

PARENTS

10. NAME OF FATHER Paul Gardiol
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Sadie Bradshaw
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Clayton, Idaho

14. Informant (Address) Paul Gardiol Challis, Idaho

15. Filed 10/28, 1932. Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 28th (Month) (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 17, 1932, to Oct. 28, 1932
that I last saw her alive on October 28, 1932
and that death occurred, on the date stated above, at 11.30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Appendicitis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 6 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? YES Date of 10/17/32
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) [illegible], M. D.
10/28, 1932 (Address) Soda Springs, Idaho

19. Place of Burial, Cremation, or Removal: Challis, Idaho.
Date of Burial: 10/31/32 19

20. Undertaker: E. D. Whitman
Address: Soda Spgs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 12 1932

DO NOT WRITE IN THIS SPACE
State File No. 80961

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2126
(No. No.)
Local Registrar's No. 363

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arta M. Satterly 90

(a) Residence. No. North of Tracks St.
(Usual place of abode.)
Length of residence in city or town where death occured 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Satterly

6. DATE OF BIRTH (month, day and year) May 31-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	6	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10. NAME OF FATHER James Hurd
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Mr. Bill Satterly

15. Filed Nov 8, 1932 H H Butler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 28 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-24, 1932, to 10-28-, 1932
that I last saw her alive on 10-27-, 1932
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Dilatation of Heart

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H H Butler, M. D.
Oct 28, 1932 (Address) Burley Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley City Cemetery	10/30 1932
20. Undertaker D.E. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80963

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2176
Local Registrar's No. 862
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Stracke
(a) Residence. No. ..... Kelco, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 24 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Annie Stracke

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
75	10	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10. NAME OF FATHER Wm. Stracke
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Annie Andrea
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mrs. August Stracke

15. Filed Nov 8, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocar. dilis
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Arteriosa
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No What test confirmed diagnosis? .....

(Signed) [illegible] M. D.
Oct 28, 1932 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal: Burley City Cemetery — Date of Burial: 10/28 1932
20. Undertaker: L.E. Johnson — Address: Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80964

PLACE OF DEATH
County of Cassia
City of Albion

Registration District No. 117
Primary Registration District No. 2198
Local Registrar's No. 81
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Anna Clark
(a) Residence. No. Albion Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Orson Clark

6. DATE OF BIRTH (month, day and year) Feb 27 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Coalville
(State or country) Utah

PARENTS

10. NAME OF FATHER John Alma Lewis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri
12. MAIDEN NAME OF MOTHER Waighta Lewis
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Edgen Utah

14. Informant (Address) John Orson Clark, Albion Idaho.

15. Filed ....., 19..... E. L. Dillon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 22, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to Sept. 22, 1932, that I last saw him alive on Sept 21, 1932, and that death occurred, on the date stated above, at 9 45 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows;
Chronic myocarditis
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Diabetes mellitus
Mediastinal malignancy (duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory
(Signed) Charles B. Farmer, M. D.
Sept 30, 1932 (Address) Oakley, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Albion Ida.	Sept. 25 1932
20. Undertaker L. E. Johnson	Address Burley Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80965

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2176 Local Registrar's No. 361
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Guillerino Aserador
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) 1913
7. AGE Years 19 Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Philippine Islands

PARENTS
10. NAME OF FATHER Porsezo Aserador
11. BIRTHPLACE OF FATHER (city or town) (State or country) Philippine Islands
12. MAIDEN NAME OF MOTHER Ropina Tabotol
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Philippine Islands

14. Informant (Address) Angel Aserador Paul Idaho

15. Filed Feb 21, 1932 H. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22 - 1932 to Oct 22 1932
that I last saw him alive on Oct 22 - 1932
and that death occurred, on the date stated above, at 7:20 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental: Crushed chest + punctured lung caused by auto truck passing over body
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? Inspection after death
What test confirmed diagnosis?
(Signed) Delano Frazier, M. D.
, 19 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal Philippine Islands
Date of Burial Nov. 8 1932
20. Undertaker D. E. Johnson
Address Burley

RECEIVED NOV 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80966

PLACE OF DEATH
County of Cassia
City of Almo

Registration District No. 119
Primary Registration District No. 2198
(No.) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Nellie Lousetta Stearns.
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 22 - 1914

7. AGE Years 18 Months 7 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Corine Utah

PARENTS
10. NAME OF FATHER Chas Stearns.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ~~Luella~~
12. MAIDEN NAME OF MOTHER Luella
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Glen White Almo Ida

15. Filed, 19 C. F. Saler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1932, to Oct. 10, 1932
that I last saw her alive on Oct. 10, 1932
and that death occurred, on the date stated above, at 7 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic myocarditis
Chr. Institial Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Charles B. Beymer, M. D.
Oct. 11, 1932 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal Almo Ida
Date of Burial Oct. 13 1932

20. Undertaker D. E. Johnson
Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80967

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 86 A
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Arthur Anderson Pike

(a) Residence. No. ... St. ...
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word.): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anneta S. Pike Dis

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 65 | Months — | Days 7 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER: Calvin C. Pike
11. BIRTHPLACE OF FATHER (city or town) (State or Country): New York NY U.S.
12. MAIDEN NAME OF MOTHER: Jennie L. Angel
13. BIRTHPLACE OF MOTHER (city or town) (State or County): New York NY U.S.

14. Informant (Address): Galord E. Pike Burley R.F.D. 2

15. Filed Nov 8, 1932 H H Cutter Registrar.
Greco

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1932, to Oct 22, 1932
that I last saw him alive on Oct. 21, 1932
and that death occurred, on the date stated above, at ... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Asthenia.
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? usual
(Signed) Joseph Fremstad, M. D.
Oct 22, 1932 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal: Burley Idaho | Date of Burial: Oct 25 1932

20. Undertaker: Jos. P. Payne | Address: Burley
License No E-271

RECEIVED NOV 9 1932

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 91
County of Clearwater Primary Registration District No. 2168
City of Elk River, Ida. (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 80968
Registered No. 4
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edward Allen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	Single

6. DATE OF BIRTH: December 18 1865
(Month) (Day) (Year)

7. AGE: 66 yrs. 9 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Pool-hall proprietor
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Connecticut

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Modine
(Address) Elk River, Idaho.

15. Filed Nov. 3 1932 Mildred Hamby Local Registrar

MEDICAL CERTIFICATE OF DEATH. 90

16. DATE OF DEATH: September 24 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17 1932, to Sept 24 1932
that I last saw him alive on Sept 24 1932,
and that death occurred on the date stated above, at 3.45 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Arterio sclerosis
Cardio Vascular Disease

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Anna T. Woodward M. D.
Nov 3 1932 (Address) Box 214 Elk River Idaho R.F.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St. Maries, Idaho. DATE OF BURIAL: Sept. 26 1932

20. UNDERTAKER: W. A. Shaw ADDRESS: Grofino, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED NOV 5 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80969

PLACE OF DEATH
County of Nezperce
City of Orofino
Registration District No. 90
Primary Registration District No. 2877
Local Registrar's No. 63
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Lloyd 90

(a) Residence. No. St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of D. Lloyd

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Henry Risher

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Susan Wright

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records State Hospital North Orofino — Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St. Hosp. No. Cemetery Date October 5, 1937

19. UNDERTAKER (Address) F. A. Dillberg, Hosp. Attat. Orofino — Idaho

20. FILED Oct 6., 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 4 1937

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1937, to October 4, 1937
I last saw her alive on October 4, 1937; death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	
Other contributory causes of importance: Senile psychosis	

Name of operation None Date of
What test confirmed diagnosis? Phys. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelway, M. D.
(Address) Orofino — Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 5 1932

PLACE OF DEATH

County of Clearwater

City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80970

Registration District No.

Primary Registration District No.

Local Registrar's No. 72

(No. 199)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ah Fong

(a) Residence. No. Pierce Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Chinese	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Wayne S. Herres

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Ida Date 10/27, 1932

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 10/27, 193 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/24 193

22. I HEREBY CERTIFY, That I attended deceased from Date of death, ascertained, 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Unknown, 193

Where did injury occur? Pierce (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. near his home

Manner of injury struck on head with stone

Nature of injury blunt instrument or tool

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wayne S. Herres Coroner

(Address) Orofino Ida

RECEIVED NOV 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80972

PLACE OF DEATH
County of Clearwater
City of Greer

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 64
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jasper S Burden
(a) Residence. No. (Usual place of abode.) Potlatch Idaho St.
(If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm Work
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oregon

PARENTS

10. NAME OF FATHER Levi Burden
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Sarah Edsel
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Illinois

14. Informant Jesse Burden (Address) Potlatch Ida.

15. Filed 11/7, 19.... H A Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at about 2 30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Crushed in automobile accident

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wayne S Harris Coroner, M. D.
....., 19.... (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Palouse Wash	
20. Undertaker	Address
Orofino Mortuary	Orofino Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80973

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 70
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Delbert Reed

(a) Residence. No. 210 So. 15th St. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of –
(or) WIFE of –

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan. (State or country) Utah

FATHER
13. NAME Sam Reed
14. BIRTHPLACE (city or town) Utah (State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained (State or country)

17. INFORMENT Records: State Hospital North (Address) Orofino – Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. H. No. Date Oct. 17, 1937

19. UNDERTAKER F. A. Billberg, Hosp. Attdt. (Address) Orofino – Idaho

20. FILED 10/18, 193... W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 15 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to October 15, 1937
I last saw him alive on October 14, 1937: death is said to have occurred on the date stated above, at 12:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Mental deficiency	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Lorrine McKelvey, M. D.
(Address) Orofino – Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80974

PLACE OF DEATH
County of Clearwater
City of Cavendish.

CERTIFICATE OF DEATH

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 6
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2050

2. FULL NAME Marion Edward Davis
(a) Residence. No. Cavendish Ida St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Nov 18 - 1915.
7. AGE Years: 16 Months: 10 Days: 25 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Cavendish Ida

PARENTS
10. NAME OF FATHER Robert F. Davis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unascertained
12. MAIDEN NAME OF MOTHER Cora Harring
13. BIRTHPLACE OF MOTHER (city or town) (State or County) North Dakota.

14. Informant (Address) C. B. Browning Cavendish Ida
15. Filed 10/16, 19.... W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 13 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at about 11 P. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Heart Trouble
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Wayne S Herres Coroner M. D.
....., 19.... (Address) Orofino Ida.

19. Place of Burial, Cremation, or Removal: Cavendish Ida
Date of Burial: 10/16 1932
20. Undertaker: Orofino Mortuary
Address: Orofino Ida.

RECEIVED NOV 5 1932

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 80975

Local Registrar's No. 75

1000

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emagan Jones

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19 - 31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino (State or country) Idaho

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME Ellis Jones

16. BIRTHPLACE (city or town) West Virginia (State or country)

17. INFORMENT (Address) Blue Bonny Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 11/3, 193

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED Oct 31, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 31 193

22. I HEREBY CERTIFY, That I attended deceased from 10/30, 193 2, to 10/30, 193 2

I last saw her alive on 10/30, 193 2; death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	10/28/32

Other contributory causes of importance:

Inhalation of peanut kernal	10/27/32

Name of operation Bronchoscopy Date of 10/27/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Hopkins, M. D.

(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80976

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 74
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Mary Davis

(a) Residence. No. St. Kellogg, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years 48 Months ? Days ? If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calidonia (State or country) New York

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Scotland (State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date 11/3, 1932

19. UNDERTAKER (Address) V. A. Shaw Orofino

20. FILED Oct 31, 193 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926 to October 30, 1932
I last saw her alive on October 29, 1932: death is said to have occurred on the date stated above, at 12:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Oct. 20, 1932

Other contributory causes of importance:
Epilepsy with psychosis

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelway, M. D.
(Address) Orofino — Idaho.

Information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80977

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 69

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1184

2. FULL NAME Susah Lea Gurnsey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 5- 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Ida

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mr S. Gurnsey

16. BIRTHPLACE (city or town) (State or country) Ida

17. INFORMENT A L Gurnsey Orofino
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date Oct 10, 193

19. UNDERTAKER V L A Shaw
(Address) Orofino

20. FILED Oct 10, 193 V L A Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 9 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 193, to Oct. 9, 193

I last saw him alive on 10-9, 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A.S. Pappenhagen, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Rec'd Nov. 5-32

PLACE OF DEATH

County of Clearwater

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80978

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 71

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Florence Irene Church

(a) Residence. No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Val Church

6. DATE OF BIRTH (month, day, and year): Feb 10-1900

7. AGE: Years 32 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Home Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER

13. NAME: O. O. Patterson

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Val Church Orofino Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Orofino Date: 10/23, 1932

19. UNDERTAKER (Address): Orofino Mortuary Orofino Ida

20. FILED 10/23, 193 L. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10 - 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 - 1, 1932, to 10 - 20 -, 1932

I last saw her alive on 10 - 20, 1932: death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia -	

Other contributory causes of importance:

Name of operation: none Date of ✓

What test confirmed diagnosis? Symptoms Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Robertson, M. D.

(Address) J. H. Robertson Orofino Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80979

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Olive Kansas Carter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) M

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Walter D. Carter

6. DATE OF BIRTH (month, day, and year) Feb 14 - 1876

7. AGE Years 56 Months 8 Days 13 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Miltonvale, Kansas
(State or country)

FATHER
13. NAME Theo Holmes
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Harriet McKay
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT Zetta Carter
(Address) Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Central Ridge Date 10/30, 193..

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 10/29, 193 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 27 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on 10-27, 1932: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
diabetes Mellitus.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) A. B. Pappenhagen, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80980

PLACE OF DEATH
County of CUSTER
City of MACKAY

Registration District No. 76
Primary Registration District No. 2135 Local Registrar's No. 160

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME LESLIE EVERETT DILLINGHAM

(a) Residence. No. MACKAY IDAHO St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Pearl Dillingham

6. DATE OF BIRTH (month, day, and year) 2/8/78

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. PUBLISHER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 9/29/32

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) ILLINOIS

FATHER

13. NAME JOHN DILLINGHAM

14. BIRTHPLACE (city or town) (State or country) NEW YORK

MOTHER

15. MAIDEN NAME MARY JORDAN

16. BIRTHPLACE (city or town) (State or country) ILLINOIS

17. INFORMENT (Address) MRS CLYDE FISHEL

18. BURIAL, ~~CREMATION, OR REMOVAL~~ XXXXXXXXXX XXXXXXX
Place MACKAY IDAHO Date 10/2/32 193

19. UNDERTAKER GLADYS GARNIER
(Address) ARCO IDAHO

20. FILED Oct 17 1932 Kore Nowacki
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/30/32 193

22. I HEREBY CERTIFY, That I attended deceased from 3/1/32, 193.., to 9/30/32, 193..
I last saw him alive on 9/30/32, 193..; death is said to have occurred on the date stated above, at 4:45p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ENDOCARDITIS, Acute	1932
CEREBRAL HEMORRHAGE	1932
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? CLIN. SYM. Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) J. P. Richards —, M. D.
(Address) MACKAY IDAHO

88

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80981

PLACE OF DEATH

County of Cuter
City of Darlington
Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 1620
(No.) 131
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Harvey Richardson

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. C. Richardson

6. DATE OF BIRTH (month, day and year) Aug 5-1890

7. AGE Years 42 Months 3 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or Country) Hailey, Ida

PARENTS

10. NAME OF FATHER Chas. H. Harvey
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Boston, Mass
12. MAIDEN NAME OF MOTHER Lillie Moore
13. BIRTHPLACE OF MOTHER (city or town) (State or County) California

14. Informant (Address) E. C. Richardson

15. Filed Nov 15 1932 Rose Nowacki Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11- (Month) 8- (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-16, 1932, to 11-4, 1932
that I last saw her alive on 11/8/32, 19
and that death occurred, on the date stated above, at 8 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septemia, pyonthra
opened abscess (duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Urine Ex.
(Signed) Carroll A. Jensen, M. D.
, 19 (Address) Arnsley Ida

19. Place of Burial, Cremation, or Removal Mackay, Idaho
Date of Burial Nov 10 1932
Undertaker Barnier
Address Arco

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80982

PLACE OF DEATH
County of CUSTER
City of MACKAY

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 163

(No. 101) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JOHN R CREIST

(a) Residence. No. CUSTER COUNTY (EAST FORK St. of SALMON RIVER
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? 53 yrs. 11 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	WIDDOWED

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3 Dec 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) during 1933 at time

11. Total time (years) spent in this occupation about 22 years

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Rose Nawacki Mackay Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mackay Ida Date Nov 4, 1932

19. UNDERTAKER Gladys Farmer (Address) Leo Ida

20. FILED Nov 15, 1932 Rose Nawacki Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 10/3/32, 193, to 11/3/32, 193
I last saw him alive on 11/3/32, 193: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Hypostatic)	4 days
Other contributory causes of importance:	
Fracture Femur (left)	30 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/3/32
Where did injury occur? East Fork; Sapmon River (Specify city or town, county, or state) Custer county
Specify whether injury occurred in industry, in home, or in public place. industry
Manner of injury Struck by falling tree
Nature of injury Fracture leg

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Obtaining wood for fuel

(Signed) A. P. Richards, M. D.
(Address) Mackay Idaho

FORM V. S. No. 5-A-25M. 1-19. RECEIVED OCT 1 19

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 80984
Local Registrar's No. 161

1. PLACE OF DEATH
County of Custer
City of Mackay
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 76
Primary Registration District No. 2153
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Bradshaw

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: March (Month) 22 (Day) 1875 (Year)

7. AGE: 57 Yrs. 6 Mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stock Raising
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Malad, Idaho

10. NAME OF Father: William Bradshaw

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER: Elizabeth Thomas

13. BIRTHPLACE OF MOTHER (State or Country): Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Bradshaw
(Address) Clayton Idaho

15. Filed Oct. 17 1932 Rose Nowack
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 1, 1932 (Month) 57 (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 30 1932, to Oct. 1 1932, that I last saw him alive on Oct. 1 1932, and that death occurred on the date stated above, at 5 A. M.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. A. Jensen M. D.
10-3 1932 (Address) Mackay, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Chilly, Idaho
Former or usual residence Chilly, Idaho

19. PLACE OF BURIAL OR REMOVAL: Chilly Idaho
DATE OF BURIAL: Oct 3 1932

20. UNDERTAKER: J. Farmer
ADDRESS: Arco Ida

...ITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
...em of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80985

PLACE OF DEATH

County of Custer
City of Mackay

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Charles Allen Matthews

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) May 20 - 1930

7. AGE — Years: 2 | Months: 6 | Days: 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Mackay, Idaho

FATHER

13. NAME Charles Allen Matthews
14. BIRTHPLACE (city or town) (State or country) Ark. Idaho

MOTHER

15. MAIDEN NAME Edna Evelyn Crowley
16. BIRTHPLACE (city or town) (State or country) Custer Idaho

17. INFORMENT (Address) Edna Matthews

18. BURIAL, CREMATION, OR REMOVAL Place Mackay Idaho Date Nov 6, 1932

19. UNDERTAKER D. Garnier
(Address) Arco Ida

20. FILED Nov. 15 1932 Rose Nowack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 — 5 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1932, to 11-5, 1932
I last saw her alive on 11-5, 1932; death is said to have occurred on the date stated above, at 2:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carroll A. Lemon M.D.
(Address) Arco Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80986

PLACE OF DEATH
County of Franklin
City of Glendale

Registration District No. 27
Primary Registration District No. 2114
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

8

2. FULL NAME Alta May Larsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. I 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Christensen Larsen

6. DATE OF BIRTH (month, day, and year) Dec. I2 I895

7. AGE Years 36 Months I0 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER
13. NAME Mark F. Porter
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Sarah Gregory
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Christensen Larsen Glendale Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address) M.W.Hendricks Preston Idaho

20. FILED Nov 8, 1932 G. W. Stater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-21 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to Oct 21, 1932
I last saw her alive on Oct 21, 1932; death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis c. decompensation	June 1932
Acute edema of lungs due to myocardial failure	Oct 21, 1932
Other contributory causes of importance: Pregnancy & labor	Oct 21, 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Orvid R. Luther, M.D.
(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 80987

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Franklin

City of Preston

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 18

(No.) 11/12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Gerald Bosworth

(a) Residence. No. Preston, Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 30 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hr.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Preston, Idaho

PARENTS

10. NAME OF FATHER Walter Bosworth

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Preston

12. MAIDEN NAME OF MOTHER Annie Purser

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Hyde Park Ut.

14. Informant (Address) Mother (Annie P. Bosworth)

15. Filed Nov 8, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth Sept. 30 1932, to Sept. 30, 1932, that I last saw him alive on Sept. 30, 1932, and that death occurred, on the date stated above, at 1 00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Premature Birth 6 Mo.
Lived One hour

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Orson L. Dimmick M. D.
Nov. 5, 1932 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Preston Idaho	19
20. Undertaker	Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 1932

PLACE OF DEATH

County of Franklin

City of Dayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80988

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 15

(No.) 162
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Don Lester Hawkins

(a) Residence. No. Dayton St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~~Nov.~~ Dec. 3 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Ut.

FATHER

13. NAME W. L. Hawkins

14. BIRTHPLACE (city or town) (State or country) Samaria Ida.

MOTHER

15. MAIDEN NAME Vivian Louise Boudrero

16. BIRTHPLACE (city or town) (State or country) Logan Ut.

17. INFORMENT (Address) W. L. Hawkins Dayton

18. BURIAL, CREMATION, OR REMOVAL
Place Logan Date , 193

19. UNDERTAKER (Address)

20. FILED Nov 8, 1932 G. W. Stutes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1931, to Oct 28, 1932

I last saw him alive on Oct 28, 1932 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Settles Disease	Dec 3, 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? P. X Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. R. Cutler, M. D.

(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1932

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80989

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205 A

2. FULL NAME Keith Larsen Herd

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 13 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Kermit Herd

14. BIRTHPLACE (city or town) (State or country) Lago Idaho

MOTHER

15. MAIDEN NAME Elsie Larsen

16. BIRTHPLACE (city or town) (State or country) Gunnison Utah

17. INFORMENT (Address) Kermit Herd Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Oct 26, 1932

19. UNDERTAKER (Address) M. W. Hendricks Preston

20. FILED Nov 8, 1932 G. W. State (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 23 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1932, to Oct 23, 1932

I last saw him alive on Sept 20, 1932; death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Death	
Cause Unknown	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) O. R. Culler M. D.

(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-A—25 M. 1-19 [illegible] 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 27
Primary Registration District No. 2119
(No. ..... St.)

File No. 80990
Registered No. 17

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Franklin

City of Weston

2. FULL NAME Wesley Andrew Fifield

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH December 21 (Month) (Day) 1875 (Year)

7. AGE 56 Yrs. 10 Mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Weston Idaho.

10. NAME OF FATHER Wathen Phelps Fifield

11. BIRTHPLACE OF FATHER (State or Country) Vermont

12. MAIDEN NAME OF MOTHER Rebecca Ann Hoopes

13. BIRTHPLACE OF MOTHER (State or Country) Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laura Peters Fifield

(Address) Weston, Idaho

15. Filed Nov 8 1932

G. W. Stoker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 27 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1932 to Oct. 27 1932

that I last saw him alive on Oct. 27 1932

and that death occurred on the date stated above, at 5:45 A. M.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(Duration) 2 Yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Orson L. Daines M. D.

Oct. 29 1932 (Address) Preston, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Weston, Idaho.	Oct. 30 1932

20. UNDERTAKER	ADDRESS
Richards-Woodland Mort.	Logan, Utah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 12 1932

PLACE OF DEATH

County of Fremont

City of Ashton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 10 2

Primary Registration District No. 6

DO NOT WRITE IN THIS SPACE

State File No. 80991

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Phillippe Warsany

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Julius Warsany

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME D K.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME D K.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Julius Warsany Squirrel, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Squirrel Date 10/28, 1932

19. UNDERTAKER Lewis Kiser (Address) Ashton, Ida

20. FILED 10/28, 1932 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 9-24-'32, 193, to 10-20-'32, 193

I last saw her alive on 10-19-'32, 193: death is said to have occurred on the date stated above, at 3:30AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure, acute.	10-20-'32
Mitral heart disease.	19 yrs
Cardiac Decompensation.	
Chr. Passive congestion liver and other organs.	
Obestty.	

Other contributory causes of importance:

Hypertrophy of liver and Portal Obstruction of unknown origin.

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

XXXX

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80992

PLACE OF DEATH
County of Fremont
City of Teton

Registration District No. 19
Primary Registration District No. 2177
Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Emma Isabell Brown

(a) Residence. No. Teton, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 24-1869

7. AGE: Years 63 Months 6 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mendon Utah

FATHER
13. NAME Martin Lewis Bird
14. BIRTHPLACE (city or town) (State or country) Wen

MOTHER
15. MAIDEN NAME Emma Gardner
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Rudger Garn Sugar City #1

18. BURIAL, CREMATION, OR REMOVAL Place Teton Ida. Date ....., 193..

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida.

20. FILED Oct 20, 1931 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1932 to Oct. 20th, 1932
I last saw her alive on Oct. 17th, 1932: death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	

Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) P. M. Kelly, M.D.
(Address) St. Anthony, Idaho.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80993

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Crawford Chase

(a) Residence. No. St. Anthony Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Ernest M. Chase

6. DATE OF BIRTH (month, day, and year) Mar. 13 - 1859

7. AGE Years 73 Months 8 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pettemoore
(State or country) Calif

FATHER
13. NAME Lee Crawford
14. BIRTHPLACE (city or town) Georga
(State or country)

MOTHER
15. MAIDEN NAME Katie Clark
16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMENT E. M. Chase
(Address) St. Anthony Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Riverview Date Nov. 6th, 1932

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Nov 6, 1932 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1932 to Nov. 4, 1932
I last saw her alive on Nov. 2nd 1932; death is said to have occurred on the date stated above, at 9:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:
Chronic nephritis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) P. M. Kelly, M. D.
(Address) St. Anthony Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 17 1937

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80994

PLACE OF DEATH
County of Fremont
City of St. Anthony
Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

112

2. FULL NAME Emma Gardner Bird

(a) Residence. No. St. Anthony Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) ~~Wife~~ of Martin Bird

6. DATE OF BIRTH (month, day, and year) April 5-1848

7. AGE Years 84 Months 3 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glostershire England

FATHER
13. NAME John Gardner
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Ann Pettit
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Jacob Johnston Peton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Peton Date July 9th, 1932

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED July 9, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6th, 1932 to July 7th, 1932
I last saw her alive on July 7th, 1932; death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	

Other contributory causes of importance:

Acute Nephritis	

Name of operation — Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) P. M. Kelly, M. D.
(Address) St. Anthony, Idaho.

RECEIVED OCT 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80995

PLACE OF DEATH
County of Fremont
City of St Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 24

(No.) 161 a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Premature Birth

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day,
			12 hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) St Anthony Idaho
(State or country)

PARENTS

10. NAME OF FATHER J E McDonnell
11. BIRTHPLACE OF FATHER (city or town) Bentonville, Arkansas
(State or Country)
12. MAIDEN NAME OF MOTHER Vesta E. Hill
13. BIRTHPLACE OF MOTHER (city or town) Grace Idaho
(State or Country)

14. Informant J E McDonnell
(Address) St Anthony Idaho.

15. Filed July 24, 1932 Sarah Munk
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 23 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1932, to July 23, 1932
that I last saw her alive on July 23, 1932
and that death occurred, on the date stated above, at 5-31 m.
The CAUSE OF DEATH* was as follows: Premature Birth
(6 hrs).

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Farley Nelson M. D.
July 23, 1932 (Address) Rexburg Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
—	July 24 1932
20. Undertaker	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of Teton Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 80996

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Ephram John Furniss

(a) Residence. No. Teton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Alzada Rebecca Bird

6. DATE OF BIRTH (month, day, and year) Oct. 5th 1852

7. AGE Years: 80 Months: X Days: 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Robert Furniss

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Bennett Lupton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. E. J. Furniss Teton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Teton Ida. Date Oct 24th 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida.

20. FILED Oct 28, 1932 Sarah Musik Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 21st, 1932

I last saw him alive on Oct 20, 1932; death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Prostate,	
Nephritis	
Retention Urine	
Old Age	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Rigby M. D.

(Address) Rexburg, Ida.

RECEIVED OCT 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80997

PLACE OF DEATH
County of Fremont
City of Rexburg #2

Registration District No. 79
Primary Registration District No. 2177 Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Alma Richey 135

(a) Residence. No. Rexburg #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8th 1859

7. AGE Years 72 Months 9 Days 20 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct. 1929
11. Total time (years) spent in this occupation Life Time

12. BIRTHPLACE (city or town) Washington
(State or country) Washington County Utah

FATHER
13. NAME N. K.
14. BIRTHPLACE (city or town) N. K.
(State or country)

MOTHER
15. MAIDEN NAME N. K.
16. BIRTHPLACE (city or town) N. K.
(State or country)

17. INFORMENT Elton Richey
(Address) Rexburg, Route #2

18. BURIAL, CREMATION, OR REMOVAL
Place Monroe Utah Date July 31st 1932

19. UNDERTAKER Vern Keller
(Address) Rexburg Ida.

20. FILED July 29, 1932 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-28 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1928, to July 28, 1932
I last saw him alive on July 28, 1932: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlargement of Prostate	Sept. 1929
Chronic cystitis	1929
Chronic infection Kidneys	1930

Other contributory causes of importance:

Name of operation Removal of prostate Date of Sept. 1929
What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) A. Sutherland M.D.
(Address) Rexburg Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80998

PLACE OF DEATH

County of Fremont

City of St. Anthony, Ida. Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 L

2. FULL NAME Nelson Doering Jackson

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bethel Main

FATHER

13. NAME D. F. Jackson

14. BIRTHPLACE (city or town) (State or country) Main

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Mrs. N. D. Jackson

18. BURIAL, CREMATION, OR REMOVAL
Place Riverview Date July 10 1932

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho.

20. FILED July 10, 1932 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1932, to July 8, 1932

I last saw h[illegible] alive on July 8, 1932; death is said to have occurred on the date stated above, at 8:23 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Aortic Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. W. Kelly, M.D.

(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 80999

PLACE OF DEATH
County of Fremont
City of North Salem
Registration District No. 9
Primary Registration District No. 9179
Local Registrar's No. 24

(No. 113)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Floyd McMinn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	9		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Salem

FATHER
13. NAME Floyd McMinn
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (city or town) (State or country) Richmond Ut.

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date 7/12, 1932

19. UNDERTAKER G. P. Eckersell (Address) Rexburg Idaho

20. FILED July 29, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 10, 1932
I last saw him alive on July 9, 1932, death is said to have occurred on the date stated above, at 9 4/4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastroenteritis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) J. A. Allison M. D.
(Address) St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81000

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Estelle Madden Hartley

(a) Residence. No. Emmett Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white	Married

6a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles P. Hartley

6. DATE OF BIRTH (month, day and year) Apr 27-1868

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
64	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

PARENTS

10. NAME OF FATHER Charles F. Madden

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Arkansas

12. MAIDEN NAME OF MOTHER Ella Coleman

13. BIRTHPLACE OF MOTHER (city or town) Boston
(State or Country) Mass

14. Informant Alice Hartley Darrah
(Address) 612-8th St. So. Fargo, N. Dak.

15. Filed 10/11, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct - 10 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932, to Oct 10, 1932
that I last saw h er alive on Oct 10 -, 1932
and that death occurred, on the date stated above, at 8 P m.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(duration) Several yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) J. L. Reynolds, M. D.
10/11, 1932 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Caldwell Ida	10/12 1932
20. Undertaker O. D. Buckmun	Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81001

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

204

2. FULL NAME Gretchen A. Bonney
(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem
4. COLOR OR RACE: wht
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Walter L. Bonney
6. DATE OF BIRTH (month, day and year): Mar 5 - 1892
7. AGE: Years 40, Months 7, Days 26. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

PARENTS
10. NAME OF FATHER: A. L. Roller
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Muncie Ind.
12. MAIDEN NAME OF MOTHER: Margaret E. Herbolt
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Indiana

14. Informant: Walter L Bonney
(Address): Emmett Idaho
15. Filed 11/2, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 1 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from I saw corpse after death only 19
that I last saw ~~h~~ no alive ~~or~~ physician in attendance
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Sudden death in bed at night possibly due to diseased heart. probably aortic stenosis.
(duration) yrs. mos. Sudden ds.
CONTRIBUTORY (Secondary): She had suffered aortic stenosis
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) J. L. Reynolds, M. D.
11/2, 1932 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Middleton Ida
Date of Burial: 11/3 1932
20. Undertaker: O. D. Buckman
Address: Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 81002
Local Registrar's No. 196

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elsie A. Bowersock

(a) Residence. No. R.F.D. Gooding Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. H. Bowersock

6. DATE OF BIRTH (month, day, and year) Mar 27-72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Ill.

FATHER
13. NAME Jacob Beety
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Amanda Smoat
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) E. H. Bowersock Gooding Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Date 10/18, 1932
19. UNDERTAKER (Address) A. C. Thompson Gooding Ida
20. FILED 10-17, 1932 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 17 1932
22. I HEREBY CERTIFY, That I attended deceased from 1926—, 193, to Oct 17, 1932
I last saw her alive on Oct 16, 1932: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	1926
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Cromwell, M. D.
(Address) Gooding Ida

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81003

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 334

40

2. FULL NAME Sarah Catherine Newland

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Newland

6. DATE OF BIRTH (month, day and year) Oct 2 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sacramento - Cal

PARENTS

10. NAME OF FATHER John Song

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Ann Barker

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Missouri

14. Informant Nancy Newland
(Address) Sept 22 Kooskia

15. Filed Sept 22, 1932 J M Verbeck Kuns Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 20 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Sept 20, 1932
that I last saw her alive on Sept 20, 1932
and that death occurred, on the date stated above, at 12 45 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular heart disease
(Rheumatic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J M Verbeck Kuns, M. D.
Sept 20, 1932 (Address) Kooskia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kooskia Cemetery	Sept 22 1932

20. Undertaker	Address
Geo Feeney	Kooskia Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81004

PLACE OF DEATH

County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184

Local Registrar's No. 336

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Matt M Sanders

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) ~~Ind~~ Philadelphia

PARENTS

10. NAME OF FATHER Not-obtainable.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not-obtainable
12. MAIDEN NAME OF MOTHER Not-obtainable
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not-obtainable

14. Informant J M Verbeck
(Address) Kooskia -

15. Filed Oct-10, 1932 J M Verbeck Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August - 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Aug 26, 1932
that I last saw him alive on Aug 26, 1932
and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:
Chronic valvular heart-disease
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J M Verbeck, M. D.
Oct-10, 1932 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Kooskia - Idaho	
20. Undertaker	Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81005

PLACE OF DEATH

County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184

Local Registrar's No. 333

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

99k

2. FULL NAME Charles H. Schofield

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan E. Schofield

6. DATE OF BIRTH (month, day and year) Aug-13-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62		5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Oil Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Harrisburg- Penn

PARENTS

10. NAME OF FATHER Philander Schofield
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not-obtainable
12. MAIDEN NAME OF MOTHER Betty Hayes
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not-obtainable

14. Informant Susan E Schofield
(Address) Kooskia - Idaho

15. Filed Sept-20, 1932 J M Verbeknes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept- 18 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Sept-18, 1932
that I last saw h. alive on Sept-18, 1932
and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis
Emphysema
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J.M. Verbeknes M. D.
Sept-19, 1932 (Address) Kooskia Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kooskia Cemetry	Sept 20 1932
20. Undertaker	Address
Geo. Treneary	Kooskia - Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81006

PLACE OF DEATH
County of Jefferson
City of Menan

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 54

164

2. FULL NAME John Alfred Hughes.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Flora Hughes.

6. DATE OF BIRTH (month, day and year): July 21 1850

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	2	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): Canada

PARENTS

10. NAME OF FATHER: George Hughes.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): ~~Canada~~ Pa. Pa.
12. MAIDEN NAME OF MOTHER: Rachel Taylor
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Mrs John Roos
(Address) Blackfoot, Idaho.

15. Filed 10-15, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 12, 1932 (Month) (Day) (Year) 19..

17. I HEREBY CERTIFY, That I attended deceased from Several, 19.., to ....., 19..
that I last saw him alive on 10/10, 1932
and that death occurred, on the date stated above, at 5:30 p m.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart disease
Suicidy (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Earl Davis M. D.
10/13, 1932 (Address) Roberts Idg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Annis, Idaho.
Date of Burial: 10-17 1932

20. Undertaker: A B Eckersell
Address: Rigby

RECEIVED NOV 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81007

PLACE OF DEATH

County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 55
(No. 182)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosalie Lucile Bitton.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 21 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	7	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Ether Carlos Bitton.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho.
12. MAIDEN NAME OF MOTHER Jenevie Ruth VanWhy.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant E. C. Bitton.
(Address) Rigby, Idaho. R. #1

15. Filed 10-28, 1932 A. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 28, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 19..., to ....., 19...
~~that I last saw him alive~~ on Oct 28, 1932
~~and~~ that death occurred, on the date stated above, at 4:00 P m.

The CAUSE OF DEATH* was as follows:
Accidental Drowning.

~~(duration)~~ ... ~~yrs.~~ ... ~~mos.~~ ... ~~ds.~~

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Symptoms
(Signed) C. B. Eckersell Coroner M. D.
10-28, 1932 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Ogden, Utah.	10/31/32 19
20. Undertaker: None.	Address: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81008

PLACE OF DEATH
County of Jefferson
City of Lorenzo

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Holland

(a) Residence. No. Lorenzo Ida. #1. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 25th 1861

7. AGE: Years 71. Months X Days 11. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weber Co. Utah. Utah.

FATHER
13. NAME John Holland.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Mary Burton
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Dora Holland Pierce Lorenzo Idaho #1.

18. BURIAL, CREMATION, OR REMOVAL Place Annis Ida. Date Nov. 9th 1932

19. UNDERTAKER (Address) Vern J. Miller Rexburg Idaho

20. FILED 11-9, 1932 C. C. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1932

22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to Nov 5, 1932

I last saw him alive on Nov 4, 1932: death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	1931

Other contributory causes of importance:

Cardio varcular	
renal disease	1930

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lorin F. Rich, M. D.

(Address) Rexburg Idaho

8/32

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Kootenai State IDAHO ~~WASHINGTON~~ Registered No. 10

Township _____ or Village _____ 81009 or

City near Spirit Lake No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

92

2. FULL NAME Dean Weller

(a) Residence: No. N. 1509 Washington St., Spokane Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 35 | Months 10 | Days 19 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk-Bohemian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Hall

10. Date deceased last worked at this occupation (month and year) Oct. 22, 1932

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Mont

FATHER

13. NAME Jerry Weller

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Christine Rodeen

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Christine Rodeen
(Address) 1145 Main St., Helena, Mont.

18. BURIAL, CREMATION, OR REMOVAL
Place Riverside Park Date Oct 27, 1932

19. UNDERTAKER HAZEN & JAEGER
(Address) Spokane, Washington

20. FILED Oct 27, 1932 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Coronary Case, 19__, to _____, 19__

I last saw him alive on _____, 19__; death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary artery sclerosis with thrombus of Left coronary

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19__

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) M B Grove, M. D.

(Address) Spokane City Coroner

c11—3184

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81010

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 137

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME George Hergert
(a) Residence. No. 941 - 6th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Marie Hergert
6. DATE OF BIRTH (month, day, and year) 1901 6-7
7. AGE Years 31 Months 4 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct. 4 - 1932
11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Geo. Hergert
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Mary Fisher
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Mrs. Marie Hergert 941 - 6th St. CD Alene Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. CD Alene Date 10-27, 1932
19. UNDERTAKER (Address) Cassedy Funeral Home CD Alene Ida.
20. FILED 10-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-24 1932
22. I HEREBY CERTIFY, That I attended deceased from 10-24-, 1932, to 10-24-, 1932
I last saw him alive on 10-24, 1932; death is said to have occurred on the date stated above, at 10 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	
Nephritis Chronic	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. H. Reed, M. D.
(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81011

PLACE OF DEATH
County of Kootenai
City of C D Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 131

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Aaron Kibler

(a) Residence. No. 1006 - N. 4th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Kibler

6. DATE OF BIRTH (month, day, and year) 1840-8-20

7. AGE: Years 92 | Months 1 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) about 1910
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo. N. Y.

FATHER
13. NAME Peter Kibler
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Ost Wash

18. BURIAL, CREMATION, OR REMOVAL Place Forest-Cem. C D Alene Date 10-17, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home C D Alene. Idaho

20. FILED 10-29, 1932 H J Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 14 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to Oct 14, 1932
I last saw him alive on Oct 13, 1932: death is said to have occurred on the date stated above, at 12 18 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3

Other contributory causes of importance:
Arterio sclerosis

Name of operation none Date of
What test confirmed diagnosis? clinical observation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) O M Husted, M. D.
(Address) Coeur d'Alene, Idaho

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81012

PLACE OF DEATH
County of Kent
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 133

(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James McKay
(a) Residence. No. North Star Hotel St. —
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) 1861 - March
7. AGE Years 71 Months 7 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Scaler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Herrick Lumber Co.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 28 yrs.

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs. Potter CdA.
18. BURIAL, CREMATION, OR REMOVAL Place Forest CdA. Date 16-13, 1932
19. UNDERTAKER (Address) Mooney Mortuary C.d.A.
20. FILED 10-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-11, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1932, to 10/11, 1932
I last saw him alive on 10/10, 1932; death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2/1-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) O M Hustel, M. D.
(Address) Coeur d'Alene Id.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81013

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Jackie Allan Tholberg 31

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 6 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) March 5 - 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10. NAME OF FATHER Helge Tholberg
11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)
12. MAIDEN NAME OF MOTHER Ellen Bergland
13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or County)

14. Informant Helge Tholberg
(Address) Spirit Lake Idaho

15. Filed 9-11-, 1932 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 10 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5th, 1932 to Sept 10, 1932
that I last saw him alive on Sept 10, 1932
and that death occurred, on the date stated above, at 4:15 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) no yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical findings

(Signed) John W Doherty M. D.
9-10, 1932 (Address) Spirit Lake Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Greenwood Cemetery Spirit Lake	9-11 1932

20. Undertaker Cassidy Funeral Home
Address Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81014

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 136

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME James Patrick Casey.

(a) Residence. No. Rathdrum Prairie St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary

6. DATE OF BIRTH (month, day, and year) March 19-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-23-32

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Carew

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mary Casey Rathdrum.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 10-26, 1932

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene.

20. FILED 10-29, 1932 N. J. Sturgis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-23 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932 to Oct 23, 1932
I last saw him alive on Oct. 23, 1932; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	10-23-32

Other contributory causes of importance:

Chronic Brights	1927
Arteriosclerosis	1927

Name of operation no Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no.
(Signed) E. R. Sprague, M. D.
(Address) Coeur d'Alene

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Wenz

DO NOT WRITE IN THIS SPACE
State File No. 81015

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 130

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

740

2. FULL NAME Horace W. Bosworth

(a) Residence. No. Hayden Lake Idaho, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie

6. DATE OF BIRTH (month, day, and year) Feb. 1-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Monmouth Ill.

FATHER

13. NAME Addison

14. BIRTHPLACE (city or town) (State or country) Warren Ohio

MOTHER

15. MAIDEN NAME Margaret Whitsman

16. BIRTHPLACE (city or town) (State or country) Monmouth Ill.

17. INFORMENT (Address) Grace B. Kendall Spokane

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest - CDA Date 10-9, 1932

19. UNDERTAKER Moonen Mortuary (Address) CDA.

20. FILED 10-29, 1932 M. J. Stivers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1930, to October 7, 1932

I last saw him alive on Oct. 7, 1932: death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Stroke Apoplexy) with Hemiplegia	Oct. 3. 32
Other contributory causes of importance: Chronic Myocarditis	Oct. 1930

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in answers to the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Wenz, M. D.

(Address) Rathdrum, Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81016

PLACE OF DEATH

County of Kootenai

City of Near Cudley

Registration District No. 123

Primary Registration District No. 220.1

Local Registrar's No. 61

(No. 742) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Louise Brady

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 26, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) New York

FATHER

13. NAME Gus Schultz

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Ella Schultz

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMENT Mrs. Pearl Moore (Address) Cataldo, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date Oct 17, 1932

19. UNDERTAKER M. C. Thornhill (Address) Kellogg, Idaho

20. FILED Oct. 28, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.2: death is said to have occurred on the date stated above, at 8 P.....m.

The principal cause of death and related causes of importance were as follows: Date of onset

apoplexy and Heart trouble, been sick for 8 yrs.

I haven't seen this case

Other contributory causes of importance:

(Signing same by request of Coroner, Mooney, Kootenai Co.)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. P. Nissen, M. D.

(Address) Kellogg, Ida.

RECEIVED OCT 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81017

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Kootenai
City of Spirit Lake

Registration District No. 71
Primary Registration District No. .....
(No. .....)
Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** Sarah Erickson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 22 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word.)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Erick C. Erickson

6. DATE OF BIRTH (month, day and year) Oct 4-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER ---Olson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Dunst Snow
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant (Address) Albert Erickson

15. Filed Sept 9, 1932 C. Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) Seventh (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4th, 1932, to Sept 7th, 1932, that I last saw her alive on Sept 7th, 1932, and that death occurred, on the date stated above, at 9 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Organic Heart Disease
Myofibrosis

(duration) 2 yrs. 3 mos. ... ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) 2 yrs. 3 mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) John W. Schurr, M. D.
Sept 7th, 1932 (Address) Spirit Lake

19. Place of Burial, Cremation, or Removal: Greenwood Cemetery - Spirit Lake — Date of Burial: 9-11 1932
20. Undertaker: Cassidy Funeral Home — Address: Pottsdrum

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 5 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81018

County of Kootenai
City of Coeur d'Alene
Registration District No. 30.
Primary Registration District No. 1050
Local Registrar's No. 134

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Holmes

(a) Residence. No. 305 Linden St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 1 1852

7. AGE — Years 80 — Months ~~10~~ 9 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Pollock Hutchinson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah A. Harvey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Guy Locke

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date 10/10, 1932

19. UNDERTAKER Lassen & Lee
(Address) Coeur d'Alene Idaho

20. FILED 10-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1932, to Oct 8, 1932

I last saw her alive on Oct 8, 1932; death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold J. Sturges, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1932

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81019

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 132

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Nellie L. Storie

(a) Residence. No. 623 - Harrison St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1862-8-21

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawrence Mich.

FATHER

13. NAME Chandler Cowles

14. BIRTHPLACE (city or town) (State or country) Kendall N.Y.

MOTHER

15. MAIDEN NAME Malinda Gleams

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMENT (Address) Mrs A. E. Hegadorne 623 Harrison St.

18. BURIAL, CREMATION, OR REMOVAL Place Forest-Cem. C'd'A. Date 10-12, 1932

19. UNDERTAKER Cassedy Funeral Home (Address) C'd'Alene

20. FILED 10-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-10 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Oct 10, 1932

I last saw her alive on Oct 9, 1932: death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Carcinoma of liver	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold J. Sturges, M. D.

(Address) C'd'A Idaho

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81020

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 128

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

181

2. FULL NAME Glen B. Williams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Marian Williams

6. DATE OF BIRTH (month, day, and year) 1885-9-6

7. AGE Years 47 Months 1 Days 2 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932-10-8
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Muskegan Mich.

FATHER
13. NAME John Blair Williams
14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER
15. MAIDEN NAME Laura Fancler
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Miriam Williams Harrison Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Plamwell Mich Date 10 —, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home. Harrison. Idaho.

20. FILED 10-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 10 a m. about.

The principal cause of death and related causes of importance were as follows: Asphyxiation

Date of onset Oct 8-32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/8, 1932

Where did injury occur? Harrison Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury In digging well

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Digging well

(Signed) [illegible], M. D.

(Address) St Maries Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81021

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 135

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205 B.

2. FULL NAME Unknown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rathdrum Ida Date 10-24, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address) Coalene Ida

20. FILED 10-29, 1932 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cebro Hemorrage?	
Found Dead	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) R.B.M. Jooney Coroner M.D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81022

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 65

(No. County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

711 a

2. FULL NAME Charlie F. Dennison

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 76 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME "
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Couty Home Moscow

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 10/31, 1932

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED 11-2-, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/26 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932, to Oct 24, 1932.
I last saw him alive on Oct 23, 1932: death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplectic Stroke	Oct 23

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. M. Lettch, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81023

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Maggie White

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Z. White

6. DATE OF BIRTH (month, day, and year): Nov. 6, 1870

7. AGE: Years 61 | Months 11 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Berlin Heights, Ohio

FATHER
13. NAME: John McMillan
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Jane McMillan
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Z. White, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow, Idaho Date: Oct. 11, 1932

19. UNDERTAKER (Address): H. R. Short, Moscow, Idaho

20. FILED 11-2-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 11:35 am, 1932, to 11:50 Oct 8, 1932
I last saw her alive on Oct 8, 1932; death is said to have occurred on the date stated above, at 11:50 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (a very free hem. causing death in 15 min.)	Oct 8th

Other contributory causes of importance:
Involved of Medullary centres
Arterio-Sclerosis & H.B.P.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81024

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 63
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Marjorie O'Connor

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 5, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

FATHER

13. NAME George O'Connor

14. BIRTHPLACE (city or town) (State or country) Kansas.

MOTHER

15. MAIDEN NAME Zelma Filiatreault

16. BIRTHPLACE (city or town) (State or country) Kansas.

17. INFORMENT (Address) George O'Connor Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place Moscow, Idaho Date Oct. 22, 1932

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 11-2-, 1932 Henry Gritman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1932 to Oct. 20, 1932

I last saw her alive on Oct 20, 1932 : death is said to have occurred on the date stated above, at 1:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	
Infection of the throat	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. L. Gritman, M. D.

(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1932

PLACE OF DEATH

County of Latah

City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81025

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Campbell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Minnie Campbell

6. DATE OF BIRTH (month, day, and year) Mar. 3, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
57	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10/32

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Topeka Kansas

FATHER

13. NAME Frank Campbell

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs. Minnie Campbell Moscow

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 10/27, 1932

19. UNDERTAKER (Address) H. R. Short Moscow

20. FILED 11-2-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1932, to Oct 32, 1932

I last saw him alive on about Nov 1, 1932: death is said to have occurred on the date stated above, at 5 34 m.

The principal cause of death and related causes of importance were as follows:

Sudden death from acute Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Clinical only Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81026

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Mrs. Olive J. Carlton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lee R. Carlton

6. DATE OF BIRTH (month, day, and year): Aug. 17, 1856

7. AGE: Years 76 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dearborn, Mo.

FATHER
13. NAME: Pumphrey
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): Mrs. W. Q. Taylor, Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow, Ida. Date: Oct. 17, 1932

19. UNDERTAKER (Address): H. R. Short, Moscow, Idaho

20. FILED 11-2-, 1932 Harry Enhorst, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 16, 1932.
I last saw her alive on Oct 1, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Many years Standing

Other contributory causes of importance:
Chronic Intestinal Nephritis

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury: None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.
(Signed) O. Armstrong, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 601
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 81027

Local Registrar's No. 67

(No. 16)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wayne Bugh

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Troy

FATHER

13. NAME: Ray Bugh

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Anna Fredrickson

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMENT (Address): Ralph Bugh Troy Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Westdale Troy Date: Nov 1 1932

19. UNDERTAKER: John J. Pickard
(Address): Troy Idaho

20. FILED 11-2-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24th, 1932, to Oct 30, 1932
I last saw him alive on Oct 30, 1932: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentary	

Other contributory causes of importance:

Pneumonia	

Name of operation: None Date of
What test confirmed diagnosis? Symtoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) [signature] M. D.
(Address) Moscow Ida

RECEIVED NOV 14 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81030

PLACE OF DEATH

County of Latah

City of Onoway

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

14

2. FULL NAME Donald Herbert Wilcox

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 6. 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Potlatch Idaho

FATHER

13. NAME Bela H. Wilcox

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Marybell Smith

16. BIRTHPLACE (city or town) (State or country) Potlatch Idaho

17. INFORMENT (Address) Mrs. A. A. Smith Onoway Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Colfax Wash. Date Oct. 20, 1932

19. UNDERTAKER D. D. Kimball (Address) Palouse Wash.

20. FILED Oct 21, 1932 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th, 1932, to Oct 18th, 1932

I last saw him alive on Oct 17th, 1932: death is said to have occurred on the date stated above, at 645 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	Oct 17th
(Influenzal)	
Other contributory causes of importance:	
Convulsions	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury V

Nature of injury V

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Thompson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 8 1932

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81031

Registration District No. 61

Primary Registration District No. 6011

Local Registrar's No. 59

(No. County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

114

2. FULL NAME Casper Steinmiller

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheat Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Not known

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) County records

18. BURIAL, CREMATION, OR REMOVAL
Place Genesee, Ida. Date 10/7, 1932

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 11-2-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/3 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to Oct 2, 1932.

I last saw him alive on Oct 2, 1932: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
Don't Know but several months ago	
Other contributory causes of importance:	

Name of operation Exploratory and Date of Oct 3

What test confirmed diagnosis? Postmortem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) F. M. Leitch, M. D.

(Address) Moscow Idaho

RECEIVED NOV 9 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81032

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 66

(No.) 88
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matilda Christine Martin

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eb. Martin

6. DATE OF BIRTH (month, day, and year) June 10, 1874

7. AGE: Years 58 | Months 4 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Eb. E. Martin Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Nov. 3, 1932

19. UNDERTAKER (Address) H. R. Short Moscow, Idaho

20. FILED 11-2-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1922, 193, to Oct 29, 1932
I last saw her alive on Oct 29, 1932, death is said to have occurred on the date stated above, at 10 30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Endocarditis	middle life
Pneumonia	Oct 20
Other contributory causes of importance:	
Generalized Edema	6 mos.
c Edema of lungs.	5 days

Name of operation Date of
What test confirmed diagnosis? Vincent - Bloody Sputum Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Moscow.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81033

PLACE OF DEATH
County of Latah
City of Princeton
Registration District No. 65
Primary Registration District No. 2-1445
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David L. Benge

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Zovla Benge

6. DATE OF BIRTH (month, day, and year) Sept. 15. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Owner

10. Date deceased last worked at this occupation (month and year) Nov. 1929

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Lacona Iowa

FATHER

13. NAME Franklin Benge

14. BIRTHPLACE (city or town) (State or country) Lexington Kentucky

MOTHER

15. MAIDEN NAME Irene Bales

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Zovla Benge Princeton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Idaho Date Nov. 11, 1932

19. UNDERTAKER D.D. Kimball
(Address) Palouse Wash.

20. FILED Nov. 10, 1932 W. J. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1932, to Nov 9, 1932

I last saw him alive on Nov 8, 1932: death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1922
Other contributory causes of importance:	
Acute Bronchitis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify W.C.

(Signed) J.W. Thompson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Embalmer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81034

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 62

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John E. Hall

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Adie Hall

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Insurance and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. real estate bisiness

10. Date deceased last worked at this occupation (month and year) 6 9/32

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Buena Vista Pre.

FATHER

13. NAME Edward C. Hall

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Margaret Leasure

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. Fred Samm Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 10/21 1932

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 11-2-, 1932 Harry Cochrane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/19 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1932, to Oct. 18, 1932

I last saw him alive on Oct. 18 1932: death is said to have occurred on the date stated above, at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1 yr.
Adenoma Prostate	3 yrs.

Other contributory causes of importance:
Anemia
Malnutrition

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Cochrane, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 13 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE
State File No. 81035

Local Registrar's No.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Iver Gorset

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Flora Gorset

6. DATE OF BIRTH (month, day, and year) March 14 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Hans Gorset

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Marit Burke

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs Iver Gorset Troy Ida

18. BURIAL, CREMATION, OR REMOVAL Place Westlake Date Oct 30 1932

19. UNDERTAKER (Address) John J. Pickerd

20. FILED Nov 13, 1932 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 193 7, to Oct 27, 193 7

I last saw him alive on Oct 27, 193 7; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1930.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. A. Meyer, M. D.

(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

EIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81036

PLACE OF DEATH

County of Lewis.
City of Nez Perce.
Registration District No. 95
Primary Registration District No. 2193
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Pearl Talbott Robinson.

(a) Residence. No. Nez Perce, Idaho St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Thos. Robinson.

6. DATE OF BIRTH (month, day, and year) June 12th, 1904.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28.	2.	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER

13. NAME F. M. Talbott.

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Mary Jane Polling.

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMENT Thos Robinson
(Address) Nez Perce, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Sept. 11th, 1932.

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED 10-18, 1932 J. M. Lyle By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 9th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept-6th, 1932, to Sept-9-, 1932
I last saw h alive on Sept-9-, 1932: death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	6 yrs

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) G. N. Cooper, M. D.
(Address) Lewiston, Idaho.
Nezperce, Ida

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81037

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) 122
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Neils O. Marsing

(a) Residence. No. Ulysses, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE: Years 71 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 30 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Neils Marsing
14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMENT (Address) Ernest L. Marsing Lemhi Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Cemetery Date 10/8", 1932

19. UNDERTAKER (Address) Wm C Hecht Salmon Idaho

20. FILED Nov 10, 1932 Elio C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 6" 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4" 1932 to Oct 6" 1932
I last saw him alive on Oct 6" 1932: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Cirrhosis of liver	unknown

Other contributory causes of importance:

Name of operation ✓ None Date of No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Stratton M.D.
(Address) Salmon, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81038

PLACE OF DEATH

County of Lemhi

City of Salmon

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No. 202) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Thomas Martindale

(a) Residence. No. Myers Cove Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Wm C Hoeble Salmon

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Ida Date 10/20, 1932

19. UNDERTAKER Wm C Hoeble (Address) Salmon Ida

20. FILED Nov 10, 1932 Chas C. Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock Caused by blows over heart region. (Homicide)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) Wm C Hoeble Coroner M. D.

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81039

PLACE OF DEATH

County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
(No.) Local Registrar's No. 42
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 b

2. FULL NAME James ~~Robert~~ Terrell Scow

(a) Residence. No. St Anthony St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 18/1932

7. AGE Years Months Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St Anthony

PARENTS

10. NAME OF FATHER Earl Scow
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lehi Utah
12. MAIDEN NAME OF MOTHER Edith Parkinson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rexburg Idaho

14. Informant E W P Parkinson
(Address) Rexburg Idaho

15. Filed 10/20, 1932 J Kyoung Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1932, to Oct 19, 1932
that I last saw him alive on Oct 18, 1932
and that death occurred, on the date stated above, at 12 noon m.
The CAUSE OF DEATH* was as follows:
Sinus thrombosis cerebral
(duration) yrs. mos. 2 ds.
CONTRIBUTOR (Secondary) Strangulated Umbelical Cord during birth
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? symptoms
(Signed) Norm F. Rich, M. D.
10/19, 1932 (Address) Rexburg Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker C B Eckersell | Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 2 1932

PLACE OF DEATH

County of Madison

City of Rexburg #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81040

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Margaret Ricks

(a) Residence. No. Rexburg #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Ricks

6. DATE OF BIRTH (month, day, and year) June 15th 1859

7. AGE Years 73 Months 3 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME Griffith Charles ~~Ricks~~

14. BIRTHPLACE (city or town) (State or country) Whales

MOTHER

15. MAIDEN NAME Ann Williams

16. BIRTHPLACE (city or town) (State or country) Whales

17. INFORMENT (Address) Mrs. John Pearson Rexburg Ida. #1

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date Oct. 10th 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 10/9, 1932 J. Kyomy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Oct 7, 1932

I last saw her alive on Oct 5, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	
Primary Carcinoma of breast	1929.

Other contributory causes of importance: Excavation

removal of left breast

Name of operation 1931 Date of .....

What test confirmed diagnosis? Cabrach Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Loren L. Rich, M. D.

(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING Dr. Rich

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M-1-19

RECEIVED NOV 2 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Madison

City of Thornton

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 100

Primary Registration District No. 2178

(No. ..... St.)

State File No. 81041

Local Registrar's No. 45

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Anita Moss

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: baby (Write the word)

6. DATE OF BIRTH: April (Month) 30 (Day) 1932 (Year)

7. AGE: ..... Yrs. 5 Mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Thornton Idaho

10. NAME OF Father: Thomas Royce Moss

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Margaret Isabel Nelson

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. R. Moss

(Address) Thornton

15. Filed 10/27 1932 J. R. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH 159C

16. DATE OF DEATH: Oct (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30 1932, to Oct 25 1932, that I last saw her alive on Oct 24 1932, and that death occurred on the date stated above, at 10 45 P M.

The CAUSE OF DEATH* was as follows:

Drainage from Spinal cord

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary): Congenital Spina Bifida since birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lorin F. Rich M. D.

10/27 1932 (Address) Rexburg Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Annis Cemetery

DATE OF BURIAL: Oct. 28 1932

20. UNDERTAKER: Vern J. Keller

ADDRESS: Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81042

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Jessie Meritt. Baker.

(a) Residence. No. Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Louisa Bush. Baker

6. DATE OF BIRTH (month, day, and year) Nov. 11th 1861

7. AGE Years 70 Months 11 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mendon, Utah

FATHER

13. NAME Joseph. Baker.

14. BIRTHPLACE (city or town) (State or country) Montrose, Iowa

MOTHER

15. MAIDEN NAME Lucy. Amelia Pack.

16. BIRTHPLACE (city or town) (State or country) Kirtland. Ohio

17. INFORMENT (Address) Mrs. Jessie M. Baker. Rexburg Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Teton Ida. Date Oct. 17th 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 10/17, 1932 J. Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Oct 13, 1932.

I last saw h/m alive on Oct 12, 1932: death is said to have occurred on the date stated above, at 3 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	1929

Other contributory causes of importance:

Cerebral hemorrhage hemiplegia	June 1-1930

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

10/15/32 (Signed) Norin V. Rich, M. D.

(Address) Rexburg Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81043

PLACE OF DEATH

County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
(No. 160)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 40

2. FULL NAME Baby Inouye

(a) Residence. No. [illegible] Rexburg St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Jap	Infant

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 3/1932

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Rexburg
(State or country)

PARENTS

10. NAME OF FATHER K. Inouye
11. BIRTHPLACE OF FATHER (city or town) Hawaii
(State or Country)
12. MAIDEN NAME OF MOTHER Kameyo Okamoto
13. BIRTHPLACE OF MOTHER (city or town) Hawaii
(State or Country)

14. Informant T. Inouye
(Address) Rexburg

15. Filed 10/8, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 7 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1932, to Oct 7, 1932
that I last saw him alive on Oct 7, 1932
and that death occurred, on the date stated above, at 5:00 P m.
The CAUSE OF DEATH* was as follows:
Icterus Neonatorum
(Immediate Cause)
(Prior Cause, Morbid Conditions, Underlying Cause)
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible], M. D.
Oct. 7, 1932 (Address) Rexburg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rexburg Cemetery	10/8 1932

20. Undertaker [illegible] Address [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81044

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 44
(No. Rigby General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola Rebecca Browning 126

(a) Residence. No. Sugar City Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of ~~(or)~~ WIFE of Charles H. Browning

6. DATE OF BIRTH (month, day, and year) Aug. 25-1886

7. AGE Years 46. Months 1. Days 28. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER
13. NAME James McFate
14. BIRTHPLACE (city or town) (State or country) N. K.

MOTHER
15. MAIDEN NAME Olaphinia Anderson
16. BIRTHPLACE (city or town) (State or country) N. K.

17. INFORMENT (Address) Charles H Browning Sugar City Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date Oct. 26, 1932

19. UNDERTAKER (Address) Vern J Kelly Rexburg

20. FILED 10/25, 1932 J Kyoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1932, to Oct 23, 1932
I last saw her alive on Oct 23, 1932; death is said to have occurred on the date stated above, at 8:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
(General diffuse septic)	Oct 18-1932

Other contributory causes of importance:
gangrenous intestine from obstruction

Name of operation Laparotomy Date of Oct 23-1932
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
10/24/32 If so, specify
(Signed) Lorne W Rich, M. D.
(Address) Rexburg Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81045

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 41
(No. ..... St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Joseph Junior Campbell

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 25 - 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	9	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Burley Idaho.

PARENTS

10. NAME OF FATHER Joseph Newton Campbell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) S. L. City. Utah.
12. MAIDEN NAME OF MOTHER Elnore Hindmarsh
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Montana.

14. Informant Herschel Bedke
(Address) Oakley, Idaho

15. Filed Oct. 11, 1932 E. M. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Sept. 2, 1932, to Oct. 7, 1932
that I last saw him alive on Oct. 6, 1932
and that death occurred, on the date stated above, at 12:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetes

from history (duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? no Date of -
Was there an autopsy? no
What test confirmed diagnosis? Symptoms & Urine tests

(Signed) E. M. Elmore, M. D.
Oct 11, 1932 (Address) Rupert Idaho

19. Place of Burial, Cremation, or Removal: Burley Ida. — Date of Burial: 19
20. Undertaker: D. E. Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81046

PLACE OF DEATH
County of Minidoka
City of Heyburn
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 42
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Bracken Lee

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 18 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72		23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tooele Utah

PARENTS

10. NAME OF FATHER Isaac Lee
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri
12. MAIDEN NAME OF MOTHER Brackett
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wisconsin

14. Informant (Address) Mrs. J. B. Lee Heyburn Idaho

15. Filed Oct. 16, 1932 E. B. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1932, to Oct. 11, 1932
that I last saw him alive on Oct. 9, 1932
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Myocarditis (chronic)

(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Chr. Glomerulo Nephritis
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of None
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Charles B. Baumer M. D.
Oct. 11, 1932 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal: Heyburn Ida. Date of Burial: Oct. 12 1932
20. Undertaker: W. E. Johnson Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81047

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. 144 24th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

86

2. FULL NAME Richard Dale Kirsch.

(a) Residence. No. 144 24th, Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22nd, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1.	3.	----.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER

13. NAME R. S. Kirsch.

14. BIRTHPLACE (city or town)
(State or country) N. D.

MOTHER

15. MAIDEN NAME Golda Le Long.

16. BIRTHPLACE (city or town)
(State or country) Idaho.

17. INFORMENT Russell S. Kirsch
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Sept. 23 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 10/3, 1932 J. M. Lyle
By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 22nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep - 19, 1932, to Sep 23, 1932

I last saw him alive on Sep 23, 1932: death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute mastoiditis	

Other contributory causes of importance:

as above - with generalized toxemia	

Name of operation Mastoid Date of

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? c Date of injury c, 193..

Where did injury occur? c
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. c

Manner of injury c

Nature of injury c

24. Was disease or injury in any way related to occupation of deceased? No If so, specify c

(Signed) Paul G. Mann, M. D.

(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81048

Registration District No. 95
Primary Registration District No. 2193
Local Registrar's No.

(No. Ft. Lapwai San.)
(If death occurred in a hospital or institution, give its name instead of street and number.) 32

2. FULL NAME John Elk

(a) Residence. No. St. Van Hook, N. Dakota
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Indian
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 1915

7. AGE Years 17 Months 0 Days Unk. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unk.
(State or country) N. Dakota

FATHER
13. NAME George
14. BIRTHPLACE (city or town) Unk.
(State or country) N. Dakota

MOTHER
15. MAIDEN NAME Carry in Arms
16. BIRTHPLACE (city or town) Unk.
(State or country) N. Dakota

17. INFORMENT (Address) Government records

18. BURIAL, CREMATION, OR REMOVAL
Place Van Hook N.D. Date 10/1/32, 1932

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho

20. FILED 10/30, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-30-32 193

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1932, to Sept. 30, 1932
I last saw him alive on Sept. 30, 1932: death is said to have occurred on the date stated above, at 10.25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unk.
Meningeal tuberculosis	9-20-32

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Pos. sputum Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81049

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Harry James

(a) Residence. No. Clarkston Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena James

6. DATE OF BIRTH (month, day, and year) Mar 1 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Electriaicn

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Washington Water Power

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15 Yrs.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Arthur A. James

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Martha Maloney

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT George D James
(Address) Winona Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Pomeroy Wash Date 10/28/32

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED 11-7, 1932 J. M. Lyle
By M.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from 10/19-32, 193..., to 10/26-32, 193...

I last saw him alive on 10/26-32, 193...; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia following a ruptured appendix	

Other contributory causes of importance:

Name of operation Appendectomy Date of 10/19-32.

What test confirmed diagnosis Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. Rowe M.D., M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE
State File No. 81051

Local Registrar's No. 128

(No. 146 24th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick Newman Jr.

(a) Residence. No. 146 24th, Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 10th, 1906.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26.	6.	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME Frederick Newman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lola Leachman.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Frederick Newman Sr. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 10/13/32. 193

19. UNDERTAKER Brower-Vann Company,
(Address) Lewiston, Idaho.

20. FILED 10-12, 1932 By M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 11th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Oct 10, 1932
I last saw him alive on Oct 10, 1932; death is said to have occurred on the date stated above, at ✓ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis about Oct 6	
Inheritably from birth.	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul W. Johnson M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81052

PLACE OF DEATH
County of Nez Perce
City of Spalding near Idaho

Registration District No. 128
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Joseph Franta

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spalding Idaho

FATHER
13. NAME Jonas Franta
14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER
15. MAIDEN NAME Louise Blackshaw
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Mrs Jonas Franta Spalding Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spalding Idaho Date 9-26-, 1932

19. UNDERTAKER
(Address)

20. FILED September 1932 George Gaigmard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-25- 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-25-, 1932, to ____, 193..
I last saw h[illegible] alive on 9-25-, 1932 death is said to have occurred on the date stated above, at 12:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
A Strong healthy baby boy born at about 11:00 P.M. babys lungs filled up with mucus and at Midnight baby died without Medical attendance	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) George Gaigmard, M. D.
(Address) Culdesac Idaho

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81053

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 1885
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwar J Doyle

(a) Residence. No. Clarkston Washington 1Hr. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elsie Doyle

6. DATE OF BIRTH (month, day, and year) May 19-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation, (month and year) 10/4/32
11. Total time (years) spent in this occupation 32Yrs

12. BIRTHPLACE (city or town) (State or country) Boulder Colorado

FATHER
13. NAME Patrick Ward Doyle
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Marcella Kelly
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Elsie Doyle Clarkston Wash
18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wash Date 10/8/32 193
19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho
20. FILED 10-16, 1932 J. M. Lyle By NB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/ 5/32 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1932, to Oct 5, 1932
I last saw him alive on Oct 5, 1932: death is said to have occurred on the date stated above, at 5 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, Shock	Oct 4-32
Secondary to	
1. Rt Pulmonary	
Laceration, Pulmonary Tuberculosis	
Syphilis & Fracture	
Other contributory causes of importance:	
Hemorrhage, uncontrollable by usual methods	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 10/5, 1932
Where did injury occur? Asotin Co. Wash
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Auto Accident
Manner of injury Auto Accident
Nature of injury Fracture Skull & Laceration

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify
(Signed) L B Stockslager, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Stockslager

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81054

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 185C

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leslie Martin Gay

(a) Residence. No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Harriett

6. DATE OF BIRTH (month, day, and year) April 13 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining Vic Pres

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining

10. Date deceased last worked at this occupation (month and year) Sept 22/32

11. Total time (years) spent in this occupation 25Yrs

12. BIRTHPLACE (city or town) (State or country) Creswell Oregon.

FATHER

13. NAME L.W. Gay

14. BIRTHPLACE (city or town) (State or country) Springfield Mo.

MOTHER

15. MAIDEN NAME Mary Welding

16. BIRTHPLACE (city or town) (State or country) Suson California.

17. INFORMENT (Address) Evans Gay Clarkston Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date 10/12, 1932

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED 10/14, 1932 J. M. Lyle By M.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/1/32 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Oct 1, 1932

I last saw h[illegible] alive on Oct 1, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Run down by Auto	
Crushed Chest and	
Basil Skull fracture.	

Other contributory causes of importance:

None

Name of operation Cerebral Symptoms Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-1, 1932

Where did injury occur? 9th Highland Clarkston Wash
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Auto Run down.

Manner of injury

Nature of injury As above stated

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81055

PLACE OF DEATH
County of Nez Perce.
City of Lewiston. Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. The White Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME John R. Van Bochove.

(a) Residence. No. St. Kalamazoo, Michigan.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 29th, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	6.	24.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Florist.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kalamazoo,
(State or country) Michigan.

FATHER
13. NAME Richard Van Bochove.
14. BIRTHPLACE (city or town)
(State or country) Netherlands.

MOTHER
15. MAIDEN NAME Johanna Amos.
16. BIRTHPLACE (city or town)
(State or country) Netherlands.

17. INFORMENT Mrs. John Van Bochove.
(Address) Kalamazoo. Michigan.

18. BURIAL, CREMATION, OR REMOVAL
Place Kalamazoo, Mich. Date 10/27/32. 193

19. UNDERTAKER Brower-Vann Co.
(Address) Lewiston, Idaho.

20. FILED 10-26, 1932 J. M. Lysle
By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 23rd 1932.

22. I HEREBY CERTIFY, That I attended deceased from 10/20-1932, 193..., to 10/23-1932, 193...
I last saw him alive on 10/22-, 1932: death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic laceration of pancreas, due to auto wreck.	
Other contributory causes of importance Internal hemorrhage and shock.	

Name of operation Laperotomy Date of 10/21-32
What test confirmed diagnosis Laparotomy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/20, 1932
Where did injury occur? Whitman Co. Wash.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway.
Manner of injury Auto wreck.
Nature of injury Laceration of pancreas

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. Rowe, M.D., M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81056

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Lindsley Newton Maupin.

(a) Residence. No. Somerville Home. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced: (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18th, 1860.

7. AGE Years 72. Months 5., Days 23. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eugene, Oregon.

FATHER
13. NAME Adam Boyd Maupin.
14. BIRTHPLACE (city or town) (State or country) Not known. " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs Grace Howarton Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 10/14/32. 193

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 10-20, 1932 J. M. Lyle By NB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 11th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932 to Oct. 11, 1932
I last saw him alive on Oct 7, 1932 death is said to have occurred on the date stated above, at 7 30 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Stomach with Metastes

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81057

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs Amelia Drummond
(a) Residence. No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Jan, 21 1875
7. AGE Years 57 Months 8 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cornwell England

FATHER
13. NAME Matthew Treglown
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Elizabeth Allen
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Harold Drummond Kellogg Idaho
18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Kellogg Idaho Date 10/8/32 193
19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho
20. FILED 10-18, 1932 J. M. Lyle By M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 7 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct. 6th 1932, 193, to Oct. 7th, 1932
I last saw her alive on Oct. 7th, 1932: death is said to have occurred on the date stated above, at 5 45 p. m.
The principal cause of death and related causes of importance were as follows:
Acute dilitation of the heart
Date of onset
Other contributory causes of importance:
High blood pressure - Chronic nephritis
Name of operation None Date of
What test confirmed diagnosis? Signs & symptoms Was there an autopsy?
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Rouse, M.D., M. D.
(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of near Webb Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128
Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE
State File No. 81058

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mary E. Slenker

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Cook

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Edward L. Slenker Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 10-22, 1932

19. UNDERTAKER (Address) Brower-Wynn Co. Lewiston Idaho

20. FILED October 1932 George Gaumnard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-21-, 1932 to ____, 193__
I last saw h[illegible] alive on 10-21-, 1932: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhge	10-21-32

Other contributory causes of importance:

Chronic Rheumatism was bed fast for 3 months	2 years

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193__
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify —

(Signed) George Gaumnard, M. D.
(Address) Culdesac Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

24

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81059

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. Somerville Home. 655)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reuben Griffith Ziegler.

(a) Residence. No. Lewiston Orchards. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 15th, 1889.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43.	1.	24.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME Henry Ziegler.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs. Reuben Ziegler Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Oct. 11th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 10-18, 1932 J. M. Lyle Registrar.
By 478

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 9th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Oct. 9, 1932
last saw him alive on Oct. 7, 1932. death is said to have occurred on the date stated above, at 8:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease -	?
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81060

PLACE OF DEATH

County of Nez Perce
City of Gifford

Registration District No. 92
Primary Registration District No. 2170
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 44

2. FULL NAME Thelma Jeane Torgerson 71a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6 DATE OF BIRTH (month, day and year) 9-21-1932

7 AGE: Years \ Months \ Days 11 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) \
(c) Name of employer \

9 BIRTHPLACE (city or town) (State or country) Gifford Ida

PARENTS
10 NAME OF FATHER Edward J Torgerson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Brainard Minn
12 MAIDEN NAME OF MOTHER Meta Stellyes
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Palmer Kansas

14 Informant E. J. Torgerson
(Address) Gifford Idaho

15 Filed 10-2, 1932 E. E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 2 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9-21, 1932, to 10-2, 1932, that I last saw her alive on Oct 1st, 1932, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH*, was as follows:
Meningitis

..... (duration) \ yrs. \ mos. 1 ds.

CONTRIBUTORY (Secondary) .....
\ (duration) \ yrs. \ mos. \ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Objective

(Signed) E. E. Watts, M. D.
10-2, 1932 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Good Hope
Date of Burial: 10-3 1932

20. Undertaker: Brower Hanna
Address: Lewiston

RECEIVED OCT 17 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81061

County of Oneida
City of Malad
Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 25

(No.) 124
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Racheal Griffiths Hawkins

(a) Residence. No. Malad Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ephraim M Hawkins

6. DATE OF BIRTH (month) March (day) 27 (year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME William T Griffiths

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Elizabeth Morgan

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Ephraim M. Hawkins Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Burial Date Sept 21, 1932

19. UNDERTAKER (Address) J. Guy Kance Malad Idaho

20. FILED 9/30, 1932 J M. Arms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to Sept 18, 1932
I last saw her alive on Sept 15, 1932. death is said to have occurred on the date stated above, at 1055 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture gall bladder	
gall stones	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O H Mabey, M. D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81062

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 27

(No. 10)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Laurel Thomas

(a) Residence. No. Malad Ida St. North Main
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 30 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Llewellyn Espy Thomas

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Ethel Price

16. BIRTHPLACE (city or town) Malad
(State or country) Idaho

17. INFORMENT (Address) Espy Thomas Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Oct 12, 1932

19. UNDERTAKER J. Espy Rees
(Address) Malad Idaho

20. FILED 10-31, 1932 J. M. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 193 2 to Oct 10, 1932

I last saw him alive on Oct 10, 1932: death is said to have occurred on the date stated above, at 5:P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	Sept 1932

Other contributory causes of importance:

Diphtheritis
Myocarditis.

Name of operation none. Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) V. O. Garst, M. D.

(Address) Malad, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81063

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 7069
Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.) 148

2. FULL NAME Laura Archibald Peay

(a) Residence. No. Malad Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Clyde B Peay

6. DATE OF BIRTH (month, day and year) July 18 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Daniels Idaho

FATHER

13. NAME Willard James Archibald

14. BIRTHPLACE (city or town) (State or country) Wellsville Utah

MOTHER

15. MAIDEN NAME Laura Bigler

16. BIRTHPLACE (city or town) (State or country) Farmington Utah

17. INFORMENT (Address) Clyde B Peay Daniels Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place St John Idaho Date Sept 23 1932

19. UNDERTAKER J. Seg Ramsa
(Address) Malad Idaho

20. FILED 9/30, 1932 J. M. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 20 1932 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1932, to Sept 20, 1932
I last saw h[illegible] alive on Sept 20, 1932: death is said to have occurred on the date stated above, at 5:20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	Sept 19
Puerperal	2 hrs. after delivery.
Had not attended case until delivery.	

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Urine examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) V. B. Garrett, M. D.
(Address) Malad, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81064

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 29

45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha E. Palmer Hill

(a) Residence. No. Malad Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Richard N. Hill.

6. DATE OF BIRTH (month, day, and year) Mar. 23-1875

7. AGE Years 57 Months 7 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Malad Ida.

FATHER

13. NAME Joseph Palmer

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Maria Gardner

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) R. N. Hill Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Ida Date Nov. 3, 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Ida

20. FILED 10-31, 1932 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 31 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to Oct 31, 1932

I last saw her alive on Oct 31, 1932, death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Mesentery and abdominal contents	
Illegible	

Other contributory causes of importance:

Name of operation Exploratory Date of Mar 1932

What test confirmed diagnosis? Mic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) O. H. Mabey, M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV ... 1932

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81065

Registration District No. 24

Primary Registration District No. 2069 Local Registrar's No. 28

(No.) 100a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alta Margaret Tubbs

(a) Residence. No. Community Hospital St. Malad Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 3rd 1906

7. AGE Years 26 Months 2 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept 22 1932
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) East Garland Utah

FATHER
13. NAME William Albert Tubbs
14. BIRTHPLACE (city or town) (State or country) Farmington Utah

MOTHER
15. MAIDEN NAME Catherine Johnson
16. BIRTHPLACE (city or town) (State or country) Deweyville Utah

17. INFORMENT (Address) Golda Tubbs Holbrook Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Holbrook Ida. Date Burial Nov 2, 1932

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED 10-31, 1932 J. M. Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to Oct 30, 1932

I last saw her alive on Oct 29, 1932 death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial and Pericarditis	

Other contributory causes of importance:

Boils on face (infection)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Malad Idaho

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Alta Margaret Tubbs

now lying buried in Holbrook Cemetery, in the City or Town of Holbrook

County of Oneida State of Idaho, who died on the 30 day of October, 1952, Aged 26 years 2 months 27 days, the cause of death being Pneumonia, Bronchial and Pericarditis and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

O. H. Mabey, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance to Malad City Cemetery in the City or Town of Malad County of Oneida State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Oneida it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 4th day of May, A.D. 19 61.

Permit issued to:
Raiford G. Benson
Benson Funeral Home
Malad, Idaho

W. W. Benson
by
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of State of Idaho, this day of , 19 .

Health Officer

FORM BH 56-019

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81067

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charity E. Clelland 91b

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: David I. Clelland
6. DATE OF BIRTH (month, day, and year): April 4-1854
7. AGE: Years 78, Months 6, Days 22, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Buffalo Missouri

FATHER
13. NAME: Crawford
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): J. W. Clelland Jerome Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Payette Idaho Date: Oct 27, 1932
19. UNDERTAKER (Address): Glenn C. Landon Payette Idaho
20. FILED Oct 30, 1932 J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 26 - 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1932, to Oct. 26, 1932.
I last saw her alive on Oct. 25, 1932: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....
(Signed) C. C. Paxton, M. D.
(Address) Fruitland Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81069

PLACE OF DEATH
County of Payette
City of Fruitland
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lottie Fay Thurston

205b

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: none
6. DATE OF BIRTH (month, day, and year): Oct 23 1932
7. AGE: Years | Months | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Fruitland, Idaho

FATHER
13. NAME: Frank Thurston
14. BIRTHPLACE (city or town) (State or country): Cumming, Iowa

MOTHER
15. MAIDEN NAME: Alice Van Cauhouton
16. BIRTHPLACE (city or town) (State or country): Washington, Kansas

17. INFORMENT (Address): Frank Thurston, Fruitland Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette Ida, Date: Oct 30, 1932

19. UNDERTAKER (Address): Glenn C. Landon, Payette Idaho

20. FILED: Oct 30, 1932 J. C. Woodward, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 28/1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 23/1932, 193.. to Oct 28/1932, 193..
I last saw her alive on Oct 26, 1932; death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Death occurred from a single convulsion	

Other contributory causes of importance:

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. C. Woodward, M. D.
(Address) Payette Id

FORM V. S. No. 5-25 M. 1-19.

RECEIVED NOV 9 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Payette

City of New Plymouth

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4

Primary Registration District No. 1008

(No. ..... St.)

File No. 81070

Registered No. 42

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Indie V Reynolds

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: June (Month) 22 (Day) 1906 (Year)

7. AGE: 26 Yrs. 4 Mos. 22 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Smallette Mo.

10. NAME OF FATHER: J. M. Reynolds.

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Dora Barnes

13. BIRTHPLACE OF MOTHER (State or Country): Kty.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Reynolds

(Address) New Plymouth

15. Filed Oct 30 1932 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

107

16. DATE OF DEATH: Oct. (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Oct 14 1932 that I last saw him alive on Oct 14 1932 and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) — Yrs. — mos. 2 ds.

Contributory (Secondary) Mitral Stenosis

(Duration) 20 yrs. — mos. — ds.

(Signed) W W Keller M. D.

Oct 14 1932 (Address) New Plymouth, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: New Plymouth.

DATE OF BURIAL: 10/16 1932

20. UNDERTAKER: H L Peterson

ADDRESS: Ontario Ore

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 3 1932

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81071

Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 29

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry C. Ringe

(a) Residence. No. American FAlls St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Meta Ringe

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Ringe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Tonjes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Meta Ringe wife

18. BURIAL, CREMATION, OR REMOVAL Place American Falls Date Oct 31, 1932

19. UNDERTAKER N. L. Dennis
(Address) Am. Falls Idaho

20. FILED Oct. 31, 1932 Genevieve North Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1932, to 10-27, 1932

I last saw h alive on 10-27, 1932; death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Epithelioma	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Logan, M. D.

(Address) American Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 3 1932

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81072

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 30

(No. Schiltz Memorial Hospital) 101a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maisie Ann Oliver

(a) Residence. No. ~~Schiltz Memoral Hospital~~ American Falls
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter L. Oliver

6. DATE OF BIRTH (month, day, and year) October 25 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Oct

12. BIRTHPLACE (city or town) (State or country) Corrieville, Kans

FATHER

13. NAME John West

14. BIRTHPLACE (city or town) (State or country) Kanses

MOTHER

15. MAIDEN NAME Eleithe Wigley

16. BIRTHPLACE (city or town) (State or country) Kanses

17. INFORMENT (Address) Mrs Olive Hays Idaho Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Am Falls, Ida Date , 193

19. UNDERTAKER H. D. Davis
(Address) American Falls, Idho

20. FILED Nov. 1, 193 2 Genevieve Nott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/30 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1932, to 10-30, 1932

I last saw her alive on 10-30, 1932; death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. G. Logan, M. D.

(Address) American Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81073

PLACE OF DEATH

County of Power

City of American Falls

Registration District No.

Primary Registration District No.

Local Registrar's No. 27

(No. 122)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Scherar

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Katherine Scherar

6. DATE OF BIRTH (month, day, and year) July 1, 18

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John Scherar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Wm Scherar

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place American Falls Date , 193

19. UNDERTAKER J. H. Downs (Address) American Falls, Idaho

20. FILED 10-13-, 1932 Genevieve Wolfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1932, to 10-13, 1932

I last saw ~~him~~ alive on 10-13, 1932, ~~death is said~~ to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Cirrhosis	

Other contributory causes of importance:

Cardiac Hypertrophy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Logan, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81074

PLACE OF DEATH

County of Power

City of American Falls Registration District No. 23

Primary Registration District No. 2079 Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Helen Schritter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 13, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) American Falls
(State or country)

FATHER

13. NAME Edward Schritter

14. BIRTHPLACE (city or town) N. Dak.
(State or country)

MOTHER

15. MAIDEN NAME Erma Wade

16. BIRTHPLACE (city or town) Farmun Idaho
(State or country)

17. INFORMENT Edward Schritter
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place American Falls Date Oct. 15 1932

19. UNDERTAKER H. L. Davis
(Address) American Falls Idaho

20. FILED 10-15-, 1932 Genevieve Nott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1932, to 10-14, 1932

I last saw her alive on 10-14, 1932; death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Vic Logan, M. D.

(Address) .....

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81075

PLACE OF DEATH
County of Shoshone
City of ~~Kellogg~~ Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 84

(No.) 66
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Loy M. Palmer

(a) Residence. No. 524 Main - Kellogg
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas. M. Palmer

6. DATE OF BIRTH (month, day, and year) Oct 21-1877

7. AGE: Years 55 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williams - Mo.

FATHER
13. NAME Samuel Kell
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME Loy M Kell
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) C M Palmer

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Date Oct. 6, 1932

19. UNDERTAKER (Address) R. L. Stout Kellogg Ida.

20. FILED Nov. 7th, 1932 C. S. Stout Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1932, to Oct 3, 1932
I last saw her alive on Oct 3, 1932: death is said to have occurred on the date stated above, at Oct 4 11.30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
alcoholism,	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. R. Mason, M. D.
(Address) Kellogg, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

— Mason —

RECEIVED NOV 9 1932

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81076

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Glenn Laurel McLeod

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec 28 - 1874

7. AGE Years [illegible] Months 9 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penne

FATHER
13. NAME Thorne
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Mrs. Doolittle

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~
Place Spokane Date Oct. 6, 1932

19. UNDERTAKER (Address) R. L. Stout Kellogg Idaho

20. FILED Oct. 28, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to Oct. 5, 1932
I last saw her alive on Sept 30, 1932: death is said to have occurred on the date stated above, at A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia, terminal	10-3-32
Osteomyelitis - Mandible	6-6-32
Anemia, Secondary	July, 1932

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

"Doc Anderson"

RECEIVED 1937

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81077

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 88

(No. C Providence Hospital 100a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis E. Landis

(a) Residence. No. 420 River St. St. Wallace Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 5th 1888

7. AGE Years 43 Months 11 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska.

FATHER

13. NAME William Landis

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Sydnah Edwards

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Joe E. Landis Parkhidge, Calif.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Martinez Cal. Date Oct 30th 1932

19. UNDERTAKER (Address) B. G. Marstell Wallace Ida

20. FILED Nov. 9th, 1932 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932 to Oct 22, 1932

I last saw h. m. alive on Oct 22, 1932; death is said to have occurred on the date stated above, at 4 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	5-6 days

Other contributory causes of importance: Myocarditis Chr several yrs

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Mowery M.D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1932

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81078

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 81

(No. 204)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ole Cheyne

(a) Residence. No. Mullan Idaho St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Apr 25 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Lead Mining

10. Date deceased last worked at this occupation (month and year) Oct.

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) Aberdeen (State or country) Scotland.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) Ole Cheyne Mullan Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Ida Date Oct 11, 1932

19. UNDERTAKER (Address) C. A. Burr / Ward and Co / Wallace Ida.

20. FILED Nov 7th, 1932 C S Bloom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193... ; death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently Heart Failure	
due to Old Age	
Contributory Cause Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteriosclerosis	Several years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. D. Flowerday M.D.

(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81079

PLACE OF DEATH

County of Shoshone
City of Kingston

Registration District No. 123
Primary Registration District No. 2291
Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mrs. Luvena Holland

(a) Residence. No. ..... St. Kingston
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	~~Married~~ Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Robert J Holland

6. DATE OF BIRTH (month, day, and year) Dec 17, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME David Smith

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Margaret Littlefield

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) Mrs. Grant Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kingston Date Oct. 3 1932

19. UNDERTAKER A B Thornhill
(Address) Kellogg Ida

20. FILED Oct 28, 1932 Dud Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932, to Oct 1, 1932

I last saw her alive on Sept 30, 1932; death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Aug 6, 1932
Hemiplegia, left	Aug 6, 1932

Other contributory causes of importance:

Hypertension	unknown

Name of operation none Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hazel T Anderson, M. D.

(Address) Kellogg, Idaho

RECEIVED NOV 9 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81080

Registration District No. 12 3

Primary Registration District No. 1 2 0 1 Local Registrar's No. 60

(No.) 186
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beth T Frost

(a) Residence. No. Kellogg Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. Single, Married, ~~Widowed~~, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 54 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) No record

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Date 11/ , 193

19. UNDERTAKER (Address) R. J. Hearty Kellogg Ida

20. FILED Oct 28, 193 x Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on 10/10 , 193 ; death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Liver	Unknown

Other contributory causes of importance:

Crushed by falling roof	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/10 193 2

Where did injury occur? Specify city or town, county, and State. Shoshone Co. Kellogg Ida

Specify whether injury occurred in industry, in home, or in public place. Sunshine Mine

Manner of injury Crushed by roof

Nature of injury Ruptured Liver

24. Was disease or injury in any way related to occupation of deceased? If so, specify. Yes

(Signed) Chas. Hawkins Coroner

(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81081

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 85-
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lamont Webster Ward
(a) Residence. No. Delta, Idaho St. Delta Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Salina Ward
6. DATE OF BIRTH (month, day, and year): May 3 - 1852
7. AGE: Years 80 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Prospector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Placer Mining.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West Virginia

FATHER
13. NAME: Levi Ward
14. BIRTHPLACE (city or town) (State or country): West Virginia

MOTHER
15. MAIDEN NAME: Salina Wamsley.
16. BIRTHPLACE (city or town) (State or country): West Virginia

17. INFORMENT (Address): Mrs Salina Ward Delta, Ida.
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Murray Ida Date: Oct 6 1932
19. UNDERTAKER (Address): J A Bower (Ward Undertaking Co) Wallace, Ida.
20. FILED: Nov 7th, 1932 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 4th 1932
22. I HEREBY CERTIFY, That I attended deceased from February, 1932, to Oct 4th, 1932
I last saw him alive on Oct 4th, 1932: death is said to have occurred on the date stated above, at 7:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart	
Broken Compensation	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) James R Bean, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

ECEIVED NOV

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81082

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 87

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Hilda Haapala

(a) Residence. No. 307 3rd St Mullan St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ ~~(or)~~ WIFE of James Haapala

6. DATE OF BIRTH (month, day, and year) March 24 1876

7. AGE: Years 56 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME John Halli

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Velma Gustafson Mullan Id

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Id Date Oct 23 1932

19. UNDERTAKER (Address) B G Morstell Wallace Idaho

20. FILED Nov 7th, 1932 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from October, 1931, to Oct 20, 1932

I last saw her alive on Oct 20, 1932: death is said to have occurred on the date stated above, at 4 pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	6 mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James R Bean, M. D.

(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81083

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 89
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

38

2. FULL NAME Dena Lee
(a) Residence. No. Wallace St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 34 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day and year) Feb 14 - 1898

7. AGE Years 34 Months 8 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wallace Idaho

PARENTS
10. NAME OF FATHER Emil Tomsche
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Austria
12. MAIDEN NAME OF MOTHER Theresa Jasick
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Bohemia

14. Informant (Address) Mrs Theresa Tomsche Wallace Ida.

15. Filed Nov 7th, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 27 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Oct, 1932
that I last saw her alive on 10/26, 1932
and that death occurred, on the date stated above, at 3 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Syphilis

(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Myocarditis chronic
(duration) 1 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Blood Wassermann
(Signed) E. J. Fitzgerald, M. D.
10/28, 1932 (Address) Wallace Idaho

19. Place of ~~Burial~~, Cremation, or ~~Removal~~ Bokane Wash
Date of Burial Oct 29 1932

20. Undertaker J. A. Bower Ward Mud Co.
Address Wallace, Ida.

RECEIVED NOV 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
81084
State File No. .....

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Teton
City of Driggs R.D.

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 7
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. **FULL NAME** Christian Jacobsen

(a) Residence. No. ..... Driggs Idaho R.F.D. St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johanna Peterson Jacobsen

6. DATE OF BIRTH (month, day and year) Sept-13-1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	1	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark.

PARENTS

10. NAME OF FATHER Don't Know.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know.
12. MAIDEN NAME OF MOTHER Karron Marie Hansen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark.

14. Informant Steve Larsen
(Address) Driggs Ida R.F.D. #1.

15. Filed 11-8-, 1932 Alice M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Nov 1, 1932
that I last saw him alive on Nov 1, 1932
and that death occurred, on the date stated above, at 4:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ..... yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 3 yrs. 5 mos. 2 ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) G. H. Parkinson, M. D.
....., 19..... (Address) Driggs Ida

19. Place of Burial, Cremation, or Removal: Darby Cemetary — Date of Burial: Nov. 3, 1932

20. Undertaker ..... Address .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81085

PLACE OF DEATH
County of Teton.
City of Driggs R.D.

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 8
(No. 92)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William D. Dustin
(a) Residence. No. Driggs Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 28 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Beautiful Ut

PARENTS

10. NAME OF FATHER Seth Dustin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. Y. City N. Y.
12. MAIDEN NAME OF MOTHER Hannah Durland
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio. Tuscarawas

14. Informant Monica Dustin
(Address) Driggs Idaho R.D. 2.

15. Filed 11-3-, 1932 Ora M Greene, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov / 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Nov 1, 1932, that I last saw him alive on Oct 28, 1932, and that death occurred, on the date stated above, at 5:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Embolis of Coronary artery
(duration) Sudden yrs. mos. ds.
CONTRIBUTORY (Secondary) Gangreen of the leg
(duration) 3 yrs. 6 mos. 15 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) G. L. Parkinson, M.D.
Nov 3, 1932 (Address) Driggs Ida

19. Place of Burial, ~~Cremation, or Removal~~ Driggs Cemetary — Date of Burial 11-4-1932
20. Undertaker — Address —

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED NOV 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS
State File No. 81080

PLACE OF DEATH

County of Teton

City of Victor

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Moroni Tonks

(a) Residence. No. Victor Idaho St.
(Usual place of abode) (If nonresident give city or town an

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna A Gobel

6. DATE OF BIRTH (month, day and year) Oct 15/1856

7. AGE: Years 75 Months 11 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) N.Y. U.S.A

PARENTS

10. NAME OF FATHER William H Tonks

11. BIRTHPLACE OF FATHER (city or town) (State or Country) ~~N.Y.~~ England

12. MAIDEN NAME OF MOTHER Martha Derricot

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant ~~Vict Cemetary~~
(Address) Elijah Tonks. Victor Idaho

15. Filed Oct 18, 1932 Abie M. Greene Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 5 (Day)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1932, to Oct. 5

that I last saw him alive on Oct. 5

and that death occurred, on the date stated above, at 4.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(duration) yrs. several m

CONTRIBUTORY (Secondary) Chronic Encodarditis

several (duration) yrs. m

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical mani

(Signed) L. T. Reaver

10/7, 1932 (Address) Driggs

*State the DISEASE CAUSING DEATH, or in deaths fro CAUSES, state (1) MEANS AND NATURE OF INJU whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Victor Cemetary Date of Oct 8

20. Undertaker: A B Elsevier Address R

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81087

PLACE OF DEATH
County of Twin Falls
City of Rogerson

Registration District No.
Primary Registration District No.
Local Registrar's No. 192

(No. Rogerson)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Samuel L. Maltby

(a) Residence. No. Rogerson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 2-1861

7. AGE Years 70 Months 10 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eng.

FATHER
13. NAME Joseph Maltby
14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER
15. MAIDEN NAME Catherine Lees
16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMENT (Address) W. J. Maltby Rogerson

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Oct 12 1932

19. UNDERTAKER (Address) S. C. Phillips

20. FILED 10/7, 1932 George C. Halley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 7 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ saw deceased on Oct 7, 1932
I last saw him ~~alive~~ on Oct 7, 1932: death is said to have occurred on the date stated above, at 6:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic stenosis	Instant
Eye witness saw him fall, face downward, no movement after striking the ground	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) F. A. Dwight, M. D.
(Address) Filer, Ida
Coroner of Twin Falls County.

RECEIVED
JAN 4 1951
DIVISION OF VITAL
STATISTICS

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Samuel L. Malthy now lying buried in Twin Falls Cemetery, in the City or Town of Twin Falls County of Twin Falls State of Idaho, who died on the 7 day of Oct, 1932, Aged ____ years ____ months ____ days, the cause of death being Heart Attack and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by None attending Physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Private private or railway conveyance, to Sunset Mem. Cemetery in the City or Town of Twin Falls County of Twin Falls State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Twin Falls it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

Permit issued to:

this 27 day of Dec., A.D. 1949.

W. W. Benson
Director, Division of Vital Statistics
by Lenora McFadden

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Twin Falls State of Idaho, this 29 day of Dec 1950.

Geo C Harvey
Health Officer

Form DPH-48019

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81088

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No.
Primary Registration District No. Local Registrar's No. 197
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence Iles

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W. Iles

6. DATE OF BIRTH (month, day, and year) Jan 24 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Geo W. Reynolds
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Mary Anthony
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Geo Iles Filer

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date Oct 26, 1932

19. UNDERTAKER J E Drake
(Address) Twin Falls

20. FILED 10/25, 1932 George C. Halby, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932 to Oct 23, 1932

I last saw h alive on Oct 23, 1932; death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Oct 11-32
Pneumonia	Oct 18-32

Other contributory causes of importance:

Tuberculosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Newberry, M. D.
(Address) Filer Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81089

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No.
Primary Registration District No.
Local Registrar's No. 283

(No. Residence
(If death occurred in a hospital or institution, give its name instead of street and number.) H. Wilson 14a

2. FULL NAME Eva E. Prater

(a) Residence. No. Route # 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: H. L. Prater

6. DATE OF BIRTH (month, day, and year): April 28-1860

7. AGE: Years 72 | Months 6 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: J. T. Alexander
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Irene Wright
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): E. Forrest Prater Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Twin Falls Cem Date: Nov 1, 1932

19. UNDERTAKER: White Mortuary Inc
(Address): Twin Falls Idaho

20. FILED: 11/2, 1932 George E. Halley Registrar.

acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1932, to Oct. 29, 1932.
I last saw her alive on Oct. 29, 1932: death is said to have occurred on the date stated above, at 6 35 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 21 1932
(Hemiplegia)	

Other contributory causes of importance:

Hypostatic Pneumonia	

Name of operation: — Date of: —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) H. H. Wilson, M. D.
(Address) Twin Falls Idaho

RECEIVED NOV 14 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81091

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No.
Primary Registration District No.
Local Registrar's No. 205

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Carl Edward Lind.

(a) Residence. No. 702 Main Ave. N. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Emelia Lind

6. DATE OF BIRTH (month, day, and year) Jan. 6-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Automobile

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dealer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisner Nebr.

FATHER

13. NAME Andrew Lind

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Sarah Dahlsten

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Emelia Lind 702 Main Ave.N.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Cem. Date Nov.5, 1932

19. UNDERTAKER White Mortuary, Inc., (Address) Twin Falls, Idaho.

20. FILED 11/4, 1932 George C. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932, to Nov 2 —, 1932.

I last saw him alive on Nov 1, 1932; death is said to have occurred on the date stated above, at 4:30 a.m. (approx)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation Acute.	Immediate
Auricular Fibrillation	Hours
Chronic Myocardium	
etiology	

Other contributory causes of importance:

Myocarditis Chr ++	4 yrs

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Richard D. Simonton M. D.
(Address) Twin Falls, Ida.

RECEIVED NOV 14 1932

PLACE OF DEATH

County of Twin Falls,

City of Murtaugh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81092

Registration District No.

Primary Registration District No.

Local Registrar's No. 194

(No. Murtaugh)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Thomas J. Hicks

(a) Residence. No. Murtaugh, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lottie M. Hicks,

6. DATE OF BIRTH (month, day, and year) Nov. 28-1877

7. AGE 54 Years 10 Months 18 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER
13. NAME S.M. Hicks
14. BIRTHPLACE (city or town) (State or country) Ny.

MOTHER
15. MAIDEN NAME Caroline Jarvis,
16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMENT (Address) Mrs Lottie M. Hicks Murtaugh, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Artesian, Date Oct. 20 Th. 32

19. UNDERTAKER (Address) S.C. Phillips, Twin Falls, Ida.

20. FILED 10/20, 1932 George C. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1932, to Oct 16, 1932

I last saw her alive on Oct 14, 1932 death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10/16/32

Other contributory causes of importance:

Sclerosis Coronary arteries	not known
Antemortem Clot in Rt. ventricle	

Name of operation none Date of

What test confirmed diagnosis? Clin + Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify "Bronco-busting"

(Signed) J. M. Davis, M.D.

(Address) Kimberly Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 7 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81093

PLACE OF DEATH
County of Twin Falls
City of Buhl.

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Louise Gauet

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

7a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug-1-1910

7. AGE: Years 22 — Months 2 — Days 4 — If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pueblo Colo

FATHER

13. NAME Harry Gauet
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Myrtle Gauet Stewart
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Myrtle Gauet

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 10-5, 1932

19. UNDERTAKER Evans & Johnson
(Address) Buhl

20. FILED 10-7, 1932 J. A. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-4 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept-Oct, 1932, to H-Oct, 1932
I last saw h[illegible] alive on 4-Oct, 1932: death is said to have occurred on the date stated above, at 9[illegible] a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	10 mo ago
Pachymeningitis	
Influenza in 1922	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) J. W. Mac Manus, M. D.
(Address) Buhl, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81094

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No.
Primary Registration District No.
Local Registrar's No. 193

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Elizabeth Ann Hibbard

(a) Residence. No. 304 - 8th ave E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alfred A Hibbard

6. DATE OF BIRTH (month, day, and year): June 25-1848

7. AGE: Years 84 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Shutford England

FATHER
13. NAME: Benjamin Bazaley
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Ann Farmer
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Miss Stella Hibbard 304 - 8th ave East

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: Oct 11, 1932

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho

20. FILED 10/10, 1932 George C. Halley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 9 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1932, to Oct 9, 1932

I last saw her alive on Oct 8, 1932: death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	Oct 1-1932
Fibrosis lung & bronchial tissue	unknown
Endo & myocarditis	unknown

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr John R Morgan, M. D.
(Address)

act

RECEIVED OCT 24 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81095
State File No.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No.
Primary Registration District No. Local Registrar's No. 195

(No. Twin Falls General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jay Leroy Fields

(a) Residence. No. St. Shoshone Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feby 11 1929
7. AGE: Years 3 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Shoshone Ida

FATHER
13. NAME: Roy Fields
14. BIRTHPLACE (city or town) (State or country): Martin Co Minn

MOTHER
15. MAIDEN NAME: Helen Fields
16. BIRTHPLACE (city or town) (State or country): Shoshone Idaho

17. INFORMENT (Address): Roy Fields
18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date 10-18, 1932
19. UNDERTAKER: E. E. Hickok
(Address): Shoshone Ida
20. FILED 10/16, 1932 George C. Hadley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 17 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 16-10PM, 1932, to Oct 17 10AM, 1932
I last saw him alive on Oct 17, 1932: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lemon Meales	Oct 1
Streptococcus infection throat	following
Acute nephritis	Oct 15

Other contributory causes of importance:
Immediate cause of death Toxemia from streptococcus infection

Name of operation: none Date of
What test confirmed diagnosis? Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. W. Hickok M. D.
(Address) Twin Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81096

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No.
Primary Registration District No.
Local Registrar's No. 204

(No. 2) (If death occurred in a hospital or institution, give its name instead of street and number.)

4-4

2. FULL NAME Tony Courtney

(a) Residence. No. County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	?

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ? (State or country)

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) ? (State or country)

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMENT No Information obtainable. (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Date , 193

19. UNDERTAKER C. L. Drake (Address) Twin Falls

20. FILED 11/2, 1932 George C. Talley Registrar.
Act.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 193?, to Oct. 30, 193?
I last saw him alive on Oct. 29, 193?: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81097

Registration District No.
Primary Registration District No.
Local Registrar's No. 199

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Doris Hudd Lestone

(a) Residence. No. Filer St. 7
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9 1919

7. AGE Years 13 Months 5 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Henry Huddlestone
14. BIRTHPLACE (city or town) (State or country) Okla

MOTHER
15. MAIDEN NAME Ethel Sligar
16. BIRTHPLACE (city or town) (State or country) Okla

17. INFORMENT (Address) Henry Huddlestone

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date Oct 26, 1932

19. UNDERTAKER (Address) F. E. Drake Twin Falls

20. FILED 10/27, 1932 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 25 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw her ~~alive~~ on Oct 25, 1932 death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Oct 20
Other contributory causes of importance:	
Influenza	Oct 17

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) F. A. Dwight M. D.

(Address) Filer Idaho

Coroner of Twin Falls County

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81098

PLACE OF DEATH
County of Twin Falls
City of Buhl
Registration District No.
Primary Registration District No. Local Registrar's No. 201

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alberta Turnipseed (Mrs.)

(a) Residence. No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Danial Turnipseed

6. DATE OF BIRTH (month, day, and year) 4-21-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME ~~Robert Jones~~ Samuel Martin

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) " " " (State or country)

17. INFORMENT (Address) Robert L. Turnipseed Buhl, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 10/29/, 1932

19. UNDERTAKER Evans & Johnson
(Address) Twin Falls

20. FILED 10/28, 1932 George C. Dailey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1932, to Oct 27, 1932
I last saw h~~e~~r alive on Oct 26, 1932; death is said to have occurred on the date stated above, at 7A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	
Influenza & Pleurisy	

Name of operation None, Date of
What test confirmed diagnosis? Symptoms & Physical findings, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Dr John R Morgan, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81099

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No.
Primary Registration District No.
Local Registrar's No. 202

(No. County General Hospital) 107
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elijah J. Halterman

(a) Residence. No. Tyler St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Myrtle Halterman

6. DATE OF BIRTH (month, day, and year) Aug. 10, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Joseph Halterman

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Susan Perrine

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Anna Helian Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Oct. 30 1932

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 10/29, 1932 George C. Talley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 Th 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 10/28, 193~~2~~, ~~to~~, 193~~2~~
I last saw h~~im~~ alive on 10/28, 1932; death is said to have occurred on the date stated above, at 4.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary oedema	10/26/32
Other contributory causes of importance: Mitral stenosis	many years ago.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

RECEIVED N[illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81100

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No.
Primary Registration District No.
Local Registrar's No. 189

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William E. Wolf 117

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 68 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dauk Knaw

FATHER
13. NAME Dauk Knaw
14. BIRTHPLACE (city or town) (State or country) Dauk Knaw

MOTHER
15. MAIDEN NAME Dauk Knaw
16. BIRTHPLACE (city or town) (State or country) Dauk Knaw

17. INFORMENT (Address) Hospital Record

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~ Place Siler Date Oct 7, 1932

19. UNDERTAKER (Address) Evans & Chuson L. J. Chuson Twin Falls

20. FILED 10/7, 1932 George C. Halley M.D. Registrar. ACS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1932, to Oct. 1, 1932
I last saw him alive on Oct 1, 1932: death is said to have occurred on the date stated above, at 7.25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Sept 24-32

Other contributory causes of importance:

Ruptured gangrenous appendix	Sept 24-32

Name of operation Appendectomy Date of Sept 27-32
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) F. A. Dwight, M. D.
(Address) Filer Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

CEIVED NOV 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81101

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No.
Primary Registration District No. Local Registrar's No. 200
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hilda Walz

(a) Residence. No. Jerome St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 5 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goodrich North Dakota

FATHER

13. NAME Fred Walz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Christina Klibfel

16. BIRTHPLACE (city or town) (State or country) North Dakota

17. INFORMENT (Address) Fred Walz Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date Oct 30 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 10/27, 1932 George C. Talley M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1932 to Oct. 25, 1932

I last saw her alive on Oct. 26, 1932; death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Oct 24/32

Other contributory causes of importance:

Laparotomy - obstruction relieved

Name of operation Date of Oct 25/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Harrison M. D.

(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81102

Registration District No.

Primary Registration District No.

Local Registrar's No. 198

(No. 514 -2nd. Ave East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Evelyn Myrtle Jellison

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar.25Th.1917

7. AGE 15 Years 6 Months 29 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Ida.

FATHER

13. NAME C.O. Jellison

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Myrtle Scribs

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) C.O.Jellison Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Cemetery Date Oct.26Th. 1932

19. UNDERTAKER (Address) S.C. Phillips, Twin Falls, Ida.

20. FILED 10/25, 1932 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct.24Th. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to Oct 24, 1932

I last saw her alive on Oct 24, 1932: death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	about 1930

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? urinary Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) H W Clouchet, M. D.

(Address) Twin Falls, Idaho

acc.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81103

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Co. Genl Hosp

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 143 c
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel Lola Donner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Luke V. Sanner

6. DATE OF BIRTH (month, day, and year) Jan. 20-1896

7. AGE Years 36 Months 9 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grand Island Neb.

FATHER
13. NAME James Wilson
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Hassie Bright
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Jas. Wilson Buhl

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date Oct 24, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl L. Johnson

20. FILED 10-25, 1932 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Oct. 22, 1932
I last saw her alive on Oct. 21, 1932: death is said to have occurred on the date stated above, at 12 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Vomiting	about 9-1-32

Other contributory causes of importance: Pregnancy

Name of operation Induced Labor Date of 9-15-32
What test confirmed diagnosis? All. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Murphy, M. D.
(Address) Buhl Ida

RECEIVED NOV 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81104

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No.

Primary Registration District No.

Local Registrar's No. 19

(No. County Gen. Hospital) 145 P
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Helen M. Bockwitz

(a) Residence. No. 153--9Th. Ave, East St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur S. Bockwitz

6. DATE OF BIRTH (month, day, and year) Aug. 28-1902

7. AGE			
30 Years	4 Months	8 Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colo.

FATHER

13. NAME J.W. Weinberger

14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Cora Romine,

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) R.S. Bockwitz 153--9Th. Ave, East

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Oct. 9Th 1932

19. UNDERTAKER (Address) S.C. Phillips, Twin Falls, Ida.

20. FILED 10/8, 1932 George C. Talley Registrar
acc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 5Th. 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1932, to Oct 5th, 1932.

I last saw her alive on Oct 5th, 1932: death is said to have occurred on the date stated above, at 1245 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock & Instrumental delivery of full term dead foetus	Oct 5th 1932
Other contributory causes of importance: Premature detachment of placenta with death of foetus	Oct 2nd 1932

Name of operation Forceps delivery Date of 10-5-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Engelken M. D.

(Address) Twin Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81105

PLACE OF DEATH
County of Twin Falls
City of ~~Twin Falls~~ Murtaugh

Registration District No.
Primary Registration District No.
Local Registrar's No. 196

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dr. W. D. Wright

(a) Residence. No. Ogden, Utah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ethel I. Wright

6. DATE OF BIRTH (month, day, and year): Dec 30-1879

7. AGE: Years 52, Months 9, Days 17, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Meat Inspector for Federal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Dept. of Agriculture
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salem Oregon

FATHER
13. NAME: William Wright
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Green
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Ethel I. Wright Ogden Utah

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place: Portland Ore. Date: Oct 19, 1932

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Ida.

20. FILED 10/19, 1932 George C. Halley Act Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 17 — 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ at White's Mortuary, 1932
I last saw him ~~alive~~ on Oct. 17, 1932: death is said to have occurred on the date stated above, at 4:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & Internal hemorrhage	Instant

Other contributory causes of importance:
Automobile wreck

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 17 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway.
Manner of injury Auto wreck.
Nature of injury Internal hemorrhage

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
M.D. (Signed) F. A. Dwight, M.D.
(Address) Filer Ida.

Coroner of Twin Falls County.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Valley
City of Cascade

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81106

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

116

2. FULL NAME Chester Donald Roark
(a) Residence. No. Cascade Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15th 1932

7. AGE Years | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cascade Ida

FATHER
13. NAME Elias Melvin Roark
14. BIRTHPLACE (city or town) (State or country) Steam Boat Spring Col.

MOTHER
15. MAIDEN NAME Daisy Viola Demaine
16. BIRTHPLACE (city or town) (State or country) Westfall Ore

17. INFORMENT (Address) Elias M Roark

18. BURIAL, CREMATION, OR REMOVAL Place Cascade Ida Date Oct 2, 1932

19. UNDERTAKER (Address) A D Robb Cascade Idaho

20. FILED Oct 12, 1932 Gardner Ready, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1932, to Oct 1, 1932
I last saw him alive on Oct 1, 1932: death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo-colitis	9-29-32
Influenzal type	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Roscoe Ward M. D.
(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81107

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 17
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Albert Robinson

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	wht	Sing'l

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 11 - 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	3	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Joseph Robinson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Arkansas
12. MAIDEN NAME OF MOTHER Josie Vertner
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Oregon

14. Informant Mrs D.E. Robinson
(Address) Weiser Idaho

15. Filed 10-17, 1932 W.R. Hamilton Registrar.
E.J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to Oct 4, 1932, that I last saw him alive on Oct 4, 1932 and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic dilatation of Heart.
(duration) 2 yrs. mos. ds.
CONTRIBUTORY acute nephritis & Valvular
(Secondary) insufficiency
(duration) yrs. mos. 15 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W D Marshall, M. D.
Oct 9, 1932 (Address) Weiser

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	10-7-1932
20. Undertaker L.C. Northam	Address Weiser Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81108

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Anne Nevins

(a) Residence. No. / St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wht
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Nov. 6—1856
7. AGE: Years 76 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Troy N. Y.

FATHER
13. NAME: Bernard Nevins
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Elizabeth Page
16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMENT (Address): Mrs Peter Grieb Weiser. Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Weiser Idaho Date: 10-15-, 1932
19. UNDERTAKER (Address): L. C. Northrop Weiser. Idaho
20. FILED 10-18, 1932 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 13 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 1— , 1932 to Oct 13 , 1932
I last saw her alive on Oct 13— , 1932 : death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1910

Other contributory causes of importance:

Senility	

Name of operation: none Date of:
What test confirmed diagnosis? P.P. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. A. Johnson, M.D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 20 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81109

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jimmy Emert 10

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6-1925

7. AGE Years 7 Months 2 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

FATHER
13. NAME James L Emert
14. BIRTHPLACE (city or town) [illegible]
(State or country)

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT James L Emert
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Idaho Date 9-18, 1932

19. UNDERTAKER L. C. Northam
(Address) Weiser

20. FILED 9-22, 1932 W. R. Hamilton
Registrar.

E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1932, to Sept. 17, 1932
I last saw his alive on Sept. 17, 1932: death is said to have occurred on the date stated above, at 3 0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	Sept 11

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) F A Schmitt, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 20 1932

W.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81110

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Columbus M Hixon 74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ada Hixon

6. DATE OF BIRTH (month, day, and year) June 3-1854

7. AGE Years 78 Months 3 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. man
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Jacob Hixon
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Cassandria Stonebreaker
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs C. M. Hixon Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date 9-22, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 9-22, 1932 W. R. Hamilton Registrar.

E. J.

MEDICAL CERTIFICATE OF DEATH Sept.

21. DATE OF DEATH (month, day, and year) Sept 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to Sept 20, 1932
I last saw ~~him~~ alive on Sept 20, 1932: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Senility

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) G M Waterhouse, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81111

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 18
(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Thomas G. Payne
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

197

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 7 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe Shiner Block & Porter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Brunswick
(State or country) Mo

PARENTS

10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (city or town) Dont Know
(State or Country)
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (city or town) Dont Know
(State or County)

14. Informant Herman Welker
(Address) Weiser Idaho

15. Filed 10-17, 1932 W. R. Hamilton Registrar.
E. J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 7 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Insane, gunshot wounds, by the hands of sheriff Jas. Campbell, under conditions justifying self-Defense, Coroners Verdict (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Coroners
(Signed) L. L. Northam M. D.
Oct 8-, 1932 (Address) Weiser, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	10-9-1932

20. Undertaker	Address
L. L. Northam	Weiser Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81112

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 21

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Effie Belle Ellwood

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bill Ellwood

6. DATE OF BIRTH (month, day, and year) Oct-22-1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Thos Armstrong

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Elvira Conr

16. BIRTHPLACE (city or town) (State or country) Ark

17. INFORMENT (Address) Bill Ellwood Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 10-30-1932

19. UNDERTAKER L. C. Thornburgh (Address) Weiser Idaho

20. FILED Nov 16, 1932 C. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1932, to Oct 29th, 1932

I last saw her alive on Oct 29th, 1932; death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	don't know

Other contributory causes of importance:

Diphtheria	10 days ago
Septic Tonsilitis (Staphylococcus)	1 month ago

Name of operation none Date of

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ~

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

~ If so, specify

(Signed) L. C. Thornburgh, M. D.

(Address) Weiser

RECEIVED OCT 20 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH.

County of Washington

City of Weiser Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81113

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1886

2. FULL NAME Edward Garrett North

(a) Residence. No. 1 Eight St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine North

6. DATE OF BIRTH (month, day, and year) Oct 4 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bradbury
(State or country) S. Dak.

FATHER

13. NAME Earl North

14. BIRTHPLACE (city or town) Connellsport
(State or country) Penn.

MOTHER

15. MAIDEN NAME Jennie Frangelini

16. BIRTHPLACE (city or town) Brandon
(State or country) Wis

17. INFORMENT Josephine North
(Address) Eight Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rest Plymouth Id Date Sept 29 1932

19. UNDERTAKER Glenn C. Landers
(Address) Eight Idaho

20. FILED Sept 28, 1932 W. R. Hamilton
Registrar.

E. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 193 2, to Sept 26, 193 2

I last saw him alive on Sept 26, 193 2; death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & Concussion	
of Brain	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Sept 25, 193 2

Where did injury occur? Weiser
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Car & collision

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Marshall, M. D.

(Address) Weiser

RECEIVED OCT 20 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81114

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Lois Hiatt

(a) Residence. No. Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 16-1922

7. AGE 9 Years | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser, Ida
(State or country)

FATHER
13. NAME Elvon C. Hiatt
14. BIRTHPLACE (city or town) Peru, Iowa
(State or country)

MOTHER
15. MAIDEN NAME Martha C. Jones
16. BIRTHPLACE (city or town) China, Maine
(State or country)

17. INFORMENT Grace M. Rogers
(Address) Weiser, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Payette, Idaho Date 9-10, 1932

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED 9-22, 1932 W. R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1932, to ....., 193..
I last saw her alive on Sept 7, 1932; death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis as the direct effect of Septic Sore throat

Date of onset

Other contributory causes of importance:

Name of operation not any Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. R. Meredith D.C.
(Address) Nampa Idaho

E. T.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 22 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81115

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 7010
Local Registrar's No. 16
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Geo W Bullard 12 5

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 31 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (~~city~~ or town) Bruceville
(State or country) Texas

PARENTS

10. NAME OF FATHER Hardy Bullard

11. BIRTHPLACE OF FATHER (~~city~~ or town)
(State or ~~Country~~) Texas

12. MAIDEN NAME OF MOTHER Saloy Harrison

13. BIRTHPLACE OF MOTHER (~~city~~ or town) Burlison
(State or County) Texas

14. Informant Ezra Anderson
(Address) W Weiser Idaho

15. Filed 10-17, 1932 W. R. Hamilton Registrar.

C. J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 4 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Oct 1, 1932
that I last saw him alive on Oct 1, 1932
and that death occurred, on the date stated above, at 4 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

acute nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Leo Marshall M. D.
Oct 9, 1932 (Address) Weiser

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	10-6-1932
20. Undertaker	Address
L. C. Northam	Weiser Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81116

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 20

(No.) 912
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Koen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wht
5. Single, Married, Widowed, or Divorced (write the word): divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 20-1848

7. AGE: Years 91 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Rev W.T. Turner Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date 10-28-, 1932

19. UNDERTAKER L.C. Northam (Address) Weiser Idaho

20. FILED 10/29, 1932 H. R. Hamilton Registrar.
C.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Sept 1, 1932
I last saw him alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Abdominal Aorta	several years
Other contributory causes of importance:	
None	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. R. Hamilton, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81117

Registration District No. 8 6

Primary Registration District No. 1 0 1 0

Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Jackson Doyle

74a

(a) Residence. No. West 3rd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Laura Doyle

6. DATE OF BIRTH (month, day, and year) April 21-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stonemason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs Sid Brown Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 9-14, 1932

19. UNDERTAKER L. C. Northam (Address) Weiser. Idaho

20. FILED 10-1, 1932 W. R. Hamilton Registrar.

C. S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1932, to Sept 11, 1932

I last saw him alive on Sept 11, 1932: death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	

Other contributory causes of importance:

Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W B Marshall, M.D.

(Address) Weiser Idaho

RECEIVED NOV 21 1932

84118

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81118

PLACE OF DEATH
County of Bear Lake
City of Pescadero

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Newell Dirks Clark
(a) Residence. No. Georgetown Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Meta Clark. —

6. DATE OF BIRTH (month, day and year) Apr 26 — 1896

7. AGE Years 36 Months 5 Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Special Range Rider
(b) General nature of industry, business, or establishment in which employed (or employer) for Cattle Assn
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Morgan Utah

PARENTS
10. NAME OF FATHER Charles Clark.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Farmington Utah
12. MAIDEN NAME OF MOTHER Emma Woolley
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Salt Lake City Utah

14. Informant (Address) Marvin Clark Georgetown Idaho

15. Filed 10/1/ 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sometime between Sept 16th & 19, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidentally Drowned while fording Bear River on Horse-back.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) [signature] M. D.
Sept 20, 1932 (Address) County Coroner Montpelier Idaho

19. Place of Burial, Cremation, or Removal Salt Lake City Utah
Date of Burial Sept 24 1932

20. Undertaker [signature]
Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 23 1932

1,119

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81119

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 68

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph M. Kimberling

151

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Ann Kimberling

6. DATE OF BIRTH (month, day, and year) June 29, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own trade

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Witherville, Virginia

FATHER

13. NAME Stephen S. Kimberling

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Ann Bales

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Mrs. Mary Ann Kimberling, Moscow, Idaho

18. BURIAL, [illegible] Place Moscow Date Nov. 17, 1932

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 11-19-, 1932 Mary Linhoud
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 15, 1932

I last saw h/ alive on Nov 15, 1932 death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Slow Strangulation thro 7 of Winslow; Mesenteric Thrombosis - Infect Gangrene & multiple perforations Peritonitis	Some time possibly w/in acute 2 days
Other contributory causes of importance: Died under Ether Anes from Shock - Heart stopped in diastole.	Nov 15 32

Name of operation Laparotomy for Strangulation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Virtually

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Magee, M. D.

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED Oct 23 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81120

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 7170
Local Registrar's No. 166

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME LaRue Rigby

(a) Residence. No. 228 - 2nd St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmer C. Rigby

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Utah

FATHER
13. NAME J. Alma Larson
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Isabell Thompson
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Elmer C. Rigby

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct 13, 1932

19. UNDERTAKER (Address) Jack Ford Idaho Falls, Idaho

20. FILED Oct 20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Spring, 1928, to Oct 10, 1932
I last saw h[illegible] alive on Oct 9, 1932 death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Myocarditis +	
Mitral Stenosis	5 yrs
Other contributory causes of importance:	
Bronchitis Acute	3 wks

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of **LaRue Rigby**

now lying buried in **Rose Hill** Cemetery, in the City or Town of **Idaho Falls**

County of **Bonneville** State of Idaho, who died on the **10** day of **October**, 1**932**, Aged **39** years ____ months ____ days, the cause of death being **Chr Myocarditis** and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by **Dr. J. W. West** attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by **Private** private or railway conveyance to **Salt Lake City** Cemetery in the City or Town of **Salt Lake City** County of **Salt Lake** State of **Utah** to take effect upon the approval by the local board of health of the City, Town, or County of **Bonneville** it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this **19th** day of **September**, A.D. 19**68**.

Permit issued to:
Wood Funeral Home
273 North Ridge Ave.
Idaho Falls, Idaho

W. W. Benson
by
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of ____ State of Idaho, this ____ day of ____, 19__.

Health Officer

FORM BH 56-019

RECEIVED NOV 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81121

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 147
(No. L. D. S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Waldo G. Seyfert.
(a) Residence. No. R.F.D. St. 117
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Nov 21 1895
7. AGE Years 36. Months 10 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.
10. Date deceased last worked at this occupation (month and year) 9/3/32.
11. Total time (years) spent in this occupation 18 yrs.
12. BIRTHPLACE (city or town) (State or country) Council Bluffs. Iowa.

FATHER
13. NAME John Seyfert.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Lena Funke.
16. BIRTHPLACE (city or town) (State or country) California. Missouri

17. INFORMENT (Address) Margarette Seyfert Idaho Falls Ida.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls. Date 10/9, 1932
19. UNDERTAKER (Address) V. F. McHan Idaho Falls. Idaho.
20. FILED Oct 13, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 5 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at 8.10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis	Sept 11
Other contributory causes of importance: General Peritonitis	Sept 20

Name of operation Appendectomy Date of Sept 19
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

81122

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81122

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10

2. FULL NAME Emil Nordstrom

(a) Residence. No. Rose Lake, Idaho St. Rose Lake, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lela Nordstrom.

6. DATE OF BIRTH (month, day, and year) Feb. 28-1908

7. AGE Years 24 Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, and year) 1 Month.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Peach
(State or country) Wash.

FATHER
13. NAME Carl Nordstrom.
14. BIRTHPLACE (city or town) Sweden.
(State or country)

MOTHER
15. MAIDEN NAME Johanna Bertina
16. BIRTHPLACE (city or town) Sweden.
(State or country)

17. INFORMENT Lela Nordstrom
(Address) Rose Lake Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER J. A. Beover (Ward Und Co.)
(Address) Wallace, Ida.

20. FILED Nov 19th, 1932 Cassam
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 18th, 1932, to ~~Sep~~ Nov 8, 1932
I last saw him alive on Nov 8, 1932: death is said to have occurred on the date stated above, at 6:10 P.m.
The principal cause of death and related causes of importance were as follows:

Typhoid Fever

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical Exam. Pos Widal etc Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Max T. Smith, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

P1123

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 81123

Local Registrar's No. 391 291 164

(No. 616 N. 16th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Gundy

(a) Residence. No. 616 N. 16th Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Gundy

6. DATE OF BIRTH (month, day, and year) June 15-1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME John Gundy.

14. BIRTHPLACE (city or town) (State or country) Switzerland.

MOTHER

15. MAIDEN NAME Mary Gutshall.

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMENT (Address) Gladys Gundy. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Mankato, Kansas. Date 11/8/32 193 Shipped

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 11-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/7/32 193

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 193 2, to 11/7, 193 2

I last saw h alive on 11/7, 193 2; death is said to have occurred on the date stated above, at 6:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Changes	
Arteriosclerosis	
Chronic Myocarditis	
Arteriosclerosis	
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Coats, M. D.

(Address) Boise, Idaho.

RECEIVED NOV 25 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81124

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 95

PLACE OF DEATH

County of Ada

City of Boise

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis MEYERS

(a) Residence. No. Manhattan Rooms St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
84	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Unk.
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 11/22/32

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 11-27, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1932, to November 21, 1932
I last saw him alive on November 21, 1932: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	
Other contributory causes of importance: Hypostatic Pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. C. SMITH, M. D.
(Address) V.A., Boise, Idaho

RECEIVED NOV 25 1932

81125

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Benewah
City of Emida

DO NOT WRITE IN THIS SPACE
State File No. 81125

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Stacy H English

(a) Residence. No. Emida Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Artisnetis English

6. DATE OF BIRTH (month, day, and year) June 19 - 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	39	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Warren Co Tenn

FATHER
13. NAME Varence English
14. BIRTHPLACE (city or town) (State or country) Warren Co Tenn

MOTHER
15. MAIDEN NAME Martha Harkness
16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMENT (Address) Mrs S H English Emida Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Emida Ida Date 11/25, 1932

19. UNDERTAKER (Address) Geo E Mitchell St Maries Ida

20. FILED Nov. 23, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1932, to 11-22, 1932
I last saw ~~him~~ alive on 11-17, 1932; death is said to have occurred on the date stated above, at 7 30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/20/32

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clin. Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Owen D. Platt, M. D.
(Address) St. Maries, Ida

RECEIVED NOV 23 1932 RECEIVED NOV 30 1932 f1126

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81126

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 159

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert V. McBain 182

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Mary Jane R. V. McBain

6. DATE OF BIRTH (month, day, and year) Feb 24 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anaconda Copper & Mining Co.
10. Date deceased last worked at this occupation (month and year) Sept 24 - 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elizabeth Penn.

FATHER
13. NAME David McBain
14. BIRTHPLACE (city or town) (State or country) Cookstown Penn.

MOTHER
15. MAIDEN NAME Priscilla Wells
16. BIRTHPLACE (city or town) (State or country) California Penn.

17. INFORMENT (Address) Mrs. W. J. Moody Hamilton Montana

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Spokane Wash. Date Oct 15, 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho

20. FILED Oct 13, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 24 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at 1:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental Drowning,	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/24, 1932
Where did injury occur? Bonneville Co. Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Snake River
Manner of injury Drowning
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased?
If so, specify [signature] Coroner
(Signed) Idaho Falls Ida
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

81127

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81127

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 130

(No.) 12
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oral Thomas Andrews
(a) Residence. No. Notter Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Jan 21 1886
7. AGE Years 46 Months 1 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parma Idaho

FATHER
13. NAME Thomas Andrews
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Jane Mansell
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Mrs Josephine L Vassar Caldwell, Ida (city)
18. BURIAL, CREMATION, OR REMOVAL Place Lower Boise Date 11-14, 1932
19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida
20. FILED 11-16, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 12 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1932, to Nov. 12, 1932
I last saw him alive on Nov. 12, 1932; death is said to have occurred on the date stated above, at 3.10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Nov 12

Other contributory causes of importance:

Injury to knee	Oct.

Name of operation — Date of —
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Injury while hunting
Manner of injury Injury to knees joint
Nature of injury Bruised knee while sliding down incline.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) M. Haley M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81128

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 432

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Room 44

2. FULL NAME WILLIAM EDENS

(a) Residence. No. 306 N 7th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Gussie Edens

6. DATE OF BIRTH (month, day, and year) 11/29/1880

7. AGE: Years 52 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Edison Tenn

FATHER
13. NAME: Andrew ~~Foradi~~ Edens
14. BIRTHPLACE (city or town) (State or country): Tenn

MOTHER
15. MAIDEN NAME: Foradi Monahan
16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMENT (Address): Gussie Edens Pocatello
18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello Date: 11/16/1932
19. UNDERTAKER (Address): McNan Pocatello
20. FILED 11/15/32 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/14 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to Nov 14, 1932
I last saw h— alive on Nov 13, 1932; death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C. P. Thomas, M. D.
(Address) Pocatello Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

81129

DO NOT WRITE IN THIS SPACE

State File No. 81129

PLACE OF DEATH

County of Bonner

City of Clarksfork

Registration District No. 80

Primary Registration District No. 2127

Local Registrar's No. 5

(No. 170)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Greenrud

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT L.G.Moon Coroner
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Sandpoint, Ida Date Nov.10, 192

19. UNDERTAKER R.E.Wessa
(Address) Priest River, Idaho.

20. FILED Nov. 10, 192 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov.1, 192

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Firearms	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11/1, 192

Where did injury occur? Clarksfork, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in Home

Manner of injury Gunshot Wound

Nature of injury Gunshot wound in Head.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L.G. Moon Coroner

(Address) Sandpoint, Idaho.

RECEIVED DEC 9 1932

81130

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81130

PLACE OF DEATH
County of Canyon
near
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 124

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Mary Ellen Ackley

(a) Residence. No. Lone Star 2 Miles West of Nampa
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Daniel W. Ackley

6. DATE OF BIRTH (month, day, and year) April 2 - 1870

7. AGE Years 62 Months 7 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME David Michael
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Nancy Beard
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) D. W. Ackley Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date Nov. 25 1932 Morris Hill Cemetery

19. UNDERTAKER (Address) Screiber + McCann Boise Idaho.

20. FILED Nov. 29, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to Nov 22, 1932
I last saw h.....alive on Sept 21, 1932: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the uterus	Nov 1931

Other contributory causes of importance:
Abdominal metastases

Name of operation Thermocauterization of cervix Date of 7/19/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James L. Stewart, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

81131

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81131

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 101

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

186

2. FULL NAME Sart Court Morphy.

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mae Morphy.

6. DATE OF BIRTH (month, day, and year) Feb-27-1895

7. AGE Years 37 Months 9 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) Nov 27 1932
11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Vardner Ida.

FATHER
13. NAME N. N. Morphy.
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Cora Hirelinger
16. BIRTHPLACE (city or town) (State or country) Colorado.

17. INFORMENT (Address) Mrs May Morphy. Mullan Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wn Date Dec, 1932

19. UNDERTAKER (Address) A. Bever Ward Und Co. Wallace, Ida.

20. FILED Dec 6th, 1932 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932, to Nov 27, 1932

I last saw him alive on Nov 27, 1932, death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of cervical vertebrae - compression of cord	Nov 27

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11-27 1932

Where did injury occur? Shoshone Co. Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury mining accident

Nature of injury Cave in mine

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify mining accident

(Signed) Paul W. Ellis, M. D.

(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

81132

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE
81132
State File No.

Local Registrar's No. 92

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Esli Beigh

(a) Residence. No. St. Payette, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Dakota
(State or country)

FATHER

13. NAME MW

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem Date 11/12/32

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 11-10, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1932, to November 8, 1932

I last saw him alive on November 8, 1932; death is said to have occurred on the date stated above, at 12:25p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis abscess right chest wall	
Other contributory causes of importance: Toxemia, general, severe	

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

81133 L

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81133

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 314

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Myron Wolfe

(a) Residence. No. 1605 Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Sept. 30-1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
14	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. In School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian, Idaho.

FATHER

13. NAME Noel P. Wolfe.

14. BIRTHPLACE (city or town) (State or country) Logan, Ohio.

MOTHER

15. MAIDEN NAME Ila Underwood.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mrs. Ila Dufresne. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 12/3/32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 12-8, 1932. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/1/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Dec 1, 1932

I last saw him alive on Dec 1, 1932: death is said to have occurred on the date stated above, at 5:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic coma	Nov 29 1932

Other contributory causes of importance:

Refused insulin & diet ate candy to excess.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) C. W. Roach, M. D.

(Address) Boise, Idaho.

RECEIVED DEC 6 1932

8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THI
State File No. 81134

PLACE OF DEATH
County of Latah
City of Juliaetta
Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. Elmer Whitford

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Carrie Whitford

6. DATE OF BIRTH (month, day, and year) Mar. 9/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Section foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 8/32

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Richland Co.
(State or country) Wis.

FATHER

13. NAME Sam Whitford

14. BIRTHPLACE (city or town) N.Y.
(State or country)

MOTHER

15. MAIDEN NAME Abbie Woodman

16. BIRTHPLACE (city or town) Ontario
(State or country) Canada

17. INFORMENT Mrs. Carrie Whitford
(Address) Juliaetta, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Idaho Wn. Date 12/5, 1932

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED Dec 3, 1932 O.F. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/2 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H.R. Short M.D.

(Address) Moscow Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP TION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Local Registrar's No.

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Elmer Whitford

(a) Residence. No. Julietta St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie W. Whitford

6. DATE OF BIRTH (month, day and year) March 9th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Section foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Railway service

(c) Name of employer Northern Pacific R R

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10. NAME OF FATHER Sam Whitford

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wisconsin

12. MAIDEN NAME OF MOTHER Mc Laughlin

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Minnesota

14. Informant Lettie Byers

(Address) Potlatch Idaho

15. Filed Dec 9th, 1932 Dr Jr Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 2nd (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5th, 1932, to Nov 23rd, 1932

that I last saw him alive on Nov 22nd, 1932

and that death occurred, on the date stated above, at 6 15 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of Heart

(Died suddenly)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) J.W. Thompson, M. D.

Dec 9th, 1932 (Address) Potlatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Palouse Wash	Dec 5th 1932
20. Undertaker	Address
Mr. Short	Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

81135

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81135

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 136
(No. 600 - 11th Ave. North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Belle Cessna Robinson
(a) Residence. No. 600 - 11th Ave. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Weller Robinson

6. DATE OF BIRTH (month, day and year) Sept. 17th 1860

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Scott County Iowa

PARENTS

10. NAME OF FATHER Thos. Cessna
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penna
12. MAIDEN NAME OF MOTHER Sarah Kerner
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penna

14. Informant (Address) Weller Robinson Nampa, Idaho

15. Filed Dec 5, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 1 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932, to Dec 1, 1932
that I last saw her alive on Dec 1, 1932
and that death occurred, on the date stated above, at 11:45 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Paralysis Agitans

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of —
Was there an autopsy? —
What test confirmed diagnosis? —
(Signed) Lino E. Marquez, M. D.
12-2 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa
Date of Burial 12-4 1932
20. Undertaker Mrs. Nina M. Talley
Address Nampa, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

81136

DO NOT WRITE IN THIS SPACE
State File No. 81136

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Custer
City of Challis.

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 147
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME Thomas J. Kerr

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis Tredlea.

6. DATE OF BIRTH (month, day and year) Jan 27, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	9	13.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Ripley Ohio.
(State or country)

PARENTS

10. NAME OF FATHER Not known.

11. BIRTHPLACE OF FATHER (city or town) Scotland.
(State or Country)

12. MAIDEN NAME OF MOTHER Not known.

13. BIRTHPLACE OF MOTHER (city or town) Scotland.
(State or County)

14. Informant Lee Kerr.
(Address)

15. Filed Nov. 12, 1932. Elma McKinney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
May, 1932, to, 1932,
that I last saw him alive on 11/10, 1932
and that death occurred, on the date stated above, at 2:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis febrosis
gangrene of extremeties
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. L. Hartley M. D.
11/12, 1932, (Address) Challis Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Challis Idaho	Nov 13 1932

20. Undertaker	Address
Peebles	Salmon, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

(Copy.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. .....

PLACE OF DEATH

County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2182
Local Registrar's No. 144

81136

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Thomas J. Kerr

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 86 | Months 7 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Ripley Ohio

PARENTS

10. NAME OF FATHER: Not known
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Scotland

14. Informant (Address): Lee Kerr

15. Filed Nov 12, 1932 Edna McKenny Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November (Month) 11 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1932, to ....., 1932
that I last saw h..... alive on 11/10, 1932
and that death occurred, on the date stated above, at 2.30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Arteriocapillary fibrosis
Gangrene of extremeties
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. L. Kertley M. D.
....., 19..... (Address) Challis Idaho

19. Place of Burial, Cremation, or Removal: Challis | Date of Burial: Nov 13 1932

20. Undertaker: Doebler | Address: Salmon Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81137

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 99
(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugo C. VOGELSANG

(a) Residence. No. Route #3 St. Weiser, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER
13. NAME Mrs.
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Hermann, Mo. Date 12/14/32

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 12-14 1932 W. W. Rhoden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1932, to December 13, 1932
I last saw him alive on December 13 1932; death is said to have occurred on the date stated above, at 11:30 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, far advanced	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. C. SMITH, M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

8/138 L

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81138

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 328

1000

(No. St. Alphonsus.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Dwight Leeper

(a) Residence. No. 1209 - Hays st. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	W.	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Grace A Leeper

6. DATE OF BIRTH (month, day, and year) June 26, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 years	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Justice of Supreme Court

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Tacoma, Wash.

FATHER

13. NAME Walter Leeper

14. BIRTHPLACE (city or town) (State or country) Pomeroy, Wash. Tacoma, Wash.

MOTHER

15. MAIDEN NAME Nellie Stainton

16. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

17. INFORMENT (Address) Mrs. R. D. Leeper, (wife)

18. BURIAL, CREMATION, OR REMOVAL Place Resurrection Cem. Date 12-20 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise, Idaho

20. FILED 12-20, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1932 to 12/19, 1932

I last saw h in alive on 12/~~19~~ 32, 1932: death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	12/10/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred A. Tobeyn, M. D.

(Address)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8118 1139

PLACE OF DEATH
County of Cassia
City of Oakley

Registration District No. 120
Primary Registration District No. 2199 Local Registrar's No. 10
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hyrum Smith

(a) Residence. No. Oakley St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Hyrum Smith

6. DATE OF BIRTH (month, day and year) May 24, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	2	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown England

PARENTS

10. NAME OF FATHER Chas. Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown England
12. MAIDEN NAME OF MOTHER Eliza Goode
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown England

14. Informant (Address) Mrs. Hyrum Smith Oakley, Idaho.

15. Filed Aug 17, 1932 Dr. Chas. B. Reymer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 15 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Aug 15, 1932, that I last saw h[illegible] alive on Aug 14, 1932 and that death occurred, on the date stated above, at 3 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cirrhosis (atrophic) liver

(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic myocarditis
(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Charles B. Reymer, M. D.
Aug. 17, 1932 (Address) Oakley, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Oakley Cemetery	8/15 1932
20. Undertaker L. E. Johnson	Address Burley Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

81140

PLACE OF DEATH

County of Fremont

City of St. Anthony, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81140
State File No.

Registration District No. 99
Primary Registration District No. 9177
Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ivia Gertrude Maxwell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of R. L. Maxwell

6. DATE OF BIRTH (month, day, and year) Feb. 9th, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence Utah

FATHER

13. NAME E. N. Hammond

14. BIRTHPLACE (city or town) (State or country) Farmington, Utah

MOTHER

15. MAIDEN NAME Ida Pitkin

16. BIRTHPLACE (city or town) (State or country) Wellville, Utah

17. INFORMENT (Address) O. C. Hammond Ogden, Utah.

18. BURIAL, CREMATION, OR REMOVAL Place Logan, Utah Date Dec 18, 1932

19. UNDERTAKER (Address) A. M. Clausen St. Anthony, Idaho

20. FILED Dec 17, 1932 Sarah Musk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1932, to Dec. 15, 1932

I last saw her alive on Dec. 15, 1932: death is said to have occurred on the date stated above, at 2:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec. 8

Other contributory causes of importance:
Chronic Endocarditis

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) P. M. Kelly M. D.

(Address) St. Anthony, Idaho

RECEIVED [illegible] 1932

#11141

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81141

PLACE OF DEATH
County of Idaho
City of Warrens

Registration District No. 163
Primary Registration District No. 2181
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME R. M. Swope

(a) Residence. No. Boise Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If maried, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Celia Doughty Swope

6. DATE OF BIRTH (month, day, and year) March 12, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
49	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Delphos, Kansas

FATHER

13. NAME Owen L. Swope

14. BIRTHPLACE (city or town) (State or country) Etna Corner, Indiana

MOTHER

15. MAIDEN NAME Florence A. Clark

16. BIRTHPLACE (city or town) (State or country) Moores Hill, Indiana

17. INFORMENT (Address) Sheriff at Warren, Idaho Walt Atkinson, Grangeville Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Warren Idaho Date 8-5-, 1932

19. UNDERTAKER (Address) Local Undertaker Warren, Idaho

20. FILED Dec. 1, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Skull	8-3-32.
Caused by Falling Tree	
(Witness) M. M. McIntire	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-3-, 1932

Where did injury occur? Warren Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Falling Tree

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Wood Cutter

(Signed) B. Chipman, M. D.

(Address) Grangeville, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

81142

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81142

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 332

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Steve Butkovich

(a) Residence. No. 406 South 5th St.
(Usual place of abode)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Butkovich

6. DATE OF BIRTH (month, day, and year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Croatia Jugoslavia

FATHER

13. NAME Ivan Butkovich

14. BIRTHPLACE (city or town) (State or country) Croatia Jugoslavia

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Croatia

17. INFORMENT (Address) Nickolas Zukovich, Box 73 La Grande Ore.

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Date 12-28, 1932

19. UNDERTAKER Schreiber & McLane (Address) Boise

20. FILED 12-29, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept , 193 2, to Dec 24, 193 2
I last saw him alive on Dec 24, 193 2; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Lymphatic Carcinomatosis -	
Other contributory causes of importance:	
Primary seat near the pyloric outlet of the stomach.	

Name of operation Laparotomy Date of Nov 14/32
What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alfred Budge M. D.
(Address) Boise Idaho.

Collister. ✓

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81143

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 300

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosina S. Doig.

(a) Residence. No. 607. south.13th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. Scott Doig.

6. DATE OF BIRTH (month, day, and year) Sept.7.1857.

7. AGE Years 75 Months 2 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Robert Rogerson

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Ester Wells.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) W. Scott Doig. 607.so.13.st.Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Nov.25. 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise Idaho.

20. FILED 11-22 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov.22. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1932, to Nov. 22, 1932

I last saw her alive on Nov. 21, 1932: death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cancer of stomach	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo Collister, M. D.

(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81144

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delbert Oral Roath 48

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Helen Roath

6. DATE OF BIRTH (month, day, and year) March 26, 1875

7. AGE Years 57 Months 8 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce Exchange
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rochester Indiana

FATHER
13. NAME Wm Roath
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Lavina Astel
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs Helen Roath Meridian, Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Meridian, Ida Date 12-1, 1932

19. UNDERTAKER (Address) B. W. Robison Meridian Idaho

20. FILED 11/28, 1932 H F Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 1932, to 11-27, 1932
I last saw ~~him~~ alive on 11-27, 1932: death is said to have occurred on the date stated above, at 11:45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer and metastis on jaw	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. F. Neal, M. D.
(Address) Meridian Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED DEC 8 1932

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81145

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 392

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William McConnell Semple.

(a) Residence. No. 1120 Peublo Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan Semple.

6. DATE OF BIRTH (month, day, and year) Nov. 26-1843

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Methodist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minister.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary---------

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Katherine Semple Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 11/11/32

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 11-17, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/9/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Nov 11, 1932

I last saw him alive on Nov 11, 1932; death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of bladder	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address) Boise, Idaho.

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81146

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 301
(No. St. Alphonsus Hospital, Boise, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Mrs. Josie B. Rayborn
(a) Residence. No. 512 Broad St., Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married-Separated from husband-
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Pink Rayborn-Separated
6. DATE OF BIRTH (month, day, and year) Oct. 3rd 1872
7. AGE Years 60 Months 1 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None - Did occasional work in housekeeping, washing, cooking etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Housewife 1927
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow, Missouri.

FATHER
13. NAME Don't know
14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMENT (Address) Mrs. Freda M. Rhodes 1206 Hays St., Boise, Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Boise, Ida. St. Johns Cemetery Date Nov. 19, 1932
19. UNDERTAKER (Address) Schreiber & McCann 611 Bannock St., Boise, Idaho
20. FILED 11-22, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 15th 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1932 to Nov 15th, 1932
I last saw her alive on Nov 15th, 1932; death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus cum Gangrene of both feet.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81147

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 124

Primary Registration District No. 2202 Local Registrar's No. 220

(No. 3 Miles East of Kuna, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74

2. FULL NAME Mrs. Nellie May Stearns.

(a) Residence. No. 3 Miles East of Kuna. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of J. C. Stearns.

6. DATE OF BIRTH (month, day, and year) Nov. 25-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Banks, Minnesota.
(State or country)

FATHER

13. NAME C. S. Dunbar.

14. BIRTHPLACE (city or town)
(State or country) New York.

MOTHER

15. MAIDEN NAME Ellen M. Thomas.

16. BIRTHPLACE (city or town)
(State or country) Conn.

17. INFORMENT Mrs. I. A. Weaver.
(Address) Kuna, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem Date ....., 193..

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 12-6, 1932 Geo. A. Whitehouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/5/32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw h..alive on ....., 193..; death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently Apoplexy.	
I arrived just as she was dying.	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. Coleman, M. D.

(Address) Kuna, Idaho.

MARGIN RESERVED FOR BINDING

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RECEIVED DEC 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81148

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 293

(No. ~~1223~~ St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Foster

(a) Residence. No. 1223 Manitou St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jenny Foster

6. DATE OF BIRTH (month, day, and year) Jan. 21st 1845

7. AGE Years 87 Months 9 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) W. A. Foster Boise

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date Morris Hill 11-7-1932

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 11-12, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 5 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 1923, to Nov 5, 1932
I last saw him alive on Nov 5, 1932 death is said to have occurred on the date stated above, at 1155A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Phy findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred Budge Jr. M.D., M. D.
(Address) Boise Idaho.

Budge

RECEIVED DEC 3 1932 RECEIVED DEC 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81149

PLACE OF DEATH

County of Ada

City of Eagle

10 miles North West of

Registration District No. 9 & 10

Primary Registration District No. 9 & 10

Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Chris. P. Freudenthaler.

(a) Residence. No. 10 Miles North West of Eagle St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Elizabeth Freudenthaler.

6. DATE OF BIRTH (month, day, and year) October. 16. 1868

7. AGE: Years 64 | Months 0 | Days 20. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER
13. NAME Chris Freudenthaler.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Louise Shicks.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Mrs. Lizzie Freudenthaler. R.D. # 1. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Star Cemetery. Date Nov. 9. 1932. 193

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED Nov. 7, 1932 Orville Jackson Eagle Idaho Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 6 1932

22. I HEREBY CERTIFY, That ~~I attended~~ deceased from Nov 6, 1932, to ....., 193..
I last saw ~~him alive~~ on died Nov 6-32 death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy,

Date of onset

Other contributory causes of importance:
High blood Pressure,

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Clyde E. Summers Coroner, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 93

DO NOT WRITE IN THIS SPACE
State File No. 81150

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joshua Comley Galbraith.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville, Penn.

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place County Cemetery Date 11/10/32
19. UNDERTAKER Wm. McPratney (Address) Boise, Idaho.
20. FILED 11-10, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/6/32 193

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Nov 6, 1932
I last saw him alive on Nov 1, 1932, death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 6 1932

Other contributory causes of importance:
Paralysis of Respiratory Center in Medulla

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. M. Braxton, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Albert Bosch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81151

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 304
(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest W. Heath

(a) Residence. No. Boise, Idaho. Route #4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Cora A. Heath

6. DATE OF BIRTH (month, day, and year): May 26-1869

7. AGE: Years 63 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Peola, Kansas

FATHER
13. NAME: Seth Heath
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Mary Jolley
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Mrs. Atlanta Yates. Fairfield, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 11/23/32

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 11-25, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11/20/32 193

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1932, to 11-20, 1932
I last saw him alive on 11-20, 1932; death is said to have occurred on the date stated above, at 12:03 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Mitral Regurgitation	10 yrs
Heart decompensated	duration

Other contributory causes of importance: Overstrained at heavy work

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. B. Bosch, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81152

Registration District No. 7
Primary Registration District No. 1004
Local Registrar's No. 306

(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucy Grafe

(a) Residence. No. Shoshone St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edgar Grafe

6. DATE OF BIRTH (month, day, and year) 1857 May 24th

7. AGE	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75 Years	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Wheat
10. Date deceased last worked at this occupation (month and year): 15
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Atlanta Iowa

FATHER
13. NAME: — Grafe
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): E. E. Grafe Shoshone

18. BURIAL, CREMATION, or REMOVAL Place: Morris Hill Date: Nov 29, 1932

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 11-29, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to Nov 26th, 1932
I last saw h— alive on Nov 26th, 1932: death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
acute nephritis

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. D. Springer, M. D.
(Address) J. Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81153

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Frank P Garver

(a) Residence. No. Meridian Id R-3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct-15-1855

7. AGE Years 79 Months 1 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bryan ? Ohio

FATHER
13. NAME Jacob Garver
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Rebecca Garver
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Frank J Garver

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Morris Hill Date Nov 17, 1932

19. UNDERTAKER (Address) W S Mater Meridian Id

20. FILED 11-17, 1932 H F Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1932, to Nov 16, 1932
I last saw ~~him~~ alive on Nov. 15, 1932: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H F Neal, M. D.
(Address) Meridian Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81154

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 308
(No. 2002 N. 16th street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Rosetta Nichols 90
(a) Residence. No. 2002 N. 16th street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. S. Nichols.
6. DATE OF BIRTH (month, day, and year): Sept. 5-1866
7. AGE: Years 66 | Months 2 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois.

FATHER
13. NAME: Arron Clark.
14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER
15. MAIDEN NAME: Ellen Wolfe.
16. BIRTHPLACE (city or town) (State or country): Illinois.

17. INFORMENT (Address): Mrs. Sophia Shores. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 11/27/32 193
19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho.
20. FILED 11-30, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11/25/32 193
22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h— alive on ..., 193...: death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive - Heart Failure	
Other contributory causes of importance: Myocarditis,	

Name of operation: non Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. L. Dunn, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1932

Taylor. ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81155

PLACE OF DEATH
County of Ada
City of Boise, Idaho.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 299

(No. In car on corner of 10th & Idaho streets.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alvus L. Jester. 90

(a) Residence. No. 914 N. 9th street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Victoria Jester

6. DATE OF BIRTH (month, day, and year): Dec. 25-1854

7. AGE: Years 77 | Months 10 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Painter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina.

FATHER
13. NAME: John Jester.
14. BIRTHPLACE (city or town) (State or country): Illinois.

MOTHER
15. MAIDEN NAME: Mary Prim.
16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): Mrs. Victoria Jester. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 11/22/32 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 11-21, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/19/32 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to Nov 19, 1932
I last saw him alive on Nov 17, 1932; death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	

Other contributory causes of importance: Chronic Myocarditis - Valvular deficiency - Deletation and Arteriosclerosis

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Fred A. Pittenger, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81156

Registration District No. 2

Primary Registration District No. Ward 4 Local Registrar's No. 289

(No. 218 N. 8th Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Leo Sailor.

(a) Residence. No. 10. Miles South West of Boise, Died on street 219. N. 8th Street.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Madge. M. Sailor.

6. DATE OF BIRTH (month, day, and year) Jan. 16.1888.

7. AGE: Years 44; Months 9; Days 14. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Owner of Taxi Cab Company.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Nov. 4.1932.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Jesse Sailor.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Lizzie Smith.
16. BIRTHPLACE (city or town) (State or country) Tennesee.

17. INFORMENT (Address) Mrs. Madge. M. Sailor. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 11-7-32, 193

19. UNDERTAKER (Address) Wm McBratney Boise Idaho.

20. FILED 11-7, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4 1932

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ Nov. 4, 1932, to ..., 193

I ~~last saw h alive on~~ ..., 193 ; ~~death is said~~ to have occurred on the date stated above, at 11 45 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
Dropped dead on Street	

Other contributory causes of importance:
Had influenza in 1931, and had sever Heart attacks following Thu.

Name of operation None Date of

What test confirmed diagnosis? Physicians statement Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clyde E. Summers Coroner, M. D.

(Address) Boise Idaho, Ada County

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81157

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 96

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Ulrich

(a) Residence. No. Boise, Idaho. St. 91 S
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Ulrich

6. DATE OF BIRTH (month, day, and year) June 9-1839

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or --- min.
93	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rome, New York

FATHER

13. NAME Martin Ulrich

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Baker

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) E. M. Ulrich Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 11/28/32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 11-30, 1932 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to 11/26/32, 193

I last saw him alive on Nov 25, 1932, 193: death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	
Prostatitus & Myocarditis	?
Other contributory causes of importance:	
Heart Block	Nov 16

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Bratton, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81158

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 290

(No. Belgravia Apts.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Cara Wilson Wicks 92

(a) Residence. No. Belgravia Apts. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Wicks.

6. DATE OF BIRTH (month, day, and year) Feb. 17-1880

7. AGE Years 52 Months 8 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Corvallis, Ore.

FATHER
13. NAME Bushrod Wilson,
14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER
15. MAIDEN NAME Pricilla Yantis,
16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Wm. H. Wicks. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 11/9/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 11-10, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/7/32 193

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1931, to Death, 193

I last saw her alive on 11-7, 1932: death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus.	11-7-32

Other contributory causes of importance:

Myocarditis	about 1920
Arteriosclerosis.	about 1925

Name of operation None Date of

What test confirmed diagnosis? Phys. findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman F. West, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

Idaho. ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81159

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 297

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Leo Dell Adamson.

(a) Residence. No. Boise, Idaho. #4. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) June 22-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Leo Dell Adamson.

14. BIRTHPLACE (city or town)
(State or country) Iowa.

MOTHER

15. MAIDEN NAME May Smith.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT L. D. Adamson.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Elgin, Ore Date 11-21, 1932

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 11-21, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/20/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932, to Nov 20, 1932

I last saw him alive on Nov 19, 1932; death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia.	Nov 18.

Other contributory causes of importance:
Malnutrition.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abraly T. Mohler, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81160

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 294
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Edward St. Germaine
(a) Residence. No. St. Atlanta, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Helen St. Germaine
6. DATE OF BIRTH (month, day, and year) Sept. 29-1898
7. AGE Years 34 Months 1 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joe Lead Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6 Months

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMENT (Address) Mrs Ed St Germaine Atlanta Idaho.
18. BURIAL, CREMATION, OR REMOVAL St. Johns
Place Boise Date 11-7-1932
19. UNDERTAKER (Address) Schreiber & McCaine Boise, Ida
20. FILED 11-17, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 5 1932
22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1932, to 11/5, 1932
I last saw him alive on 11/4, 1932: death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	

Other contributory causes of importance:
Post operative pneumonia

Name of operation Colecystectomy Date of 10/25-32
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph Falk, M. D.
(Address) Boise

Falk

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81161

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 91

(No. Boise, Idaho. Route #3)
(If death occurred in a hospital or institution, give its name instead of street and number.)

112

2. FULL NAME Mrs. Lutie Mae Seaman.

(a) Residence. No. Boise, Idaho. Route #3. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. L. Seaman.

6. DATE OF BIRTH (month, day, and year) Aug. 28-1887

7. AGE Years 45 Months 2 Days 7 If LESS than 1 day, ... hrs. ~~or ... min.~~

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota.

FATHER
13. NAME Willis W. Harvey.
14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER
15. MAIDEN NAME Jennie M. Jenkins.
16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) W. L. Seaman. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 11/9/32 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 11-9, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/5/32 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1932, to Nov. 3, 1932

I last saw her alive on Nov 3, 193 death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Condistention of the stomach	

Other contributory causes of importance:

Chronic Gastrocnemia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. [illegible], M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

West.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81162

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 9+10
Primary Registration District No. 9+10 Local Registrar's No. 55
(No. Eagle, Idaho Route #1.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED DEC 3 1932

129

2. FULL NAME Levi Smith
(a) Residence. No. Eagle, Idaho. Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Martha Smith
6. DATE OF BIRTH (month, day, and year): August 18-1851
7. AGE: Years 81, Months 3, Days 13, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada.

FATHER
13. NAME: Charles Smith.
14. BIRTHPLACE (city or town) (State or country): Canada.

MOTHER
15. MAIDEN NAME: Sarah Parcher.
16. BIRTHPLACE (city or town) (State or country): Canada.

17. INFORMENT (Address): Mrs. Martha Smith. Eagle, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 11-25-32 193
19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.
20. FILED 11/22, 1932 Orville Jackson Registrar. Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/21/32 193
22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to Death, 193
I last saw him alive on 11-20-, 1932: death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	about 1920.
Chr - nephritis	1928.

Other contributory causes of importance:

Uremia	about 11-5-32.

Name of operation: None. Date of
What test confirmed diagnosis? Phys Finding Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Lyman F. West, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1932

Dead ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81163

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 345
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hiram Lewis Aikin.

(a) Residence. No. 920 N. 28 th Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1 31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 8. 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74.	5	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belmont County. Ohio.

FATHER

13. NAME Gaines Aikin.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Clarence. T. Swartz. 920. N. 28. th Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Nov. 30. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 11-29-1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 193 ✓, to Nov 28, 193 ✓

I last saw him alive on Nov 28, 193 ✓; death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Chronic nephritis Retention & Urea	

Name of operation Prostatectomy Date of Nov 22/32

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred Budge Jr. M.D., M. D.

(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81164

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 287

(No. 1001 East Jefferson Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Drusella Biggs Yeadon. 164

(a) Residence. No. 1001 E. Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 11-1856

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ---mins.
76	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maysville, Ky.

FATHER

13. NAME C. B. Arnold.

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Mary Patterson.

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) Clarence Biggs. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 11/1/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 11-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/30/32 193

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 193 2 to Oct. 29, 193 2

I last saw h alive on Oct 29, 193 2; death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Chronic Diarrhoea	

Name of operation ---- Date of ----

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Sperry M. D.

(Address) Boise, Idaho.

Stewart. ✓

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81165

PLACE OF DEATH
County of Ada.
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 302

(No. St. Lukes Hospital.) 169
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin Holmes Goodell.

(a) Residence. No. ..... St. Grand Hotel
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Josephene B. Goodell.

6. DATE OF BIRTH (month, day, and year) Dec. 28. 1847.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Galesburg.
(State or country) Illinois.

FATHER

13. NAME Cyrus, Goodell

14. BIRTHPLACE (city or town) .....
(State or country) New York.

MOTHER

15. MAIDEN NAME Mary Holmes

16. BIRTHPLACE (city or town) Bloomington.
(State or country) Illinois.

17. INFORMENT Mrs Lillian Lemp.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pasadena, Calif Date Nov. 26. 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-23, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1932, to Nov. 22, 1932

I last saw him alive on Nov 22, 1932; death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility	
Other contributory causes of importance: Fracture of Rt femur at hip	

Name of operation none Date of ...

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

~~Accident, suicide, or homicide?~~ Injury Date of injury Nov 8, 1932

Where did injury occur? Boise, Ada, Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 11th Main, Boise Ida.

Manner of injury Knocked down by auto

Nature of injury Fracture of Rt Hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ✓

(Signed) James L. Stewart, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1932

Springer ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81166

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 307

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. FULL NAME Emeline Painton.

(a) Residence. No. 421. West Bannock Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 10. 1839

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
93	2	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York. N.Y.

FATHER

13. NAME John Paynton.

14. BIRTHPLACE (city or town) (State or country) New York. N.Y.

MOTHER

15. MAIDEN NAME Amelia Coffin.

16. BIRTHPLACE (city or town) (State or country) New York. N.Y.

17. INFORMENT (Address) Henry. C. Hart. 421. W. Bannock St/ Boise.

18. BURIAL, CREMATION, OR REMOVAL
Pioneer Cemetery. Nov. Dat 30. 1932. 193

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-29. 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1932, to Nov 28th, 1932

I last saw h[illegible] alive on Nov. 27th, 1932; death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:
Fracture of left femur & left humerus.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Oct 22, 1932

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home. She had a fainting spell

Manner of injury and fell.

Nature of injury Fracture of femur & humerus.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. D. Springer, M. D.

(Address) Boise Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1932

PLACE OF DEATH

County of Ada

City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81167

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 97

(No. 164) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Patrick Cassidy

(a) Residence. No. Near Harden Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cassidy

6. DATE OF BIRTH (month, day, and year) Dec 24 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Cambridge Mass.

FATHER

13. NAME Patrick Cassidy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine McMahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Stenay L. Cassidy R.F.D. # 4, Boise Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place St. Johns Cemetery 12-1, 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 11-30, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1932, to Death, 193..

I last saw him alive on 11-22, 1932; death is said to have occurred on the date stated above, at 12:30 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1920

Other contributory causes of importance:

Arteriosclerosis	1915
Myocarditis	1925
Arthritis deformans	1922

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. T. Mart, M. D.

(Address) Boise Idaho

RECEIVED DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81168

PLACE OF DEATH
County of Ada
City of

Registration District No. 124
Primary Registration District No. 2202
Local Registrar's No. 219

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

165

2. FULL NAME Jasper Newton Pethtel.

(a) Residence. No. 2 Miles West of Kuna. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ida. M. Pethtel.

6. DATE OF BIRTH (month, day, and year) Jan. 17. 1856.

7. AGE Years 76. Months 10 Days 15. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Virginia.
(State or country)

FATHER
13. NAME Sol Pethtel.
14. BIRTHPLACE (city or town) West Virginia.
(State or country)

MOTHER
15. MAIDEN NAME Sarah Cramer.
16. BIRTHPLACE (city or town) West Virginia.
(State or country)

17. INFORMENT Mrs. Ida. M. Pethtel.
(Address) Kuna, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Dec. 6. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-4, 1932 Geo H Whitehouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 8.10 PM-12-2 1932 to 8.30 PM 1932
I last saw him alive on Dec-2, 1932: death is said to have occurred on the date stated above, at 8.20 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strychnine	
Poisoning	
Self administered.	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F J Coleman M. D.
(Address) Kuna, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81169

PLACE OF DEATH
County of Ada.
City of Boise.
Registration District No. 2
Primary Registration District No. 1006
Local Registrar's No. 393

(No. 24th & Fairview.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jung Quong.

(a) Residence. No. 612. Idaho Street, Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yr mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married.

5a. If maried, widowed, ~~or~~ divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Chinese Herb Doctor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hong Kong.
(State or country) China.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMENT Harry Fong.
(Address) 108. south. 7th street.

18. BURIAL, CREMATION, OR REMOVAL Boise, Cemetery.
Place Morris Hill. Date July. 20. 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.

20. FILED 11-15, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 31. 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Killed when his Airplane crashed to the ground at 24th st. on Fairview at 4 oclock Oct. 31. 1932.
Crushed head

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10. 31. 32
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Clyde E. Summers, Coroner.
(Address) Boise, Idaho.

RECEIVED DEC 1932

MARGIN RESERVED FOR BINDING

...E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81172

Registration District No. ~~3~~ 2

Primary Registration District No. ~~2005~~ 1004 Local Registrar's No. ~~131~~ 324

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Lee Otus Beaver.

(a) Residence. No. 1420-E-Jefferson St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Bertha

6. DATE OF BIRTH (month, day, and year): Feb-20-1900

7. AGE: Years 32 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Farmington Arkansas

FATHER

13. NAME: Thomas Beaver.

14. BIRTHPLACE (city or town) (State or country): Farmington

MOTHER

15. MAIDEN NAME: Lucy M. Wharter

16. BIRTHPLACE (city or town) (State or country): Knox Co. Kentucky

17. INFORMENT (Address): Bertha Beaver. Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Canyon Hill Date: 10-16, 1932

19. UNDERTAKER (Address): C. V. Peckham Caldwell Ida

20. FILED ~~Nov 30, 1932~~ ~~John S. Meyer~~ Registrar.

12-14-32 W. H. Rhodes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to Oct 14, 1932

I last saw him alive on Oct 7, 1932; death is said to have occurred on the date stated above, at 9-10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	
Chronic Active	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Meigie Ward, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81173

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 1004
Local Registrar's No. 286
(No. ST. LUKES)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME BARNETTA JEAN LOVE 32
(a) Residence. No. PAYETTE, IDAHO St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 23, 1931

7. AGE Years 1 Months 0 Days 8 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Winnemucca, Nev.
(State or country)

PARENTS
10. NAME OF FATHER Lewis Everett Love
11. BIRTHPLACE OF FATHER (city or town) Okla.
(State or Country)
12. MAIDEN NAME OF MOTHER Margaret Evelyn Preston
13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)

14. Informant (Address) Mrs F. S. Moss Emmett, Ida.

15. Filed 11-1, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 1, 1932, 19..
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1932, to Nov. 1, 1932
that I last saw her alive on Nov. 1, 1932
and that death occurred, on the date stated above, at 11:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

Known (duration) 0 yrs. 0 mos. 3 ds.
CONTRIBUTORY (Secondary) Miliary Tuberculosis
(Incipient) (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Winnemucca, Nev.
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? History, X-ray + spinal fluid.
(Signed) Harmon A. Tremaine, M. D.
Nov. 1, 1932 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Payette, Idaho
Date of Burial Removal 11-1 1932

20. Undertaker Landon Funeral Home
Address Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81174

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 298

(No. St. Alfphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME George E. Palmer.

(a) Residence. No. Boise. Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1862

7. AGE — Years: 63. | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Steam engineer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER

13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT: Mrs F. J. Bartch. 1314 Grant st Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL — Place: Morris Hill. Date Nov. 22, 1932

19. UNDERTAKER: Summers & Krebs.
(Address) Boise Idaho.

20. FILED 11-2, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Nov 11, 1932
last saw him alive on Nov 11, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicaemia & Chronic Nefrocarditis	about Sept 15 1932

Other contributory causes of importance:
Evacuation & Abscess in left lumbar region

Name of operation Incision of abscess Date of Nov 11, 1932
What test confirmed diagnosis? Blood Ck Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Brayton, M. D.
(Address)

J. Boeche

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81175

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 94

(No. 4th & Garden Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jerry Ferrel.

(a) Residence. No. 4th & Garden Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Julia Ferrel.

6. DATE OF BIRTH (month, day, and year) June 23-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture & Under-taker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alberton, Iowa.

FATHER

13. NAME John Ferrel.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Rebecca Reese.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) J. D. Rankin. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 11/14/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 11-16, 1932 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/12/32 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10th, 1932, to Nov 12th, 1932
I last saw him alive on Nov 11th, 1932: death is said to have occurred on the date stated above, at 4:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococci infection of Bronchi	

Other contributory causes of importance:

Emphysema - Paralysis agitans - Chronic Bronchitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Alan Boeck M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81176

PLACE OF DEATH
County of Adams
City of Council

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 29
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Soren Hansen
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 49 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Dora Lakey

6. DATE OF BIRTH (month, day and year) June 4th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cattleman and
(b) General nature of industry, business, or establishment in which employed (or employer) Butcher
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Denmark

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant (Address) Son in law. C. Mathews Council

15. Filed Dec 10, 1932 Alvin S Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 4 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1931, to Nov 4th, 1932
that I last saw him ~~alive on~~ found dead on Nov 4th, 1932
and that death occurred, ~~on the date stated above~~ estimated about, at 3:30 AM

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Found dead in bed. Known to have been alive at 3:15 AM. First seen at 6:30 AM dead.
Apoplexy (previous attack 2 yrs ago)
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Chronic Nephritis.
..... (duration) 6 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no. Date of .....
Was there an autopsy? no.
What test confirmed diagnosis? Clinical exam
(Signed) Alvin S. Thurston, M. D.
November 4, 1932 (Address) Council. Idaho.

19. Place of Burial, Cremation, or Removal	Date of Burial
Council Cemetery (odd Fellow).	Nov. 5. 1932

20. Undertaker	Address
Family.	Council

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81177

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 437
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Mary Maria Tillman

(a) Residence. No. 816 North 12th., Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of S. J. Tillman

6. DATE OF BIRTH (month, day, and year) May 2, 1870.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME L. D. Raynold

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Francis Raynold

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) S. J. Tillman Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Nov. 28, 1932

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Nov. 28, 1932. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 24, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1932, to 11-24, 1932
I last saw h[illegible] alive on 11-24, 1932: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) [signature] M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81178

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 2

Primary Registration District No. 2161

Local Registrar's No. 434

(No. Residence 1012)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Darwin F. Bucher

(a) Residence. No. 430 Park Ave. Poca. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME D. F. Bucher

14. BIRTHPLACE (city or town) (State or country) Montpelier, Idaho.

MOTHER

15. MAIDEN NAME Veretta Parker

16. BIRTHPLACE (city or town) (State or country) Lewiston, Utah.

17. INFORMENT (Address) D. F. Bucher 430 Park Ave. Poca.

18. BURIAL, CREMATION, OR REMOVAL Place Springfield, Ida. Date Nov. 17, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Nov. 16, 1932. D C Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 15, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Nov 15, 1932

I last saw him alive on Nov 15, 1932; death is said to have occurred on the date stated above, at 4:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) H. Lynn, M. D.

(Address) Pocatello, Idaho.

RECEIVED DEC 15 1932

PLACE OF DEATH

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81179

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 277 ~~277~~

105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anton Longenbalm

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Longenbolm

6. DATE OF BIRTH (month, day, and year) May 24 1865

7. AGE: Years 67 | Months ~~6~~ 5 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 30 20

12. BIRTHPLACE (city or town) (State or country) Wisconson

FATHER

13. NAME John Longenbolm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Longenbolm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Eliza Longenbolm Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grace Date Nov 26 1932

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Dec 14, 1932 Mrs. G. G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-25-32 193

22. I HEREBY CERTIFY, That I attended deceased from 1-23-32, 193, to 11-20-32, 193

I last saw him alive on 11-18-32, 193: death is said to have occurred on the date stated above, at 8:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1910

Other contributory causes of importance:

~~Ater~~ Arteriosclerosis	unknown

Name of operation none Date of .....

What test confirmed diagnosis? Hist & Phy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Grace, Idaho B. K. Zoring M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81180

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 440
(No. Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. Cherry 118b
(a) Residence. No. Blackfoot Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day, and year) Feb. 26-1869
7. AGE Years 63 Months 9 Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hayesville N.C.

FATHER
13. NAME James P. Cherry
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Mary Elizebeth Curtis
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMENT (Address) Mrs. Emma N. Cherry Blackfoot Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date Nov. 29, 1932
19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho
20. FILED 11-27, 1932 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/26 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932, to Nov 26, 1932
I last saw him alive on Nov 26, 1932; death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia following oper. for intestinal obstruction	
nephritis - Mitral lesion	

Other contributory causes of importance:
Intestinal obstruction oper. for same 11/24/32

Name of operation H. C. Jauvin Date of 11/24/32
What test confirmed diagnosis? Usual Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) H. C. Jauvin, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81181

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 27
Primary Registration District No. 2764
Local Registrar's No. 439

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1182

2. FULL NAME Lyman Fargo

(a) Residence. No. 709 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Estelle

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bethany New York N.Y.

FATHER

13. NAME Robert Fargo

14. BIRTHPLACE (city or town) (State or country) Bethany N. Y.

MOTHER

15. MAIDEN NAME Caroline Burden

16. BIRTHPLACE (city or town) (State or country) Devonshire England

17. INFORMENT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Nov. 27, 1932

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello, Idaho

20. FILED Nov 27, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Nov. 25, 1932

I last saw him alive on Nov. 25, 1932; death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diaphragmatic hernia	Cong.

Other contributory causes of importance:

Pyloric ulcer and haemorrhage (24 hrs)	6 Wks

Name of operation None Date of —

What test confirmed diagnosis? Clinical Pm. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Howard M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81182

PLACE OF DEATH
County of Bannock
City of McCammon
Registration District No.
Primary Registration District No. Local Registrar's No. 438

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Alonzo Raymond

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Luella Jackman

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lehi, Utah.

FATHER

13. NAME Alonzo Raymond

14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER

15. MAIDEN NAME Clarinda Cutler

16. BIRTHPLACE (city or town) (State or country) New York ~~Unknown~~

17. INFORMENT (Address) Leland Raymond Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place McCammon, Idaho Date Nov. 27, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho,

20. FILED Nov. 26, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 5 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81183

County of Bannock
City of Lava Hot Sprgs. Registration District No. 20
Primary Registration District No. 2161 Local Registrar's No. 428

(No. Lava Hot Sprgs.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME James Patrick Roddy.

(a) Residence. No. Lava Hot Sprgs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 11. 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Roddy.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) James P. Roddy. 1512-7th. St. Bermenton, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Nov. 5., 1932.

19. UNDERTAKER J.T. Fitzpatrick. (Address) Pocatello, Idaho.

20. FILED Nov 1, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 3. 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1932 to 11-3, 1932
I last saw him alive on Nov 3, 1932; death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L A Buck, M. D.
(Address) Lava Hot Sprgs., Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81184

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 425
(No. 221 West Terry)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Hyrum James Chatterton
(a) Residence. No. Arimo, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Elizabeth Christensen
6. DATE OF BIRTH (month, day, and year) Nov. 5, 1853.
7. AGE: Years 78 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME James Chatterton
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Joe Reese Pocatello, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Richmond, Utah. Date Nov. 6, 1932
19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.
20. FILED Nov. 4, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2, 1932.
22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932 to Nov 2, 1932
I last saw him alive on Nov 2, 1932 death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
appoplexy	

Other contributory causes of importance:
aged

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J H Hyrum, M. D.
(Address) Pocatello, Idaho.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81185

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 2
Primary Registration District No. 2161
Local Registrar's No. 421

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora B. Long

(a) Residence. No. 238 McKinley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
f	white	married

5a. If maried, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Louis F. Long

6. DATE OF BIRTH (month, day, and year) Dec 28-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A Elmo Ill

FATHER

13. NAME J. N. Morton
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Stoll
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Louis F. Long, 238 McKinley, Pocatello, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Date Nov. 3, 1932
19. UNDERTAKER (Address) Byron B. Raymond, Pocatello, Idaho
20. FILED 11-3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 1 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Nov 1, 1932
I last saw her alive on Nov 1, 1932 death is said to have occurred on the date stated above, at 9:40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Brain	?
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) [signature] M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81189

Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 273
(No. Caribou County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Deborah Marie Tarbet
(a) Residence. No. Turner, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) October 22, 1913
7. AGE Years 18 Months 10 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home of parent
10. Date deceased last worked at this occupation (month and year) Sept 1932
11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) Benson Ward
(State or country) Utah

FATHER
13. NAME Thomas Tarbet
14. BIRTHPLACE (city or town) Benson Ward
(State or country) Utah

MOTHER
15. MAIDEN NAME Esther Johnson
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Turner Cemetery Date Sept 22, 1932

19. UNDERTAKER Ed Whitman
(Address) Soda Springs Ida

20. FILED Dec 8, 1932 Mrs G. G. Fitz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-19 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932, 193, to Sept 19 1932, 193
I last saw her alive on Sept 19 1932: death is said to have occurred on the date stated above, at 12:10 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal scull fracture	Sept 19 1932

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Hist & Phy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury Sept 19 1932
Where did injury occur? Grace, Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury Thrown from horse
Nature of injury Fell on occipital region

24. Was disease or injury in any way related to occupation of deceased?
yes If so, specify Driving cows
(Signed) Bro. Zaring, M. D.
(Address) Grace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81190

PLACE OF DEATH

County of Bannack
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 431
(No. Pocatello General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME David Westenfelder

(a) Residence. No. Grace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1908, 8/7

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grace Idaho

FATHER

13. NAME Harry A. Westenfelder

14. BIRTHPLACE (city or town) (State or country) Colorado Springs Colorado

MOTHER

15. MAIDEN NAME Irene Sullivan

16. BIRTHPLACE (city or town) (State or country) Thatcher Idaho

17. INFORMENT (Address) Harry A. Westenfeller Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grace Idaho Date Nov. 11, 1932

19. UNDERTAKER (Address) MacHan Funeral home Pocatello

20. FILED Nov. 10, 1932 D. C. Rall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-7, 1932, to 11-9, 1932

I last saw him alive on 11-9, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous appendicitis & Peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 11-7-32

What test confirmed diagnosis? Pathologist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Young, M. D.

(Address) Pocatello Idaho

RECEIVED DEC 15

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81191

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 272

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

12

2. FULL NAME Billy Arthur Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-14-29

7. AGE: Years 3 | Months 4 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte, Mont.

FATHER
13. NAME Arthur William Anderson
14. BIRTHPLACE (city or town) (State or country) Smithfield Utah

MOTHER
15. MAIDEN NAME Catherine Shirly Vogel
16. BIRTHPLACE (city or town) (State or country) Livingston Mont.

17. INFORMENT (Address) Arthur Anderson

18. BURIAL, CREMATION, OR REMOVAL Place Central Ida Date 10-6-32 193

19. UNDERTAKER (Address) none

20. FILED Dec 8, 1932 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-4-32 193

22. I HEREBY CERTIFY, That I attended deceased from 10-2-32, 193, to 10-4-32, 193
I last saw him alive on 10-3-32, 193; death is said to have occurred on the date stated above, at 3:30 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Sept 20 (approx)

Other contributory causes of importance:

Acute Tonsillitis	Sept 5 (approx)

Name of operation none Date of .....
What test confirmed diagnosis? hist & phy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify Bk. Zaning
(Signed) ....., M. D.
(Address) Grace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81193

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 21
Primary Registration District No. 2161
Local Registrar's No. 429
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME August Sorgatz

(a) Residence. No. 631 South Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Ida Kuetler

6. DATE OF BIRTH (month, day, and year) Aug. 15, 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: John Sorgatz

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Maria Schmidt

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMENT (Address): Paul Sorgatz, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Ida. Date: Nov. 7, 1932.

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho

20. FILED Nov. 7, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Nov 4, 1932
I last saw h alive on Nov 4, 1932; death is said to have occurred on the date stated above, at 2P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Oct 1931

Other contributory causes of importance: Operation Gastro enterostomy

	Nov 2 1932

Name of operation Gastroenterostomy Date of Nov 2
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur W. Hall, M. D.
(Address) Pocatello, Idaho.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81194

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 427

(No. 323 N Fifth)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME MARY MAGDELENE PEARSON

(a) Residence. No. 323 N Fifth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Negro
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John H Pearson

6. DATE OF BIRTH (month, day, and year): 9/24/1874

7. AGE: Years 58 | Months 1 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: "
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Johnson County Kansas

FATHER
13. NAME: John Reynolds
14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER
15. MAIDEN NAME: Coroline Franklyn
16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMENT (Address): John H Pearson 323 N 5th

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place: Denver, Colo. Date: Nov 9, 1932

19. UNDERTAKER (Address): McHan Funeral Home Pocatello

20. FILED 11/8/32, 193 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11/6 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1932, to 11/6, 1932
I last saw her alive on 11/6, 1932; death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation: no Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) [signature], M. D.
(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28

DO NOT WRITE IN THIS SPACE
State File No. 81195

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No. 2161
Local Registrar's No. 426
(No. St Antony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ELIZABETH ANN SUTTER

(a) Residence. No. 122 S Garfield St.
(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

124

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Sutter

6. DATE OF BIRTH (month, day, and year) Aug 11/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quincy Illinois

FATHER

13. NAME John D Birch

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Martha K Jones

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mary A. McLean Pocatello

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello

20. FILED 11/8/32 193 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1932, to Nov 6, 1932

I last saw h e alive on Nov 6, 1932; death is said to have occurred on the date stated above, at 10:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis & Cholelithiasis with stone in common duct	

Other contributory causes of importance:

Shock from operation	

Name of operation Cholecystotomy Date of Nov 4

What test confirmed diagnosis? Finding Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A M Newton, M. D.
(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81196

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 430

(No. Lava Hot Springs, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Olof Ohlson

(a) Residence. No. Seaside, Oregon. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	63	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Arthur W. Hall (Coroner) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Astoria, Oregon Date On Arrival 193

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Nov. 10, 1932. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 3, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81197

Registration District No. 21
Primary Registration District No. 2164 Local Registrar's No. 442

(No. Lynn Bros. Hosp. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas E. Harris

(a) Residence. No. Dell, Montana St. Dell Montana
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) July 6 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Ill

FATHER

13. NAME George Harris

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Elizabeth Thompson

16. BIRTHPLACE (city or town) (State or country) Springfield Ill

17. INFORMENT (Address) Mrs John Patterson Dell, Montana

18. BURIAL, CREMATION, OR REMOVAL
Place Dell Montana Date , 193

19. UNDERTAKER Desmonds Funeral Home
(Address) Pocatello, Idaho

20. FILED 11-30, 1932 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1932, to Nov. 30, 1932
I last saw him alive on Nov. 30, 1932: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peri nephritic abcess	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Johns. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Lynn, M. D.
(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81198

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 436

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Clara Alberta Cazier

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Earl Cazier

6. DATE OF BIRTH (month, day, and year) June 17-1907

7. AGE: Years 25 | Months 4 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilford Idaho

FATHER
13. NAME Andrew Stewart
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Alberta Bagley
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Earl Cazier Pocatello Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Wilford Date Nov. 21, 1932

19. UNDERTAKER (Address) W. M. Hansen Sts. Anthony Idaho

20. FILED Nov 28, 1932 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1932, to 11-18, 1932

I last saw ~~her~~ alive on 11-18, 1932; death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fistula of Sigmoid Colon.	June 8, 1932

Other contributory causes of importance:

Shock from operation	11-16-32

Name of operation Anastomosis of Sigmoid Date of 11-16-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brothers, M.D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81199

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 433

106

2. FULL NAME Edward B. Donnelly
(a) Residence. No. Idaho Falls St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Nel Donnelly

6. DATE OF BIRTH (month, day and year) July 27-1879

7. AGE Years 53 Months 3 Days 18 If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Dannsville N.Y.

PARENTS
10. NAME OF FATHER Donnelly
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Margaret Doherty
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Wm. Donnelly
(Address) Moscow Idaho

15. Filed 11-15, 1932 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 14 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-12, 1932, to 11-14, 1932
that I last saw him alive on 11-14, 1932
and that death occurred, on the date stated above, at 8.30 A. m.
The CAUSE OF DEATH* was as follows:
Emphysema L. lung.
(duration) - yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) 5 fractured ribs L.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? no Date of -
Was there an autopsy? no
What test confirmed diagnosis? Physical finding
(Signed) [signature] M. D.
11/15, 1932 (Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Blackfoot, Idaho
Date of Burial: 11-16 1932

20. Undertaker: Byron B. Downard
Address: Pocatello Idaho.

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81200

PLACE OF DEATH
County of St Bear Lake
City of St Charles

Registration District No. 55
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jerry Curtis Cleveland 161a

(a) Residence. No. St Charles St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 2, 1932

7. AGE Years Months Days If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Idaho
(State or country) St Charles

FATHER
13. NAME Elwood Cleveland
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER
15. MAIDEN NAME Leola Lillian Pugmire
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT (Address) C O Moore Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St Charles Id. Date 11-2, 1932

19. UNDERTAKER (Address) no Bpr. E. W. Allred took charge St Charles Ida.

20. FILED 11-5, 1932 Hannah J. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932, to Nov 2, 1932
I last saw him alive on Nov 2, 1932: death is said to have occurred on the date stated above, at 12.55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
About 6 mos.	

Other contributory causes of importance:

Name of operation Clinical findings Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) C O Moore, M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81202

PLACE OF DEATH
County of Bear Lake
City of Montpelier Ida

Registration District No. 5-7
Primary Registration District No. 2-136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

60 U

2. FULL NAME Emma Peterson

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or ~~divorced~~
HUSBAND of
(or) ~~WIFE~~ of Parley P. Peterson

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day,
	45	5	10	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10. NAME OF FATHER Christian Lehner
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Switzerland

14. Informant Parley P. Peterson
(Address) Montpelier Idaho

15. Filed 11/1, 1932 A H Kunz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 25 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to July 25, 1932
that I last saw h-- alive on July 25, 1932
and that death occurred, on the date stated above, at 9:45 A m.
The CAUSE OF DEATH* was as follows:
Exophthalmic Goitre
Not known
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F. P. Gardner M. D.
8-26, 1932 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Montpelier, Ida	July 29 1932
20. Undertaker	Address
J. M. Williams	Montpelier Ida

DEATH in plain terms, so that it may be p
tant. See instruction on back of certificate.

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81203

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. ~~2136~~ 52
Primary Registration District No. 2136
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

74a

2. FULL NAME Alvina O. Pearson

(a) Residence. No. Montpelier Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 6 - 1849.

7. AGE	Years	Months	Days	If LESS than 1 day,
83	83	2	14	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark

PARENTS
10. NAME OF FATHER Anderson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Not known ~~[illegible]~~
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denmark

14. Informant Mrs R. Simmons
(Address) Montpelier Idaho

15. Filed 8/11, 1932 N N Kerr Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to July 20th, 1932
that I last saw her alive on July 19th, 1932
and that death occurred, on the date stated above, at 5-30-P m.
The CAUSE OF DEATH* was as follows:
Apoplexia

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Old age

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. T. Gryon, M. D.
July 21, 1932 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Ida
Date of Burial July 19 1932

20. Undertaker T. M. Williams
Address Montpelier Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81204

PLACE OF DEATH
County of Bear Lake
City of Sharon

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 74a

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan Hymas Orr.

(a) Residence. No. Ovid Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Richard D. Orr.

6. DATE OF BIRTH (month, day, and year) April 13, 1874

7. AGE Years 58 Months 3 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 17, 1932
11. Total time (years) spent in this occupation 35 years

12. BIRTHPLACE (city or town) (State or country) Liberty, Ida.

FATHER
13. NAME Wm A. Hymas
14. BIRTHPLACE (city or town) (State or country) Essex England.

MOTHER
15. MAIDEN NAME Mary Edwards
16. BIRTHPLACE (city or town) (State or country) Wayles

17. INFORMENT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Sharon Ida Date July 19, 1932

19. UNDERTAKER (Address) None

20. FILED 9/1, 1932 N. N. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932, to July 17, 1932

I last saw her alive on July 17, 1932; death is said to have occurred on the date stated above, at 9:00 P.m.

The principal cause of death and related causes of importance were as follows: Left sided hemiplegia

Date of onset

Other contributory causes of importance: Endocarditis (Mitral regurgitation) Systolic murmur at apex Cardiac irregularity.

Name of operation ..... Date of .....

What test confirmed diagnosis? Unable to move left arm, leg. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Spencer H. Rich, M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81205

PLACE OF DEATH
County of Bear Lake
City of St Charles

Registration District No. 55
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18

2. FULL NAME Ola Transtrum

(a) Residence. No. St Charles Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emelyn Sorenson

6. DATE OF BIRTH (month, day, and year) Mar 17, 1864

7. AGE Years 68 Months 3 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hyrum Utah

FATHER
13. NAME Ola Transtrum
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Hannah Nelson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) J. N. Transtrum

18. BURIAL, CREMATION, OR REMOVAL Place St Charles Ida Date 7/1, 1932

19. UNDERTAKER (Address) Bishop Ernest Allred

20. FILED 11-10, 1932 Hannah J Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1932, to June 30, 1932
I last saw him alive on June 30, 1932 death is said to have occurred on the date stated above, at 10.50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mt Spotted Fever	June 19, 1932

Other contributory causes of importance:
Diabetes Mellitus
8 yrs Duration

Name of operation Clinical Date of .....
What test confirmed diagnosis? findings Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Sheepman
(Signed) C O Moore, M. D.
(Address) Paris Idaho

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81206

PLACE OF DEATH

County of Bear Lake

City of Montpelier

CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C ?

2. FULL NAME J. H. Long

(a) Residence, No. Pocatello St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Atkinson Long

6. DATE OF BIRTH (month, day and year) April 5, 1865

7. AGE 67 Years 67 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer Union Pacific

9. BIRTHPLACE (city or town) (State or country) Pitscott New York

PARENTS

10. NAME OF FATHER Daniel Long

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant (Address) F. T. Long

15. Filed 9/1/ 1932 H. H. Long Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 (Month) 5 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-5, 1932, to 8-5, 1932

that I last saw him alive on 8-5 1932

and that death occurred, on the date stated above, at 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Hemorrhage and shock

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accident. Amputation of both legs (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8-5-32

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

8-6, 1932 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Pocatello Idaho Date of Burial 19

20. Undertaker F. M. Williams Address Montpelier

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81207

PLACE OF DEATH
County of Bear Lake
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 1380
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anton Serrico
(a) Residence. No. Pueblo Colo St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 19, 1913

7. AGE Years 18 Months 9 Days 28 If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

PARENTS
10. NAME OF FATHER Angelo Serrico
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Italy
12. MAIDEN NAME OF MOTHER Mary Long
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Italy

14. Informant (Address) A. L. Monaco Pueblo, Colorado

15. Filed 9/1, 1932 N H King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 1932, to 8-16, 1932
that I last saw him alive on 8-16, 1932
and that death occurred, on the date stated above, at 8-4 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fracture Skull

(duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary) Auto Accident
(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [signature], M. D.
8-16, 1932 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Pueblo, Colorado
Date of Burial 3/20/1932

20. Undertaker [signature]
Address Montpelier, Ida

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81208

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Charles Willard Grandy
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 7 - 1915

7. AGE Years 17 Months 1 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Paris Idaho

PARENTS
10. NAME OF FATHER Wm Charlene Grandy
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Paris Idaho
12. MAIDEN NAME OF MOTHER Mary Viola Bridges
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dingle Idaho

14. Informant (Address) Wm Clarence Grandy Montpelier Idaho

15. Filed 10/1, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-19, 1932 to 9-25, 1932
that I last saw him alive on 9-25, 1932
and that death occurred, on the date stated above, at 3:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Appendicitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 9-19-32
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. P. Fairline M. D.
Sept 26, 1932 (Address)

19. Place of Burial, Cremation, or Removal Paris Idaho
Date of Burial Sept. 27 1932

20. Undertaker [illegible] Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81209

PLACE OF DEATH

County of Bear Lake
City of Montpelier

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 103
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred T. Rowland
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 24 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundryman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

PARENTS

10. NAME OF FATHER Frederick T Rowland
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Hannah Pitcher
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Fred T Rowland Montpelier Idaho

15. Filed 11/1/ 1932 H H King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 9, 1932
that I last saw him alive on Oct 9, 1932
and that death occurred, on the date stated above, at 10-P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage
Cause unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yes
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. P. Gardner, M. D.
Oct 10 1932 (Address) Montpelier Idaho

19. Place of Burial, Cremation, or Removal Montpelier Idaho
Date of Burial Oct 12 1932

20. Undertaker H. W. Williams
Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 21

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81210

PLACE OF DEATH

County of Bear Lake
City of Montpelier, Ida.

Registration District No. 5
Primary Registration District No. 2136

Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adelbert H. Nelson

(a) Residence. No. Bloomington Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 3, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Sexton
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bloomington Ida.

PARENTS

10. NAME OF FATHER Christian Nelson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denmark

14. Informant Ronald Nelson
(Address) Bloomington Idaho

15. Filed 9/1/37 H. W. King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 27 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1932, to July 27, 1932
that I last saw him alive on July 27, 1932
and that death occurred, on the date stated above, at 3:30 A. m.
The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Ruptured Appendix
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Reuel H. Rich, M. D.
July 28, 1932 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Bloomington Idaho	July 30 1932
20. Undertaker S. M. Williams	Address Montpelier Ida

Every item of information should be carefully supplied should state CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instruction on back of certificate.

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Adelbert H. Nelson

now lying buried in Bloomington Cemetery, in the City or Town of Bloomington

County of Bear Lake State of Idaho, who died on the 27 day of July, 1932, Aged 51 years 8 months

24 days, the cause of death being ruptured appendix and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

Spencer H. Rich attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Montpelier Cemetery in the City or Town of Montpelier County of Bear Lake

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

permit issued to:

this 8th day of Sept., A.D. 1953.

W. W. Benson
Director, Division of Vital Statistics

By- [signature] Deputy

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Montpelier State of Idaho, this [illegible] day of [illegible] 1953.

[signature]
Health officer

Form DPH-48019

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81211

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2132
Local Registrar's No. 49
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nettie Brammer
(a) Residence. No. Montpelier, Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 30, 1887

7. AGE Years 45 Months 11 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Laramie, Wyo.

PARENTS
10. NAME OF FATHER Joe Brammer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Louisville Kentucky
12. MAIDEN NAME OF MOTHER Mary Leary
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Philadelphia Pennsylvania

14. Informant (Address) Jean Bourne Montpelier, Ida

15. Filed 9/11, 1932 H H King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 5, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug 5, 1932
that I last saw her alive on Aug 5, 1932
and that death occurred, on the date stated above, at 8.03 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Neoplastic Carcoma.

Tumor in the Omentum, involved all the contents of the abdominal cavity.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Ellis Hackley, M. D.
Aug 8, 1932 (Address) South Spring Ida

19. Place of Burial, Cremation, or Removal Pocatello
Date of Burial Aug 9 1932

20. Undertaker F M Williams
Address Montpelier

RECEIVED NOV 21 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81213

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME Samuel Wuthrich
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 6-1857

7. AGE Years 75 Months 7 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS
10. NAME OF FATHER John Wuthrich
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland.
12. MAIDEN NAME OF MOTHER Magdeline Eggar
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Switzerland.

14. Informant (Address) Edward Wuthrich Montpelier, Idaho

15. Filed 9/1/ 1932 H H Ling Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932, to Aug 25, 1932
that I last saw him alive on Aug 25, 1932
and that death occurred, on the date stated above, at 9:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Hemorrhage from Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric Ulcer
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? H H Ling
(Signed) M.D.
Aug 26, 1932 (Address) Montpelier Ida

19. Place of Burial, Cremation, or Removal Montpelier Idaho
Date of Burial Aug. 29-1932

20. Undertaker M. Williams
Address Montpelier Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 3 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81214

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.
Local Registrar's No. 14

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Phoebe Rich Collings 101 b

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James Collings

6. DATE OF BIRTH (month, day, and year) June 30, 1850

7. AGE Years 82 Months 4 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Nov. 1932
11. Total time (years) spent in this occupation all of life

12. BIRTHPLACE (city or town) (State or country) Big Cotton Wood Utah

FATHER
13. NAME Charles Coulson Rich.
14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER
15. MAIDEN NAME Eliza Ann Graves
16. BIRTHPLACE (city or town) (State or country) Paris Idaho

17. INFORMENT (Address) D S Price

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date Nov. 30, 1932

19. UNDERTAKER (Address) Dan Price Paris Idaho

20. FILED Nov. 30, 1932 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1932, to Nov. 28, 1932

I last saw her alive on Nov. 28, 1932; death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia. (Bilateral)	Nov. 25, 1932

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? Cough, Rales, dyspnea, Hyperpyrexia Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Spencer H Rich, M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81215

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 2
Primary Registration District No. 2136
(No.) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

F9

2. FULL NAME William J. Smith

(a) Residence. No. Ovid, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 18, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER William Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Mary Mallen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant John Gerlach
(Address) Montpelier Idaho

15. Filed Nov 1, 1932 H H Kemp Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 30 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to July 30, 1932, that I last saw him alive on July 30, 1932, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
not known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) L. P. Gardner M. D.
7-1, 1932 (Address) Montpelier, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Liberty Ida	Aug 2 1932

20. Undertaker J. H. Williams Address Montpelier Idaho

should state CAUSE O
TION is very important. See instruction on back of
s

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81216

PLACE OF DEATH
County of Bear Lake
City of Liberty.

Registration District No. 5-11
Primary Registration District No. 2-136
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Solomon Thomas Hymas

(a) Residence. No. Liberty Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 41 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Maruntha Genevieve Thomas

6. DATE OF BIRTH (month, day and year) July 9, 1891

7. AGE	Years	Months	Days	If LESS than 1 day,
	41	3	5	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Liberty Idaho.

PARENTS

10. NAME OF FATHER Wm Thomas Hymas

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Liberty Idaho.

12. MAIDEN NAME OF MOTHER Sarah Jane Wixom

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Paris Idaho

14. Informant E. D. Hymas
(Address) Liberty Idaho

15. Filed 11/1, 1932 N. H. Kemp Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 14 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 28 1932 to October 14, 1932
that I last saw h[illegible] alive on October 14 1932
and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows: Cardiac Failure (Mitral Regurgitation)

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Apical murmur of Cardiac irregular irregularity of pulse Blood pressure
(Signed) Spencer K. Peck, M. D.
October 14, 1932 (Address) Paris Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Liberty Idaho	Oct. 17 1932

20. Undertaker F. M. Williams Address Montpelier Idaho

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81217

PLACE OF DEATH
County of Bear Lake
City of Montpelier

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** Peter Gordon
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 15 1863.

7. AGE 89 Years Months 4 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) (retired 12 years)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Scotland

PARENTS
10. NAME OF FATHER James Gordon
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland

14. Informant (Address) Mrs H. Colliquist Montpelier Idaho

15. Filed 10/1, 1932 H H King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 29 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1932, to Sept 29, 1932
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 330 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Dilatation Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? H H King M. D.
(Signed)
Sept 29, 1932 (Address) Montpelier Ida

19. Place of Burial, Cremation, or Removal Kemmerer Wyoming
Date of Burial Oct 3 1932

20. Undertaker Tom Williams
Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81218

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

99 b

2. FULL NAME John S. Wixom
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 24-1861

7. AGE Years 71 Months 10 Days 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) (retired)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS
10. NAME OF FATHER Solomon Wixom
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Hannah Montgomery
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant (Address) Mrs J. S. Wixom Montpelier Idaho

15. Filed 9/1/ 1932 N H King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Aug 16, 1932
that I last saw him alive on Aug 15, 1932
and that death occurred, on the date stated above, at 6:41 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Bronchitis

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C O Moore, M. D.
Aug 17, 1932 (Address) Paris Idaho

19. Place of Burial, Cremation, or Removal Liberty Idaho Date of Burial Aug. 19 1932

20. Undertaker Jno Williams Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81219

PLACE OF DEATH
County of Bear Lake
City of St Charles

Registration District No. 55
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Boon Bunderson 98

(a) Residence. No. St. Charles Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Augusta Bunderson

6. DATE OF BIRTH (month, day, and year) Mar 30, 1864

7. AGE Years 68 Months 7 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Sjunne Bunderson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Kjersta Monsdotter
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Bert Bunderson

18. BURIAL, CREMATION, OR REMOVAL Place St. Charles Idaho Date Nov 13, 1932

19. UNDERTAKER (Address) ~~[illegible]~~ Peterson of Stoal undertaking Parlor - Brigham

20. FILED 11-5, 1932 Harmah J Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1932, to Nov 9, 1932

I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation of Heart	

Other contributory causes of importance:

Chronic Myocarditis

Name of operation None Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C O Moore, M. D.
(Address) Paris Idaho

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81221

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 5
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evelyn Jane Mussbaugh

(a) Residence. No. Montpelier St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo Mussbaugh.

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	—	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St Charles Idaho

PARENTS

10. NAME OF FATHER Wm S Fegreelly
11. BIRTHPLACE OF FATHER (city or town) (State or Country) London Eng
12. MAIDEN NAME OF MOTHER Agnes Connell
13. BIRTHPLACE OF MOTHER (city or town) (State or County) St Charles Idaho

14. Informant Geo B Mussbaugh
(Address) Montpelier Idaho

15. Filed 10/1, 1934 W T Kinney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Sept 7, 1932
that I last saw her alive on Sept 7, 1932
and that death occurred, on the date stated above, at 1.45 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Patent Fibroid Abces

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) G P Gardner, M. D.
9-8 32, 1932 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Montpelier Idaho — Date of Burial Sept 10 1932

20. Undertaker — Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED NOV 21 1932

11585

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81222

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME William Jonely
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) ~~Man~~ Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 21 - 1869

7. AGE Years 63 Months 3 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)
(c) Name of employer O.S.L. Ry.

9. BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS
10. NAME OF FATHER Arnold Jonely
11. BIRTHPLACE OF FATHER (~~city~~ or town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Elizabeth Trubble
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Switzerland

14. Informant (Address) ~~Cecil~~ Norma Jonely Montpelier Idaho

15. Filed 11/1/, 1932 H. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Oct 10, 1932
that I last saw him alive on Oct 10, 1932
and that death occurred, on the date stated above, at 11:11 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis and General Organic Heart Disease (age valves affected)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) 5 yrs. — mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? H. H. King
(Signed) , M. D.
Oct 11, 1932 (Address) Montpelier Idaho

19. Place of Burial, Cremation, or Removal Montpelier, Idaho. Date of Burial Oct. 13 - 1932

20. Undertaker J. W. Williams Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81223

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

13

2. FULL NAME Charles Stephens
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 24-1847

7. AGE 85 Years | Months 2 | Days 8 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) (retired)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER Isaac Stephens
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Frances Dence
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Tom Stephens Montpelier Idaho

15. Filed 9/1/ 1932 H H King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 1 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1932 to Sept 1 1932
that I last saw him alive on Sept 1 1932
and that death occurred, on the date stated above, at 6:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Hyperhophy of Prostate
Senile
1 years
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) J. P. Galentz M. D.
9-2-32 1932 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Montpelier Idaho
Date of Burial Sept 4 1932

20. Undertaker [illegible]
Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81224

PLACE OF DEATH
County of Bennoth
City of Dr Smet

Registration District No. 31
Primary Registration District No.
Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME Cecile Courchaine Falcon

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F1
4. COLOR OR RACE Indian
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Falcon Sr

6. DATE OF BIRTH (month, day and year)

7. AGE Years 66 Months — Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) N. Dakota

PARENTS
10. NAME OF FATHER Francis Courchaine
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. Dakota
12. MAIDEN NAME OF MOTHER Mary St Peter
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) N Dakota

14. Informant John Falcon Sr.
(Address) DeSmet, Idaho

15. Filed Nov. 9, 1932 John Post Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1932, to Nov 9, 1932
that I last saw her alive on Nov 6, 1932
and that death occurred, on the date stated above, at 9:30 a m.
The CAUSE OF DEATH* was as follows:
Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? — Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) J. A. Nelson, M. D.
Nov 9 1932 (Address) Tekoa, Wn.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal DeSmet, Idaho — Date of Burial Nov. 10 1932

20. Undertaker Louis Delorme — Address DeSmet, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

PLACE OF DEATH

County of Benewah

City of De Smet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81225

Registration District No. 21

Primary Registration District No. ____ Local Registrar's No. 14

(No. Coeur d'Alene Indian Res.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 1a

2. FULL NAME Louie Aripa

(a) Residence. No. # De Smet, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Aripa

6. DATE OF BIRTH (month, day, and year) Dec. 12 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	34	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farm Work

10. Date deceased last worked at this occupation (month and year) Nov. 15 32

11. Total time (years) spent in this occupation 15 Yrs.

12. BIRTHPLACE (city or town) (State or country) Coeur de Alene Indian Res.

FATHER

13. NAME Stanislau Aripa

14. BIRTHPLACE (city or town) (State or country) Coeur d' Alene Indian Res.

MOTHER

15. MAIDEN NAME Emma Joseph

16. BIRTHPLACE (city or town) (State or country) Spokane Indian Res.

17. INFORMENT (Address) Stanislau Aripa Coeur d' Alene Indian Res.

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Ida. Date Nov. 23 1932 De Smet Idaho

19. UNDERTAKER (Address) D. A. Kimball Tekoa Wash.

20. FILED Nov. 22 1932 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 37 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932, to Nov 21, 1932

I last saw him alive on Nov 21, 1932; death is said to have occurred on the date stated above, at 6, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar.	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193.

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Wash.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED DEC 5

1 PLACE OF DEATH
County Benewah State Idaho Registered No. 16
Township ..... or Village Dr Smet or
City ..... No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

81226

2 FULL NAME Madalin Tuesto Mark

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Mark

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
57	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): General House
(c) Name of employer: Work

9 BIRTHPLACE (city or town) (State or country): Coeur d'alene Reservation Idaho

PARENTS
10 NAME OF FATHER: Peel Snakes
11 BIRTHPLACE OF FATHER (city or town) (State or country): Coeur d'alene Reservation Idaho
12 MAIDEN NAME OF MOTHER: Victoria Snakes
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Coeur d'alene Reservation Idaho

14 Informant: Peter Mark
(Address) De Smet, Idaho

15 Filed Nov. 27, 1932 John Post REGISTRAR

11—3184 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to Nov 24, 1932,
that I last saw her alive on Nov 24, 1932,
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:
Acute Myocarditis
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Phlegmonitis
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. A. Nelson, M. D.
11/26 (Address) Tekoa Wn

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Dr Smet Ide.
DATE OF BURIAL: 19

20 UNDERTAKER: Kimball Funeral Home
ADDRESS: Tekoa Wn

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2—209 d
V. S. No. 98

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81227

PLACE OF DEATH
County of Benewah
City of St. Maries, Ida.
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 28
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Elems 48

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 24 - 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
66	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tinsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 6 - 32

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Windsor Nova Scotia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) O. E. Miles St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Dec 1, 1932

19. UNDERTAKER Geo E Mitchell
(Address) St Maries Idaho

20. FILED Dec. 10, 1932 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1930, to Nov 28, 1932
I last saw him alive on Nov 27, 1932: death is said to have occurred on the date stated above, at 6:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left maxillary region	Winter 1931
Other contributory causes of importance: Leukoplakia buccalis	many years
Coronary Sclerosis	2 years

Name of operation None Date of None
What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) C A Robins, M.D.
(Address) St. Maries Idaho

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81228

PLACE OF DEATH
County of Benewah
City of Tensnwood

Registration District No. 27
Primary Registration District No. 2049
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Elvira Platner

(a) Residence. No. D Tensnwood Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of R M Platner

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
46	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Fergis Falls
(State or country) Minnesota

FATHER

13. NAME Lafayette Pettys

14. BIRTHPLACE (city or town) .....
(State or country) New York

MOTHER

15. MAIDEN NAME Rody Bates

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMENT R M Platner
(Address) Tensnwood Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Santa Date Nov 17, 1932

19. UNDERTAKER Geo E Whitehall
(Address) St Maries

20. FILED Dec 10, 1932 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932, to Nov 16, 1932

I last saw her alive on 9/19, 1932; death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	

Other contributory causes of importance:

Hypertensive disease	
Nephritis	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L Lamarche, M. D.

(Address) St Maries

RECEIVED DEC 5 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of Sanders

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81229

Registration District No. 37

Primary Registration District No. ..... Local Registrar's No. 15

(No. Sanders, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Goldie Mary Wolf

(a) Residence. No. Sanders, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Wolf

6. DATE OF BIRTH (month, day, and year) Dec. 10 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own Home

10. Date deceased last worked at this occupation (month and year) 8/1/32

11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (city or town) (State or country) Walkteron Ind.

FATHER

13. NAME Frank Alward

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Corrie E. Rhodes

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) John A. Wolf Sanders Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Tekoa, Wash. Date Nov. 36 1932

19. UNDERTAKER Kimball Funeral Home (Address) Tekoa, Washington

20. FILED 22, 1932 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 32 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1932, to Nov 2 2, 1932

I last saw her alive on ....., 193.. ; death is said to have occurred on the date stated above, at 6:41 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma generalized in pelvis and bladder	June 1932
Other contributory causes of importance: Endocarditis Chronic	Unknown

Name of operation Hysterectomy Date of 1929

What test confirmed diagnosis? Path exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C A Robinson M.D.

(Address) St. Maries Idaho

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81230

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME James Riley Ramey

(a) Residence. No. St. Maries St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 21 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Minnie D. Ramey

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 68 | Months 0 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Fuel Dealer (wood)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 10-26-32
11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) Ashland
(State or country) Boyd Co. Kentucky

FATHER
13. NAME Miles E. Ramey
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Ed. M. Ramey
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St. Maries Ida Date ....., 193..

19. UNDERTAKER Geo E. Mitchell
(Address) St Maries

20. FILED Dec 10, 1932 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/11 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1932, to Nov 11, 1932
I last saw ~~he~~ alive on Nov 8, 1932: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
and Arteriosclerosis	

Other contributory causes of importance:
Acute attack of Lymphopenia

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) Owen D Platt, M. D.
(Address) St Maries Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Benewah
City of St. Maries

DO NOT WRITE IN THIS SPACE
State File No. 81231

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 26
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles A Lundblom 60a

(a) Residence. No. Plummer Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Chas A Lundblom

6. DATE OF BIRTH (month, day, and year) Feb 2 - 1878

7. AGE Years 54 Months 9 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Chas A Lundblom Plummer Ida

18. BURIAL, CREMATION, OR REMOVAL Place Plummer Ida Date Nov 12, 1932

19. UNDERTAKER (Address) Geo E Mitchell St Maries

20. FILED Dec 10, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Nov 10, 1932
I last saw him alive on Nov 9, 1932: death is said to have occurred on the date stated above, at 5:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic goitre	1930
Other contributory causes of importance:	
Myocarditis	1931
Nephritis	1931

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C A Robins, M. D.
(Address) St Maries, Idaho

RECEIVED DEC 5

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Benewah State Idaho Registered No. 13
Township De Smet, Idaho Village or
City No. Coeur d'alene Indian Res. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Davenport. 81232
(a) Residence. No. Coeur d'alene Indian Res. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Davenport

6 DATE OF BIRTH (month, day, and year): Aug. 24, 1854

7 AGE: Years 78 | Months 2 | Days 20 | If LESS than 1 day, ---- hrs. or ---- min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: former
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer:

9 BIRTHPLACE (city or town): Coeur alene
(State or country): Reservation Idaho

PARENTS
10 NAME OF FATHER: Bonamache
11 BIRTHPLACE OF FATHER (city or town): Coeur alene
(State or country): Reservation
12 MAIDEN NAME OF MOTHER: Julie Maria Cleon
13 BIRTHPLACE OF MOTHER (city or town): Coeur alene
(State or country):

14 Informant: Dennis Davenport
(Address): Tekoa Wn

15 Filed Nov. 16, 1932 John Post REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Nov 15, 1932, that I last saw him alive on Nov 15, 1932, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:
Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? — Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) J. A. Nelson, M. D.
11/16 1932 (Address) Tekoa Wn.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Dr Smith Ida.
DATE OF BURIAL: Nov 17 1932

20 UNDERTAKER: Kimball Funeral Home
ADDRESS: Tekoa, Wn

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 98

11—3184 GOVERNMENT PRINTING OFFICE

RECEIVED DEC 1 1932

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81233

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 161

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roald S. Paulsen

(a) Residence. No. Gibson, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1912

7. AGE: Years 20 Months 8 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Erling K. Paulsen
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Mary Pauline Glad
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Erling K. Paulsen R4 Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Grove City Cem. Date ....., 193

19. UNDERTAKER (Address) E. F. Peck Blackfoot Ida

20. FILED Nov. 19, 1932 Mrs. Walter T. Petrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932, to Nov. 18, 1932
I last saw him alive on Nov. 18, 1932: death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	10/15/32

Other contributory causes of importance: Rheumatic Fever

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical exam + history Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. K. Eagan D.O., M.D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81234

PLACE OF DEATH

County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 150
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Patrick Johnston
(a) Residence. No. West Pacific St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day and year) March 14, 1865

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Gladestone, Missouri

PARENTS

10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) " "

14. Informant (Address) J. F. Gresl Blackfoot Idaho

15. Filed [illegible] 19[illegible] Wm. Walter E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 7th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932 to Nov 7th, 1932
that I last saw him alive on Nov 7th, 1932
and that death occurred, on the date stated above, at 9:30 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis & Hypertension
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of
Was there an autopsy? ✓
What test confirmed diagnosis? physical findings
(Signed) J. O. Burrington, M. D.
10-9, 1932 (Address) Blackfoot Idaho

19. Place of Burial, ~~Cremation, or Removal~~ Grove City Cem. Date of Burial Nov. 10, 1932 19

20. Undertaker E. J. Peck Address Blackfoot Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81235

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 160

88b

2. FULL NAME Rosa Yancey

(a) Residence. No. Shelley Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Yancey

6. DATE OF BIRTH (month, day and year)

7. AGE Years 55 Months 11 Days 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) ~~Wt~~ Hosper Wt

PARENTS

10. NAME OF FATHER Wm Fowers
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Devonshire, England
12. MAIDEN NAME OF MOTHER Hanna Whitehead
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Carl L. Sabin
(Address) Shelley Idaho

15. Filed Nov. 21, 1932 Mrs Walter E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 17 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932, to Nov. 17, 1932
that I last saw her alive on Nov. 17, 1932
and that death occurred, on the date stated above, at 11:05 a.m.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary) Regurgitation
(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Shelley
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) F. E. Roberts, M. D.
Nov. 18, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~ Shelley, Idaho
Date of Burial Nov 20 1932

20. Undertaker Jack A. Wood
Address Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 7 1932

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81236

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 152

(No.) 88a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Winnefred Engelman

(a) Residence. No. Shilling ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Elmer Engelman

6. DATE OF BIRTH (month, day, and year): July-27-1905

7. AGE: Years 27 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Blackfoot - Idaho

FATHER

13. NAME: Walter Rogers

14. BIRTHPLACE (city or town) (State or country): Boulder - Colorado

MOTHER

15. MAIDEN NAME: Caroline Forbes

16. BIRTHPLACE (city or town) (State or country): Wanship - Utah

17. INFORMENT (Address): [illegible] Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Grove City Cem. Date: Nov. 12, 1932

19. UNDERTAKER (Address): E. J. Peck Blackfoot, Idaho

20. FILED Nov. 12, 1932 Mrs Walter E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11 - 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to Nov 11, 1932

I last saw her alive on Nov 11, 1932: death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis & nephritis with articular rheumatism since childhood	20 yrs ago

Other contributory causes of importance:

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? Clinical & physical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. O. Hampton, M. D.

(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81237

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 155
(No. France County Hospital) 48
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles F. Lamb

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 18 64

7. AGE Years 69 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Dent Know
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Sylvia France

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Grove City Cem. Date Nov. 12, 1932

19. UNDERTAKER (Address) E. J. Peck Blackfoot

20. FILED Nov. 12, 1932 Mrs. Walter E. Fabric Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 - 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 7 - 1, 1932, to 11 - 12, 1932
I last saw him alive on 11 - 10, 1932; death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of neck & jaw	2 yrs.

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓
(Signed) J. O. Hampton, M. D.
(Address) Blackfoot Ida

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81238

PLACE OF DEATH
County of Ft. Hall Res-
Reservation.
City of

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. I42

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Sylvester Sonnip.

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Shoshone Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - - - - -

6. DATE OF BIRTH (month, day, and year) Sept I8, I93I

7. AGE Years | Months II | Days 27 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reserv'n

FATHER
13. NAME Oliver Sonnip.
14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

MOTHER
15. MAIDEN NAME Sadie Preacher
16. BIRTHPLACE (city or town) (State or country) Ft. Hall Res

17. INFORMENT (Address) Tom Preacher Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Butte Cem. Date Sept. I7, 1932

19. UNDERTAKER (Address) Agency Carpenter, Ft. Hall, Idaho

20. FILED Nov. 20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. I5, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 4: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E. J. Mittleman, M. D.
(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81239

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 163

161a

2. FULL NAME Joe Chavis
(a) Residence. No. Shelley Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day and year) Nov. 19 32
7. AGE Years Months Days If LESS than 1 day, hrs. or 20 min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Shelley Ida

PARENTS
10. NAME OF FATHER Joe Chavis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Monroe Utah
12. MAIDEN NAME OF MOTHER La Rue Hall
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Joseph Utah

14. Informant
(Address) Joe Chavis Shelley Ida

15. Filed Nov-21, 1932 Mrs Walter E. Peterson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 19 32
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1932 to Nov. 19, 1932
that I last saw him alive on Lead when seen
and that death occurred, on the date stated above, at 7 am
The CAUSE OF DEATH* was as follows:

Premature birth
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yes
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) F. E. Roberts, M. D.
Nov 19, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley, Idaho
Date of Burial Nov 20 1932
20. Undertaker
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81240

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 12
Primary Registration District No. 2194
Local Registrar's No. 152
(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fern Elaine Kelley
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 0 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. ~~Single, Married, Widowed,~~ or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day and year) 11/15/32

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, one hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Ida

PARENTS
10. NAME OF FATHER Floyd G Kelley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Amer Fork Utah
12. MAIDEN NAME OF MOTHER Fern Dial
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Willard Utah

14. Informant (Address) Floyd G Kelley, Shelley Ida

15. Filed 5-17, 1932 Mrs. Walter S. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 15 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Nov 15, 1932
that I last saw her alive on Nov 15, 1932
and that death occurred, on the date stated above, at 11:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
~~The~~ CAUSE OF DEATH* was as follows:
Premature delivery - 7 month.
Matters had influenza

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Same
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Signs
(Signed) H E Guyett, M. D.
Nov 16, 1932 (Address) Shelley Ida

19. Place of Burial, Cremation, or Removal Shelley Idaho. Date of Burial Nov 16 1932

20. Undertaker None. Employed. Address

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81241

PLACE OF DEATH
County of Bingham
City of Shelley
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 148

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Robinson

(a) Residence. No. Basalt St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Naoma Robinson

6. DATE OF BIRTH (month, day and year) June 24 1863

7. AGE	Years	Months	Days	If LESS than 1 day,
	69	4	11	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Am. Fork Utah

PARENTS

10. NAME OF FATHER William Robinson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Worchester England
12. MAIDEN NAME OF MOTHER Sarah Hart
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) London England.

14. Informant Mrs Vada Peterson
(Address) Shelley Idaho

15. Filed Dec 21, 1932 Mr. Walter E. Parkie Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 17 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Oct 17 1932
that I last saw alive on Oct 14 1932
and that death occurred, on the date stated above, at 4:30 PM

The CAUSE OF DEATH* was as follows:
Bright Disease
(duration) 3 yrs 4 mos ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. P. Robinson, M. D.
Oct 17 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Wallsburg, Utah	Oct 20 1932
20. Undertaker Jack G. Wood	Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81242

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 151.
(No. 710 Shilling Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

116

2. FULL NAME Dona Gay Loveland

(a) Residence. No. [illegible] Pingree, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 29 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Ida

FATHER
13. NAME Hamilton Loveland
14. BIRTHPLACE (city or town) (State or country) Chesterfield Ida

MOTHER
15. MAIDEN NAME Emma Louise Tackrell
16. BIRTHPLACE (city or town) (State or country) Thomas Idaho

17. INFORMENT (Address) O. N. Tackrell Pingree Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Home Date Nov 11, 1932

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Dec 7, 1932 Mrs Mattie E. Petrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932, to Nov 7, 1932
I last saw her alive on Nov 7, 1932: death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisons	11/2/32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No
(Signed) C. W. Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ft.Hall Reservation.

City of Ft.Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. I2I-R

Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE
State File No. 81243

Local Registrar's No. I44

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

147

2. FULL NAME Susan T. Pandoah.

(a) Residence. No. Ft.Hall Reservation St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone Ind. 4/4	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Michael Pandoah

6. DATE OF BIRTH (month, day, and year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	- - -	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 6, 1932

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Ft.Hall Res.

FATHER

13. NAME Wesley Taquaynah

14. BIRTHPLACE (city or town) (State or country) Ft.Hall Res.

MOTHER

15. MAIDEN NAME Elizabeth Watson

16. BIRTHPLACE (city or town) (State or country) Ft.Hall Res

17. INFORMENT (Address) James Watson, Ft.Hall, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Pres.Cem.Mission Date - - - , 193

19. UNDERTAKER Brown-Eldredge (Address) Blackfoot, Idaho

20. FILED Nov.20, 1932 Mrs Nellie E. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct.7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1932, to Oct.7, 1932

I last saw her alive on Oct.7, 1932: death is said to have occurred on the date stated above, at 4:P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Hemorrhage	
3-I/2 Mos. Pregnancy	Io/7/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. Hamilton, M. D.

(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81244

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1037
Local Registrar's No. 154

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lee J. Rasmussen 162

(a) Residence. No. Broadway Street St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 15-1931

7. AGE Years 1 Months 5 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER
13. NAME J. M. Rasmussen
14. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho

MOTHER
15. MAIDEN NAME Margarete Lee
16. BIRTHPLACE (city or town) (State or country) Chicago Ill.

17. INFORMENT (Address) J. M. Rasmussen

18. BURIAL, CREMATION, OR REMOVAL
Place Grove City Cem. Date Nov. 13, 1932

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Nov. 17, 1932 Mrs. Walter E. Patrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/12 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932, to Nov 11, 1932

I last saw him alive on Nov 12, 1932: death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spasmodic Croup	Nov 10, 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 7 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81245

PLACE OF DEATH
County of Ft. Hall
City of Reservation.

Registration District No. I2I-R
Primary Registration District No. 2194-R
Local Registrar's No. I40

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Yupe Chabean. 101a

(a) Residence. No. Ft.Hall Reservation. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3.SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone Ind.4/4	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Henry Chabean

6. DATE OF BIRTH (month, day, and year) I866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	- - -	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar. 1932

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Nevada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Henry Chabean, Ft.Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bannock Cr.Cem. Date Aug.8, 193 2

19. UNDERTAKER None (Address)

20. FILED Nov.20, 193 2 Mr. Walter E. Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug.6 193 2

22. I HEREBY CERTIFY, That I attended deceased from No Dr. in attendance, 193..., to - - - - - -, 193...

I last saw h... alive on - - - - - -, 193...: death is said to have occurred on the date stated above, at 9: A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia and Complications	
Other contributory causes of importance: - - - - -	

Name of operation None Date of

What test confirmed diagnosis? Phys. signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. B. Jensen R.N. M.D.

(Address) Ft. Hall, Idaho.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81246

PLACE OF DEATH
County of Bingham
City of Aberdeen

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 12

(No.) 1618
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Gladys Stroschein

(a) Residence. No. Aberdeen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 14, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen Idaho

FATHER

13. NAME Bert Eldridge Stroschein

14. BIRTHPLACE (city or town) (State or country) Milwaukee Wisconsin

MOTHER

15. MAIDEN NAME Esther Alice Babb

16. BIRTHPLACE (city or town) (State or country) Griswold Iowa

17. INFORMENT (Address) Bert Stroschein Aberdeen Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida Date Nov 18 1932

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho

20. FILED Nov 17, 1932 M. C. Markuson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932 to Nov. 16, 1932

I last saw her alive on Nov. 16, 1932; death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial injuries	
during birth &	
Prolapse of Umbilical	
cord -	
arm & hand presentation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1932

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. C. Markuson, M. D.

(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81247

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 162

206

2. FULL NAME Marion Chavis (Stillbirth)
(a) Residence. No. Shelley Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Born dead
7. AGE Years Months Days If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Shelley Ida

PARENTS
10. NAME OF FATHER Joe Chavis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Monroe Utah
12. MAIDEN NAME OF MOTHER La Rue Hall
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Joseph Utah

14. Informant Joe Chavis
(Address) Shelley Ida

15. Filed Nov. 21, 1932 Mrs Walter E Tobie
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 19 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dead when born, 19....
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Premature birth
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) No Cause Known
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of .....
Was there an autopsy? ✓
What test confirmed diagnosis?
(Signed) F W Coberts M. D.
Nov. 19, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley, Idaho
Date of Burial Nov 20 1932
20. Undertaker
Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81248

PLACE OF DEATH
County of Ft. Hall Reservation.
City of

Registration District No. 121-R
Primary Registration District No. 2194-R.
Local Registrar's No. 146

(No. Agency Hospital, Ft. Hall, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Bonny Evelyn Edmo.

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shos. & Ban. each 1/2	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, and year) Oct. 9, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	- - - -	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 2, 1932

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

FATHER

13. NAME Leonard Edmo

14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

MOTHER

15. MAIDEN NAME Viney Lamb.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Bessie Judson, Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Sand Hill Cem. Date Oct. 31 1932

19. UNDERTAKER None
(Address) - - - - -

20. FILED Nov. 20, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1932 to Oct. 27, 1932
I last saw her alive on Oct. 27, 1932; death is said to have occurred on the date stated above, at 6:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct. 20
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) E. J. Wellman, M. D.
(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ft. Hall

City of Reservation.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81249

Registration District No. 121-R.

Primary Registration District No. 2194-R

Local Registrar's No. 147

(No. - - - - - - - -)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Vera Ponzo

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shoshone Ind. 4/4

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - - - - - - - - -

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1923

7. AGE: Years 9 | Months - - - | Days - 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 22, 1932

11. Total time (years) spent in this occupation - - -

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reserv.n

FATHER

13. NAME Frank Ponzo

14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

MOTHER

15. MAIDEN NAME Dora Hammer

16. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

17. INFORMENT (Address) Irene Gould Ft. Hall, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Butte Cem. Date Oct. 31 1932

19. UNDERTAKER (Address) Agency Carpenter, Ft. Hall, Idaho.

20. FILED Nov. 20, 1932 [signature] Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1932, to Oct. 25, 1932

I last saw her alive on Oct. 25, 1932: death is said to have occurred on the date stated above, at 6: P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct. 23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Mittleman, M. D.

(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81250

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 157
46

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME FRANCES SLOAN

(a) Residence. No. ..... St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James Sloan

6. DATE OF BIRTH (month, day, and year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	-	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Duluth
(State or country) Minn

FATHER
13. NAME Asa Dally
14. BIRTHPLACE (city or town) Candda
(State or country)

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) .....
(State or country) Canada

17. INFORMENT (Address) Records of State Hosp So. Blackfoot, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Idaho Date Nov 17 1932

19. UNDERTAKER (Address) E T Peak Blackfoot Idaho

20. FILED Nov. 16, 1932 Wm. Walter E Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17th, 1932, to Nov 15th, 1932
I last saw her alive on Nov 15th, 1932: death is said to have occurred on the date stated above, at 12:35PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
CANCER OF UTERUS	
Duration at least since	March 1932
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical symptoms Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas R Lewis, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81251

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No.
Primary Registration District No. 1007
Local Registrar's No. 153

(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Samuel Goodenough 41

(a) Residence. No. Blackfoot. East Lane St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct-13-1927

7. AGE Years 5 Months — Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot

FATHER
13. NAME Sam. Goodenough
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Ida Johnson
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) A. Goodenough Blackfoot Ida

18. BURIAL, CREMATION, OR REMOVAL Place McCammon Ida Date Nov. 10 1932

19. UNDERTAKER (Address) Acting Ray McClellan Blackfoot Ida

20. FILED Nov. 11, 1932 Mrs Valerie [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1932, to Nov 10, 1932
I last saw him alive on Nov 10, 1932; death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. septicemia following a boil on left arm	4 days

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) J. O. Humphrey M. D.
(Address) Blackfoot Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81252

PLACE OF DEATH

County of Bingham

City of Firth.

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 149

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Samuel V. Byers.

(a) Residence. No. Farm St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Samuel V. Byers.

6. DATE OF BIRTH (month, day, and year) Feb. 25-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 5 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynesville N. C.

FATHER

13. NAME Ephreama Byers

14. BIRTHPLACE (city or town) (State or country) Waynesville N. C.

MOTHER

15. MAIDEN NAME Myra Ratcliffe

16. BIRTHPLACE (city or town) (State or country) Waynesville N. C.

17. INFORMENT (Address) Mrs S. P. Byers Firth Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls, Date 11/9, 1932

19. UNDERTAKER V. F. McNatt (Address) Idaho Falls Ida.

20. FILED 11-5-32, 193 Mrs Walter E. Fabrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6th, 1932, to Nov. 6th, 1932.

I last saw him alive on Dead when seen, 193; death is said to have occurred on the date stated above, at 8:47 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy,	Nov. 6-32

Other contributory causes of importance:

Arteriosclerosis	yrs. 8

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Roberts M. D.

(Address) Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 7 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Local No. 1234 State File No. 81563

City of Basalt Ida. (No. ....., ... St.) Registered No. 156

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Theda May Miles

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: Feb. (Month) 5th (Day) 1927 (Year)

7. AGE: 5 Yrs. 9 Mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Firth Ida

10. NAME OF FATHER: Arthur W. Miles

11. BIRTHPLACE OF FATHER (State or Country): Escalante Utah

12. MAIDEN NAME OF MOTHER: Ada Jane Neighbor

13. BIRTHPLACE OF MOTHER (State or Country): Paris Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Miles

(Address) R 2 - Shelley

15. Filed Nov. 14 1932 Mrs. Walter E. Fahrni
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 11 (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-8-1932, to 11-13-1932 that I last saw her alive on 11-12-1932 and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

..... (Duration) ..... Yrs. ..... mos. 13 ds.

Contributory (Secondary) Myo-Endo-Carditis

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Edwin Cutler M. D.

19..... (Address) Box 86 Shelley Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Firth Cemetery — DATE OF BURIAL: 11-14-1932

20. UNDERTAKER: None — ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81255

PLACE OF DEATH

County of Ft. Hall Res. Reservation.
City of Ft. Hall, Idaho

Registration District No. 121-R
Primary Registration District No. 2194-h
Local Registrar's No. 145

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie Smart Bat Tetoby

31

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Bannock Ind. 4/4	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Hubert Tetoby

6. DATE OF BIRTH (month, day, and year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	- -	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Sept. 1, 1932

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT Jim Watson
(Address) Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Presby. Mission Date - - -, 193

19. UNDERTAKER Agency Carpenter,
(Address) Ft. Hall, Idaho

20. FILED Nov. 20, 1932 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1932, to Oct. 11, 1932
I last saw her alive on Oct. 8, 1932: death is said to have occurred on the date stated above, at 5:A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis,	1 Yr.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. J. Mittleman, M. D.
(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ft. Hall
City of Reservation.
Ft. Hall.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121-R
Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE
State File No. 81256

Local Registrar's No. 143

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Mabel George

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Shoshone Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1915

7. AGE: Years 17 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Apr. 1932
11. Total time (years) spent in this occupation Io Yrs.

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

FATHER
13. NAME Shorty George
14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

MOTHER
15. MAIDEN NAME Pambewot
16. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

17. INFORMENT (Address) Frank Yellowjohn, Ft. Hall, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Butte Cem. Date Sept. 29, 1932

19. UNDERTAKER Agency Carpenter, (Address) Ft. Hall, Idaho

20. FILED Nov. 20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from - - - -

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ft. Hall Reservation.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. I2i-R
Primary Registration District No. 2I94-R

DO NOT WRITE IN THIS SPACE
State File No. 81257

Local Registrar's No. I4I

(No. City of Ft. Hall, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bavin Paddy. 31

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Shoshone Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, and year) April I, I9I6

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
I6	5	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) Feb. I932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owyhee Reservation

FATHER

13. NAME Joseph Paddy

14. BIRTHPLACE (city or town) (State or country) Owyhee reserv'n.

MOTHER

15. MAIDEN NAME Bessie Dorsey,

16. BIRTHPLACE (city or town) (State or country) Owyhee Reserv'n.

17. INFORMENT (Address) Joseph Paddy, Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Butte Cem. Date Sept. 3, 1932

19. UNDERTAKER Agency Carpenter. (Address) Ft. Hall, Idaho.

20. FILED Nov. 20, 1932 Mrs. Walter E. Pabie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. I, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ..., 193...

I last saw h... alive on - - - - - , 193...: death is said to have occurred on the date stated above, at 5: A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Jenson M.D.

(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81258

Registration District No. 57
Primary Registration District No. 20221
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Gladys Miller

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) July 24-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bayhorse Idaho.

FATHER
13. NAME John A. Rann
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Emma Yeamans
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) E. W. Rann Alder, Mont.

18. BURIAL, CREMATION, OR REMOVAL
Place City Plot Date Nov 29 1932

19. UNDERTAKER (Address) L. Harris Hailey Ida.

20. FILED 12-1, 1932 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1932, to 11/27, 1932
I last saw her alive on 11/27, 1932: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/20/32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. W. Ft, M. D.
(Address) Hailey, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81259

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

For 122

2. FULL NAME Frank Wilber Parke

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Charolette Mott

6. DATE OF BIRTH (month, day, and year): Apr 13-1870

7. AGE: Years 62 | Months 7 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Sept 5-1932

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Steamboat Rock Island

FATHER

13. NAME: Warren S. Parke

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Sadie Clark

16. BIRTHPLACE (city or town) (State or country): Liverpool England

17. INFORMENT (Address): Hail Parke Hailey Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: City Plot Date: Nov 25 1932

19. UNDERTAKER (Address): L. Harris Hailey-Ida.

20. FILED: 11-30, 1932 H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Nov 22, 1932

I last saw him alive on Nov 2, 1932; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Fox, M. D.

(Address) Hailey, Ida

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81260

PLACE OF DEATH
County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 18

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William D. McWade

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of McWade Sarah Cummings

6. DATE OF BIRTH (month, day, and year) Feb 8 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. City Marshal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

FATHER

13. NAME David McWade

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Agnes Wallace

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs. Wade Bellevue

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Date Dec 12 1932

19. UNDERTAKER (Address) L. J. Hamm Hailey

20. FILED 11-30, 1932 P. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932 to Nov 9, 1932

I last saw him alive on Nov 9, 1932; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Jost, M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81261

PLACE OF DEATH
County of Blaine
City of Hailey
Registration District No. 51
Primary Registration District No. 2022
Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

For 8 ft

2. FULL NAME Joe Siker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Feb 7 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME X

14. BIRTHPLACE (city or town) (State or country) X

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) Mrs. Rigger Hailey

18. BURIAL, CREMATION, OR REMOVAL
Place F. H. C. Hailey Date Nov 14 1932

19. UNDERTAKER Lyf Hanna
(Address) Hailey Idaho

20. FILED 11-30, 1932 R. F. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932; to Nov 12, 1932
I last saw him alive on Nov 12, 1932; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr

Other contributory causes of importance:
Pulmonary Tuberculosis (miners)

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Miners T.B.
(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81262

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 62
(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1858

2. FULL NAME W. J. Ridinger

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Cordia Ridinger

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	82	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prospector

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) H. L. McCurtain Sandpoint Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida. Lakeview Cemetery Date Nov. 23, 1932

19. UNDERTAKER (Address) L. L. Moon Sandpoint Idaho.

20. FILED Nov. 23, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-18, 1932, to Nov-22, 1932

I last saw him alive on Nov-22, 1932: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatism following Auto wreck	
Senility	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov. 4 1932

Where did injury occur? Public Highway Bonner Co. Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public highway

Manner of injury Auto hit horse & turned over.

Nature of injury Traumatism of head & face

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Floyd C. Verdict, M. D.

(Address) Sandpoint, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81263

Registration District No. 74

Primary Registration District No. 2155 Local Registrar's No. 63

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Mrs Stella Haverfield

(a) Residence. No. 1014 Oak Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ralph Haverfield

6. DATE OF BIRTH (month, day, and year) July 25 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Dakota

FATHER

13. NAME Fred Ceartan

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary Doust

16. BIRTHPLACE (city or town) (State or country) Wisc.

17. INFORMENT (Address) A E Sherwood ~~Port Orchard~~ Dover

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date 11/28, 1932

19. UNDERTAKER Turnbull Co (Address) Sandpoint Ida

20. FILED Nov 28, 1932 Viola Allen Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/22 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932, to Nov 22, 1932

I last saw her alive on Nov 22, 1932; death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	
Not a puerperal Case.	

Other contributory causes of importance:

Pelvic Abscess,	
Ruptured Nov 21, 1932	

Name of operation Laparotomy Date of Nov 22 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Wm F Tyler MD

(Signed) M. D.

(Address) Sandpoint, Idaho

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81264

PLACE OF DEATH
County of Bannock
City of Sagle

Registration District No. 7F
Primary Registration District No. 2155
Local Registrar's No. 64

(No. Sagle)
(If death occurred in a hospital or institution, give its name instead of street and number.)

62

2. FULL NAME Frances Lucille Gresham

(a) Residence. No. Sagle St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 31 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sagle

FATHER

13. NAME William A Gresham

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Cora Davis

16. BIRTHPLACE (city or town) (State or country) Ark

17. INFORMENT (Address) W. A. Gresham Sagle

18. BURIAL, CREMATION, OR REMOVAL
Place Memorial Date 11/26, 1932

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED Nov 25, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 25 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Nov 25, 1932
I last saw her alive on July 1, 1932: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Thymus Gland	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REGISTERED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81265

PLACE OF DEATH
County of Bonner
City of Kootenai

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Erman Athelbert Green

90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lillie Green

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1881

7. AGE Years 50 Months 10 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leased Farm
10. Date deceased last worked at this occupation (month and year) Sept. 1932
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Winchester Indiana

FATHER
13. NAME Francis Green
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Mary Pegg
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Lillie Green Kootenai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cem
Place Sandpoint, Idaho Date Nov. 9, 1932

19. UNDERTAKER (Address) L. G. MOON Sandpoint, Idaho.

20. FILED Nov 9, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct Fourth, 1932, to Oct. 29, 1932
I last saw him alive on Oct 29, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	
Chr. Parenchymatous Nephritis	

Other contributory causes of importance:

Name of operation ——— Date of .....
What test confirmed diagnosis? Dissect Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) R. S. Ross MD, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81266

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 60

(No. 409 Fir Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

40

2. FULL NAME Sarah Jane Burgoyne

(a) Residence. No. 409 Fir Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~ Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Burgoyne

6. DATE OF BIRTH (month, day, and year) April 28, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Brunswick
(State or country) Canada

FATHER

13. NAME Joseph Kitchen

14. BIRTHPLACE (city or town)
(State or country) Canada

MOTHER

15. MAIDEN NAME Jane West

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMENT Mrs. E. J. Elliott
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Sandpoint, Idaho Date Nov. 9, 1932

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Nov. 9, 1932 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7th, 1932, to Nov. 7, 1932
I last saw h~~e~~r alive on Nov. 7th, 1932; death is said to have occurred on the date stated above, at 12:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	11-7-32
Other contributory causes of importance:	

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. B. Evans, M. D.
(Address) Sandpoint, Idaho.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81267

PLACE OF DEATH
County of Bonner
City of Colburn

Registration District No. 18
Primary Registration District No. 2155
Local Registrar's No. 61

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clive Sowles

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 22, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Dan Hustead Colburn, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date Nov. 18 1932 Pinecrest Cemetery

19. UNDERTAKER L. G. Thorn
(Address) Sandpoint, Ida

20. FILED Nov. 18, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1st, 1932, to November 16, 1932

I last saw him alive on November 9th, 1932, death is said to have occurred on the date stated above, at 10:50 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular - Renal disease	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. D. Evans, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81268

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 67

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Godfred Barfuss

(a) Residence. No. St. Selle Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Ida Barfuss

6. DATE OF BIRTH (month, day, and year) Dec. 28, 1866

7. AGE Years 66 Months 11 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bern
(State or country) Switzerland

FATHER

13. NAME Christian Barfuss

14. BIRTHPLACE (city or town)
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Switzerland

17. INFORMENT Oscar Barfuss
(Address) Selle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Bancroft Idaho Date Nov. 30 1932

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Nov 29, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Nov 26, 1932

I last saw him alive on Nov 26, 1932: death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	
Chr Bright's Disease	
Hypertension	

Other contributory causes of importance:

Ruptured Urethra
Prostatic Hypertrophy

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R F Boss, M. D.

(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8 1 - 6 7

PLACE OF DEATH

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 67

(No. Farnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gotfred Barfuss

(a) Residence. No. ..... St. Selle Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Ida Barfuss

6. DATE OF BIRTH (month, day, and year) Dec. 28, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
66	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bern Switzerland

FATHER

13. NAME Christian Barfuss

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) August Barfuss Selle Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bancroft, Idaho Date Nov 30 1932

19. UNDERTAKER L. L. Moon
(Address) Sandpoint Idaho

20. FILED Nov 29, 1932 Viola Adkins Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1932, to Nov. 26, 1932
I last saw him alive on Nov 26, 1932: death is said to have occurred on the date stated above, at 11:45 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Chr. Bright's Disease	
Hypertension	

Other contributory causes of importance:

Ruptured urethra	
Prostatic Hypertrophy	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. H. Cox, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 5 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81269

County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 58
(No. 6131 Mr Lakeview Blvd)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Isabelle Davis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alderbert L. Davis

6. DATE OF BIRTH (month, day, and year) Jan 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Wm T. Ramsey

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Isabelle Stocker

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) A. L. Davis Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Date 11/6, 1932

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED Nov. 3, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1932, to Nov. 3, 1932
I last saw her alive on July 19, 1932; death is said to have occurred on the date stated above, at 3:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast	about 34
Other contributory causes of importance:	

Name of operation Removal of breast Date of about 1931
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Floyd Callendine, M. D.
(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5

PLACE OF DEATH

County of Bonner

City of Ponderay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81270

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Herman Le Roy. Heffron.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jennie Heffron

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1852

7. AGE Years 80 Months 0 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fulton New York.

FATHER

13. NAME Anson Heffron.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Mrs. Clara Greening Ponderay, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date Nov. 27, 1932 Pinecrest Cemetery

19. UNDERTAKER (Address) L. G. Mason Sandpoint Idaho

20. FILED Nov 26, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1932, to 11-25-32, 193..

I last saw him alive on 8-14-, 1932: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-13-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. G. Stackhouse, M. D.

(Address) Sandpoint Idaho

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81271

PLACE OF DEATH
County of Bonner
City of Priest River

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Betty Jean Bombino

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 3 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	Italian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 25, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Priest River, Idaho

PARENTS

10. NAME OF FATHER Mike Bombino
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Italy
12. MAIDEN NAME OF MOTHER Elvina Rose
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Priest River, Idaho

14. Informant Mike Bombino (Address) Priest River, Ida

15. Filed Nov. 16, 1932 R. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 15 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1932, to Nov. 15, 1932
that I last saw her alive on Nov. 12, 1932,
and that death occurred, on the date stated above, at 8 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) yrs. 4 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Findings

(Signed) Harold Bowers, M. D.
11/16/32, 19 (Address) Priest River, Ida

19. Place of Burial, Cremation, or Removal: Woodmen Cemetery — Date of Burial: Nov. 16 1932

20. Undertaker: Mike Bombino Father — Address: Priest River

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81272

PLACE OF DEATH

County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 66
(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Metzler 76

(a) Residence. No. St. Colburn, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nina Metzler.

6. DATE OF BIRTH (month, day, and year) July 3, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) E. J. Metzler Colburn, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date Nov. 28 1932 Pinecrest Cemetery

19. UNDERTAKER (Address) P. A. Moon Sandpoint, Idaho.

20. FILED Nov 26, 1932 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932, to Nov. 26, 1932
I last saw him alive on Nov. 25, 1932 death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis of insane	2 weeks
Senility	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Floyd G. Wardle, M. D.
(Address) Sandpoint, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81273

PLACE OF DEATH
County of Bonneville
City of

Registration District No. 73
Primary Registration District No. 1 & 0
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1 & 0

90

2. FULL NAME Banker Adams

(a) Residence. No. Antelope, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Adams

6. DATE OF BIRTH (month, day and year) August 26, 1873

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm
(c) Name of employer Self

9. BIRTHPLACE (city or town) Murray
(State or country) Utah

PARENTS

10. NAME OF FATHER Barnabas Adams
11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)
12. MAIDEN NAME OF MOTHER (Unknown) Van Tassel
13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown

14. Informant Eliza Taylor
(Address) Rigby Idaho

15. Filed Nov 21, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932, to Nov. 17, 1932
that I last saw him alive on dead, 19
and that death occurred, on the date stated above, at 3:30 A m.
The CAUSE OF DEATH* was as follows:
Found dead when arrived.
apparently acute Heart attack

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) W. A. West, M. D.
11/19, 1932 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Ida. Date of Burial: 11-21 1932

20. Undertaker: A B Eckersell Address: Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81274

PLACE OF DEATH
County of Bonneville
City of Idaho

Registration District No. 73
Primary Registration District No. 2143
Local Registrar's No. 161
(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lee Albert Burke 91a
(a) Residence. No. Iona, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Seva Burke
6. DATE OF BIRTH (month, day, and year): Nov 24, 1872
7. AGE: Years 59 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tennessee

FATHER
13. NAME: George Burke
14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER
15. MAIDEN NAME: Fanny Trout
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMENT (Address): Mrs. L. A. Burke, Iona, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Iona, Idaho Date: Oct 16 1932
19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho
20. FILED: Oct 15, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 11 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932 to Oct 11, 1932
I last saw him alive on Oct 11, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneurysm	Don't know

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ind

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81275

PLACE OF DEATH
County of Bonneville
City of Idaho Falls. Ida.

Registration District No. 73
Primary Registration District No. 21N-0
Local Registrar's No. 164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Lowden Harris. 57

(a) Residence. No. Sugar City. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ann Morris Harris

6. DATE OF BIRTH (month, day, and year) Feb 21 — 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Postmaster & Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah

FATHER
13. NAME George H. A. Harris.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Sarah Loadey.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) James Henry Harris. Agawam Montana

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date Oct. 19., 1932

19. UNDERTAKER Wm. J. Keller
(Address) Rexburg. Ida.

20. FILED Oct 19, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1932, to Oct 17, 1932
I last saw him alive on Oct 17, 1932 death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia due to Prostatic urinary obstruction?	
Diabetes mellitus	?

Other contributory causes of importance:

Name of operation no Date of -
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) H Ray Hatch, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 23 1932

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81276

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 1657

(No. L. U. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Parley John Davis

(a) Residence. No. Milo, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Hannah Davis

6. DATE OF BIRTH (month, day, and year): May 27 1857

7. AGE: Years 75 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wales

FATHER
13. NAME: John E. Davis
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Margaret Edwards
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): Mrs. P. J. Davis, Idaho Falls #2

18. BURIAL, CREMATION, OR REMOVAL Place: Milo, Idaho Date: Oct 19, 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED: Oct 20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): October 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1932, to Oct 16, 1932

I last saw him alive on Oct 15, 1932: death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene (both feet)	2½ mo

Other contributory causes of importance:

Paralytic Stroke	4 days

Name of operation: Amputation Toes Date of: Oct 6

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81278

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 164

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Jane Elizabeth Campbell.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced
(or) WIFE of Thomas Jefferson Campbell.

6. DATE OF BIRTH (month, day and year) April 10 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Thomas Alma Sayer.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.
12. MAIDEN NAME OF MOTHER Mary Ellen Jones.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant [signature] (Address) Rigby, Idaho.

15. Filed Nov 16, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 12 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1932, to Nov 12, 1932
that I last saw h[illegible] alive on Nov 12, 1932
and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:
Acute intestinal obstruction due to annular carcinoma of Sigmoid.
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Carcinoma of Sigmoid
(duration) yrs. 9 mos. ds.

18. Where was disease contracted if not at place of death? Rigby Idaho
Did an operation precede death? No Date of Nov 12/1932
Was there an autopsy? No
What test confirmed diagnosis? Observation

(Signed) [signature], M. D.
Nov 13, 1932 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	11/16/32

20. Undertaker [signature] Address Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81280

Registration District No. 73

Primary Registration District No. [illegible]

Local Registrar's No. 107

(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Oliver Charles Harmon

(a) Residence. No. Ucon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Susan Harmon

6. DATE OF BIRTH (month, day, and year): June 30, 1864

7. AGE: Years 68 | Months 3 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hoytsville Utah

FATHER

13. NAME: Oliver Norton Harmon

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Maria Sarah Roadbeck

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): Wendell Harmon, Ucon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Ucon, Idaho Date: Oct 12 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED: Oct 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to Oct 7, 1932

I last saw him alive on Oct 7, 1932 death is said to have occurred on the date stated above, at 7-15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 7

Other contributory causes of importance:

Thrombo Angina Obliterans	Sept 15

Name of operation: Amputation Right Leg Date of Oct 4 1932

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Jack Pace [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81281

Registration District No. 73
Primary Registration District No. 21 & 0 Local Registrar's No. 140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Stucki 92

(a) Residence. No. Idaho Falls Rt #5 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Gottlieb Stucki

6. DATE OF BIRTH (month, day, and year) April 3 1855

7. AGE Years 77 Months 7 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Fred Stucki Idaho Falls Rt #5

18. BURIAL, CREMATION, OR REMOVAL Place Grant, Idaho Date Nov 9, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Nov 8, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932, to Nov 4, 1932
I last saw her alive on Nov 3, 1932: death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infecture Thrombosis of Saphenous Veins	5 days

Other contributory causes of importance:

Pneumonia Thrombosis	2 days

Name of operation no Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81282
State File No.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2170
Local Registrar's No. 174

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Oliva D. Mills.

(a) Residence. No. 796 Shoupe ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza Mills.

6. DATE OF BIRTH (month, day, and year) Jan 2 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eddyville. Ky.

FATHER

13. NAME C. M. Tyler.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Haynes.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Elza Mills Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls. Date 10/30, 1932

19. UNDERTAKER V. F. McFarland
(Address) Idaho Falls Ida.

20. FILED Oct 29, 1932 C W Furman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1932, to Oct 28, 1932
I last saw h alive on Oct 28, 1932; death is said to have occurred on the date stated above, at 2.12 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Stroke	11 days
R side	
Other contributory causes of importance:	
Coma	2 days

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) , M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH
County of Bonn.
City of Ida. Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81283

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 171

(No. 10a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sherman Ellsworth Howe

(a) Residence. No. L.D.S. Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 9, 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Carthage, N.Y.

FATHER

13. NAME W. S. Howe

14. BIRTHPLACE (city or town) (State or country) Hamilton New York

MOTHER

15. MAIDEN NAME Coal Price

16. BIRTHPLACE (city or town) (State or country) Kirksville Missouri

17. INFORMENT (Address) Mrs. W. S. Howe Idaho Falls, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Ida. Falls, Date Nov. 1, 1929

19. UNDERTAKER V. F. McGhan
(Address) Idaho Falls, Ida.

20. FILED Oct 4, 1929 C. A. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29 1929

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1929, to Sept 29, 1929

I last saw him alive on Sept 27, 1929; death is said to have occurred on the date stated above, at 12:32 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	Sept 16

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) Idaho Falls, Ida.

RECEIVED NOV 23 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81284

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 170
(No. L. U. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

886

2. FULL NAME W. M. Mooso

(a) Residence. No. ..... St. Lubois, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 73 | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Not Known
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER
13. NAME "
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Jacob Trayner, L. U. S. Hospital, Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Parker, Idaho Date Oct 23, 1932

19. UNDERTAKER (Address) Jack A. Wood, Idaho Falls, Idaho

20. FILED Oct 22, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 20, 1932
I last saw him alive on Oct 20, 1932; death is said to have occurred on the date stated above, at 6-30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81285

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2 1 1 0 Local Registrar's No. 176
(No. L. U. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Lu Rue Oswald

(a) Residence. No. Idaho Falls Rt #7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 8, 1928

7. AGE Years: 4 Months: 1 Days: 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Wm H. Oswald
14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER
15. MAIDEN NAME Mable LuRue Fife
16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMENT Mr. Wm H. Oswald
(Address) Idaho Falls #7

18. BURIAL, CREMATION, OR REMOVAL
Place Grant, Idaho Date Nov 4, 1932

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Nov. 2, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to Nov 1, 1932
I last saw her alive on Nov 1, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	Oct 1-1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls [illegible]

RECEIVED NOV 23 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81286

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 150
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Pardonnet 90

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette Pardonnet

6. DATE OF BIRTH (month, day, and year) Feb 22, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER
13. NAME Charles Pardonnet
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) Linton Pardonnet

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Sept 30, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls.

20. FILED Oct 4, 1932 C. Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to Sept 27, 1932
I last saw h[illegible] alive on Sept 26, 1932: death is said to have occurred on the date stated above, at 12:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Chronic Valvular Heart	
Other contributory causes of importance:	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) H. S. Spencer, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81287

PLACE OF DEATH
County of Bonneville Co
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 181
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clyde Enslow
(a) Residence. No. 1349 Sage St. Idaho Falls 113
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) baby
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) July 12 1932
7. AGE Years — Months 4 Days — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —
9. BIRTHPLACE (city or town) (State or country) Idaho Falls

PARENTS
10. NAME OF FATHER Stanley Enslow
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Edith Wockner
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant (Address) Father S. A. Enslow

15. Filed Nov 9, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to Nov 9, 1932
that I last saw him alive on Nov 7, 1932
and that death occurred, on the date stated above, at 4 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Enteritis

..... (duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) Premature Birth 7 Months
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Stools
(Signed) [signature], M. D.
11/9/32 19 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Idaho Falls Ida
Date of Burial Nov 10 1932
20. Undertaker none
Address

Dr Kimmaid.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81288

Registration District No. 73

Primary Registration District No. 21 V-0

Local Registrar's No. 17 +

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Almeda Marion S. Clifford

(a) Residence. No. 345 - 20th Street St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed or divorced HUSBAND of (or) WIFE of Leonard Eli Clifford

6. DATE OF BIRTH (month, day, and year) April 8, 1888

7. AGE Years 44 Months 6 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

FATHER

13. NAME Alfred W. Taylor

14. BIRTHPLACE (city or town) Harrisville
(State or country) Utah

MOTHER

15. MAIDEN NAME Ada Hicks

16. BIRTHPLACE (city or town) California
(State or country)

17. INFORMENT Mrs. J. W. Clark
(Address) Salt Lake, Utah

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Idaho Date Nov 3, 1932

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Nov 3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1932, to Nov 1, 1932

I last saw her alive on Oct 31, 1932: death is said to have occurred on the date stated above, at 8-50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2 days

Other contributory causes of importance:

Toxic Adenomatous Thyroid	3 yrs

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81289

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 130

101a

2. FULL NAME Samuel Hugh Guile

(a) Residence. No. Glenns Ferry Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 11-23-1886

7. AGE	Years	Months	Days	If LESS than 1 day,
	46	0	3	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer O.D.L. R.R. Co.

9. BIRTHPLACE (city or town) (State or country) Chicago Ill

PARENTS

10. NAME OF FATHER Willis H. Guile
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N.Y.
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) N.Y.

14. Informant Mrs S H Guile
(Address) Glenns Ferry, Ida

15. Filed Dec 1, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1932, to Nov. 26, 1932
that I last saw h alive on Nov 26, 1932
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. 14 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Geo. R Proctor M. D.
11-26, 1932 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kirkwood Cem	11-28 1932
20. Undertaker	Address
F. K. Robertson	Nampa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81290

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 129

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Stager

101 b

(a) Residence. No. Wilder St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 14 1853

7. AGE Years 79 Months 8 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Pierce Trumnell Wilder Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 11-13, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 11-16, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1932, to Nov 10, 1932
I last saw him alive on Oct 29, 1932; death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance: Chronic Bronchitis (Bronchiectasis)	

Name of operation — Date of .....
What test confirmed diagnosis Clinic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) S. B. Dwelley M.D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81291

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 125

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205b

2. FULL NAME Elwood Channing Egbert

(a) Residence. No. 1611 -1st- So. St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margert Egbert

6. DATE OF BIRTH (month, day and year): 1876

7. AGE: Years 56 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Common labor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Nebr.

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Mrs Margert Egbert.
(Address) Nampa, Ida.

15. Filed Nov. 29, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1932, to Oct 25, 1932

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... P m.

The CAUSE OF DEATH* was as follows: Unknown Found Dead Possible Heart Trouble

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. C. [illegible], M. D.

Nov 3, 1932 (Address) Nampa, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Nampa, Ida. | Date of Burial: 10-27 1932

20. Undertaker: F.K.Robinson | Address: Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81292

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 127

(No. Samartian Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Morgan 129

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 53 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unkno wn

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 11-17-, 1932

19. UNDERTAKER (Address) F.K. Robinson Nampa, Ida.

20. FILED Nov. 29, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1932, to Nov. 16, 1932

I last saw him alive on Nov. 15, 1932: death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis & Mitral regurgitation	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Holt, M.D.

(Address) Nampa, Ida.

RECEIVED DEC 6 1932

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

DO NOT WRITE IN THIS SPACE
State File No. 81293

Local Registrar's No. 128

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME June Kathlien Ricks

(a) Residence. No. 1611-5st S. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-28-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan, Utah

FATHER

13. NAME Charles M. Johnston

14. BIRTHPLACE (city or town) (State or country) La.

MOTHER

15. MAIDEN NAME Mary Hannah Crabtree

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

17. INFORMENT (Address) Rulen Ricks Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida Date 10-23, 1932

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED Nov. 29, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1932, to Oct. 20, 1932

I last saw her alive on Oct 20, 1932: death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A Swayne, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

DO NOT WRITE IN THIS SPACE

State File No. 81294

Local Registrar's No. 123

(No. 1612)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Gardner Lively

(a) Residence. No. Nampa, Ida. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 24, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME John H. Lively

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Golden Taylor

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) J. H. Lively. Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Nmapa, Id., Date 11-13-32

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED Nov. 29, 1932 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1932, to Nov. 3, 1932

I last saw h[illegible] alive on Nov 3, 1932: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Oct 24

Other contributory causes of importance:

Anemia	Oct 24

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M.D.

(Address) Medical Arts Bldg Nampa, Idaho

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81295

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 132
(No. 216-22nd Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sinia Laura Corwin
(a) Residence. No. 216-22nd Ave. So St. 118A
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Corwin
6. DATE OF BIRTH (month, day and year) Jan. 20th, 1848
7. AGE Years 84 Months 9 Days 26 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Indiana
PARENTS
10. NAME OF FATHER — Hodge
11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown
12. MAIDEN NAME OF MOTHER Gabriella Williamson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown
14. Informant (Address) Mrs. V. C. Perry Nampa, Idaho
15. Filed Dec. 1, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 16, 1932 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932, to Nov 16, 1932
that I last saw her alive on Nov 16, 1932
and that death occurred, on the date stated above, at 8:30 P.M.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute impaction bowel
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) General senile atrophy
(duration) 2 yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Horace P. Kelhart M.D.
11-16, 1932 (Address) Nampa Idaho
19. Place of Burial, Cremation, or Removal Nampa Idaho. Date of Burial Nov. 18 1932
20. Undertaker Mrs. Nina M Talley Address Nampa

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 8 1932

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81296

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 136

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Luis Yturraspe

(a) Residence. No. Jordan Valley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Netalie Yturraspe

6. DATE OF BIRTH (month, day, and year): Jan. 22, 70

7. AGE: Years 62, Months 10, Days 12, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Spain

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Spain

MOTHER

15. MAIDEN NAME: Acarregui.

16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMENT (Address): Joe Yturraspe, Jordan Valley, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Jordan Valley Date: 12-7-32, 193

19. UNDERTAKER (Address): F.K. Robinson, Nampa, Ida.

20. FILED Dec 6, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-5-1932.

22. I HEREBY CERTIFY, That I attended deceased from 12-3-'32, ~~193~~, to 12-5-'32, ~~193~~

I last saw him alive on 12-4, 1932: death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of the fundus of the urinary bladder	12-3-'32
The bladder had ruptured well above the cancerous involvement.	
Other contributory causes of importance:	
Carcinoma of the prostate	May 1932.

Name of operation: Suppurational drainage Date of 12-4-'32.

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? Caldwell Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Geo. O. A. Kellogg, M.D.

(Address) Nampa Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81297

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 183
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Smith
(a) Residence. No. 2/16 - 9th ave. no St. 49
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) April 3th 1865
7. AGE Years 67 Months 7 Days 6 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Kansas

PARENTS
10. NAME OF FATHER D. H. Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia
12. MAIDEN NAME OF MOTHER Sarah Ann Crewe
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Missouri

14. Informant (Address) Mrs. J. W. Smith Nampa, Idaho
15. Filed Dec 1, 1932 Lyda Rogers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 9 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 9/6/32, 19..., to 11/9, 1932
that I last saw him alive on 11/9, 1932
and that death occurred, on the date stated above, at 11:20 A.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma Bladder
(duration) yrs. 5 mos. ds.
CONTRIBUTORY (Secondary) Acute Dilitation of Stomach (duration) yrs. mos. 2 ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 8/4/32
Was there an autopsy? No
What test confirmed diagnosis? Microscopic of Surgical Specimen
(Signed) G. E. Norwood M. D.
Nov. 11, 1932 (Address) Medical Arts Bldg Nampa Idaho

19. Place of Burial, Cremation, or Removal Morris Hill Boise
Date of Burial 11-11 1932
20. Undertaker Wm D. Falley
Address Nampa Id.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81298

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 135

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** LeRoy Douglas Rivord 112

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	White	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Nov. 9, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (city or town) Nampa Ida R 3
(State or country)

PARENTS

10. NAME OF FATHER Leroy Rivord

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Croquet Minn.

12. MAIDEN NAME OF MOTHER Cagner Lee Rose

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Emmett Idaho.

14. Informant Leroy Rivord
(Address) R-3 Caldwell

15. Filed Dec. 5, 19.....

Lyra Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1932, to Dec 2, 1932
that I last saw him alive on Dec 2, 1932
and that death occurred, on the date stated above, at 3:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Uremia Indigestione

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Defective nutrition since birth (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy?
What test confirmed diagnosis?

(Signed) V. C. Bellamy M. D.
Dec 3, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho.	12-4 1932
20. Undertaker	Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81299

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 184
(No. 220 - 9th Ave No)
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME James Wm Carpenter

(a) Residence. No. 220 - 9th Ave No St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 8th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	8	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa.

PARENTS

10. NAME OF FATHER James C. Carpenter
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri.
12. MAIDEN NAME OF MOTHER Pheolia Compton
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penna.

14. Informant (Address) John H. Carpenter Nampa, Idaho

15. Filed Dec 1, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 6th, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1932 to Nov. 6, 1932
that I last saw him alive on Sept Nov 6, 1932
and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Gangrene of Lung

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis Protracted

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) J. J. Murray M. D.
11/7 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Knowlton Bright Cem	11-7 1932

20. Undertaker Wm D. Talley Address Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81300

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 172

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clyde Floyd Haines

(a) Residence. No. Caldwell, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 20, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
20		22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Big Cabin Okla.
(State or country) Oklahoma.

FATHER
13. NAME Oscar H. Haines
14. BIRTHPLACE (city or town) ....
(State or country) Kansas

MOTHER
15. MAIDEN NAME Mollie Swagerty
16. BIRTHPLACE (city or town) ....
(State or country) Tenn.

17. INFORMENT (Address) O. H. Haines, Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Nov. 15, 1937

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 11-16, 1937 John D. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937, to Nov 12, 1937
I last saw h.. alive on Nov 12, 1937: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from	
Fractured Skull & Injured Brain	
" Pelvis	
" Left Ankle	

Other contributory causes of importance:

Name of operation None Date of ....
What test confirmed diagnosis? Physical & Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-11, 1937
Where did injury occur? Highway - Canyon Co. Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Auto Mobile Accident
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Theo E. Mangum, M.D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STAT F IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81301

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 3
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Chamberlein
(a) Residence. No. Parma, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ~~yrs.~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed.

5a. If maried, widowed, or divorced HUS~~BAND~~ of (or) WIFE of Edwin Lewis Chamberlein

6. DATE OF BIRTH (month, day, and year) 5-30 1850

7. AGE Years 82 Months 6 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nottingham, England

FATHER
13. NAME William Dettray
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Ada Graomer Parma, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Boise, Ida. Date Nov 30, 1932

19. UNDERTAKER (Address) W McBrahm Boise, Idaho

20. FILED Dec 1, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Nov 30, 1932
I last saw her alive on Nov. 30, 1932; death is said to have occurred on the date stated above, at 6 50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Senile diabetis	1922?
Senile dementia	

Other contributory causes of importance:
Senility

Name of operation none Date of .....
What test confirmed diagnosis? sugar in urine Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no injury
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Eugene F. Johnson, M. D.
(Address) Parma Idaho

RECEIVED DEC 9 1932

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81302

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 135

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leroy Edward Cupp.

(a) Residence. No. 1 Wilder Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb-16-1913

7. AGE Years 19 Months 9 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Ida

FATHER
13. NAME Harry E. Cupp
14. BIRTHPLACE (city or town) Carthage
(State or country) Missouri

MOTHER
15. MAIDEN NAME Florence M. McCoskum
16. BIRTHPLACE (city or town) Hopkins
(State or country) Missouri

17. INFORMENT (Address) Mrs. Florence M. Faris

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hills Date Nov 23, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell, Ida

20. FILED Nov-25, 1932 John F. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932, to Nov 21, 1932

I last saw him alive on Nov 20, 1932 death is said to have occurred on the date stated above, at 7-46 a.m.

The principal cause of death and related causes of importance were as follows:

Accidental Gun Shot (Shot gun) of left Chest & jaw

Date of onset

Other contributory causes of importance:

Lung injection from wound

Name of operation Removal of fragments Date of 11/11 32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/11 1932

Where did injury occur? Canyon Co. Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Hunting

Manner of injury Accidental discharge of gun

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Carr M.D.

(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81303

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 129

(No. Samaritan Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Beatrus Schmidt 31

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Schmidt

6. DATE OF BIRTH (month, day and year): 6-4-93

7. AGE: Years 39, Months 4, Days 29. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Iowa.

PARENTS

10. NAME OF FATHER: Charles Phillips

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Wis.

12. MAIDEN NAME OF MOTHER: Scheutz

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Fred Schmidt
(Address): Nampa, Ida.

15. Filed Dec 1, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 3 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Nov. 3, 1932, that I last saw her alive on Nov 3, 1932, and that death occurred, on the date stated above, at 12:55 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Secondary in G.U. Tract
(duration) 24 yrs. mos. ds.

CONTRIBUTORY (Secondary): T.B.C. Kidney & Bladder (Left nephrectomy 6 yrs ago)
(duration) 10-12 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 6 yrs ago 2 Aug 7, 1932
Was there an autopsy? No
What test confirmed diagnosis? X Ray & Cat.

(Signed) G. E. Norwood M.D.
Nov. 7, 1932 (Address) Medical Arts Bldg Nampa Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Nampa, Ida. Date of Burial: 11-5-32 19

20. Undertaker: F.K.Robinson Address: Nampa, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

Montgomery

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81304

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 133

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 DA

2. FULL NAME Fred Brandenburg

(a) Residence. No. Homedale, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Detroit Michigan

FATHER

13. NAME Brandenburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT C.S. Taylor
(Address) Homedale, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Date 11-21, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 11-22, 1932 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov 20, 1932

I last saw him alive on Nov 20, 1932: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov 1/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Montgomery, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Canyon

City of Middleton

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 81305

Local Registrar's No. 136

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Savannah Mildred Cox

(a) Residence. No. Middleton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced (or) WIFE of: Asa A. Cox

6. DATE OF BIRTH (month, day, and year): March 22 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jordan Valley Oregon

FATHER

13. NAME: A. J. Carter

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Sarah J. Harding

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): C. A. C. Co. Middleton

18. BURIAL, CREMATION, OR REMOVAL Place: Middleton Date Dec 1, 1932

19. UNDERTAKER (Address): C. V. Peckham Caldwell, Idaho.

20. FILED 12-3, 1932 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932, to Nov. 29, 1932

I last saw h[illegible] alive on Nov 29, 1932; death is said to have occurred on the date stated above, at 6-35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Probably two or three years.
Other contributory causes of importance: Pleuritis, right pluera	Nov 14 to 24

Name of operation None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Whittenberger D. O. M. D.

(Address) Caldwell, Idaho.

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81306

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 181
(No. 515 - 10th Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Abbie P. Hibner 57
(a) Residence. No. 515 - 10th Ave. So St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 1 yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Hibner

6. DATE OF BIRTH (month, day and year) March 12th 1865

7. AGE Years 67 Months 8 Days 1 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Three Rivers Michigan

PARENTS
10. NAME OF FATHER Benwell Kern
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Rebeccah Shellheart
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant (Address) Mr. Ami R. Hibner Nampa Idaho

15. Filed Dec 1, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 13 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1932, to Nov. 12, 1932
that I last saw her alive on Nov. 12, 1932
and that death occurred, on the date stated above, at 6:10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetes

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Urine & Blood
(Signed) W. P. Wolter, M. D.
Nov. 15, 1932 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 11-16 1932
20. Undertaker Mrs. Nina M. Talley Address Nampa, Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 9 1932

PLACE OF DEATH

County of Canyon

City of Caldwell, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81307

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 138

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Edmond Turrittin 49

(a) Residence. No. Caldwell Idaho R#1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Gladys E.

6. DATE OF BIRTH (month, day, and year) Nov 3 - 1871

7. AGE Years 61 Months 1 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kasota
(State or country) Minn

FATHER
13. NAME Thomas Turrittin
14. BIRTHPLACE (city or town) .....
(State or country) Ireland

MOTHER
15. MAIDEN NAME Elizabeth Kendall
16. BIRTHPLACE (city or town) .....
(State or country) Maine

17. INFORMENT Rose K. Turrittin
(Address) Caldwell R1 M Idaho

18. BURIAL, CREMATION, OR REMOVAL Canyon Hill
Place Dec Date Dec 6, 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 12-8, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1923, 193.., to Dec 3, 1932
I last saw him alive on Dec 3, 1932; death is said to have occurred on the date stated above, at 4:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma face & Neck	X

Other contributory causes of importance:
Starvid

Name of operation [illegible] Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Unknown
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) [illegible], M. D.
(Address) Star Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1932

Farrer

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81308

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 134

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maurice Earl Howards

(a) Residence. No. Curtis Park Caldwell, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 3, 1921

7. AGE: Years 11 | Months 8 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waubay
(State or country) So. Dakota

FATHER
13. NAME William H. Howards
14. BIRTHPLACE (city or town) Watkins Glenn
(State or country) New York

MOTHER
15. MAIDEN NAME Ellen Teresa Dee
16. BIRTHPLACE (city or town) Lincoln
(State or country) Nebraska

17. INFORMENT Wm. H. Howards
(Address) Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 11-23, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 11-22, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 21, 1932
I last saw him alive on Nov 20, 1932: death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Nephritis	

Other contributory causes of importance:
Scarlet Fever in Sept - 1932

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ✓
(Signed) T. B. Farrer M. D.
(Address) Caldwell Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81309

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 137
(No. 507-17th ave So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME Elizabeth Hobbs McEwen
(a) Residence. No. 507-17th ave So St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James McEwen

6. DATE OF BIRTH (month, day and year) April 6th 1852

7. AGE Years 80 Months 7 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Greenbush Ontario Canada

PARENTS
10. NAME OF FATHER Isaac Hobbs
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Ann
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant (Address) Mrs. Fred Lyons Nampa, Idaho

15. Filed Dec 6, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Dec 1, 1932
that I last saw her alive on Dec, 1932
and that death occurred, on the date stated above, at Noon m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia

(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Senile atrophy
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Horace P. Bethmel M. D.
12/1 1932 (Address) Nampa

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 12-3 1932

20. Undertaker Mrs Nina M. Talley Address Nampa, Id

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81310

PLACE OF DEATH
County of Canyon
City of Rural

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 126

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine M. Cummings

(a) Residence. No. Near Melba, Ida, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W.	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of H. H. Cummings

6. DATE OF BIRTH (month, day, and year) 12-2-57

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wales
(State or country)

FATHER
13. NAME Matthews
14. BIRTHPLACE (city or town) Wales
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Wales
(State or country)

17. INFORMENT Mrs F. G. Feeny
(Address) Melba, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Melba Date 11/13, 193 2

19. UNDERTAKER F. H. Robinson
(Address) Nampa Ida

20. FILED Nov. 29, 193 2 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 —, 193 1, to Nov. 2, 193
I last saw h alive on Dec. 16, 193 1: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Chronic Nephritis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A Swayne, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 23
Primary Registration District No. 2130

DO NOT WRITE IN THIS SPACE
State File No. 81311

Local Registrar's No. 14-4

(No.) 189
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rio Edgar Elliott

(a) Residence. No. Idaho Falls Rt #1 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 2, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

FATHER

13. NAME W. J. Elliott

14. BIRTHPLACE (city or town) (State or country) Pierburg Idaho

MOTHER

15. MAIDEN NAME Martha J. Norton

16. BIRTHPLACE (city or town) (State or country) Iona, Idaho

17. INFORMENT (Address) W. J. Elliott Idaho Falls Rt #1

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct 7, 1932

19. UNDERTAKER Jack G. Ward (Address) Idaho Falls, Idaho

20. FILED Oct 10, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 5 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4:9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of Brain	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-4, 1932

Where did injury occur? Bonneville Co. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Farm

Manner of injury Thrown From Horse

Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. F. J. Coleman Coroner M.D.

(Address) Idaho Falls, Ida.

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81312

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2147
Local Registrar's No. 179
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Kelly

(a) Residence. No. 201 - 1st Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4/4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amy Kelly

6. DATE OF BIRTH (month, day, and year) December 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Fork Utah

FATHER
13. NAME John Wm Kelly
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Christina Peterson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. Bertha Bailey Idaho Falls Rt #5

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Idaho Date Nov 7, 1932

19. UNDERTAKER Jack A. Woods (Address) Idaho Falls Idaho

20. FILED Dec 2, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932, to Nov 5, 1932
I last saw him alive on Nov 5, 1932; death is said to have occurred on the date stated above, at 11:09 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81313

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2 1 0

Local Registrar's No. 1 & 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilford Woodhouse

(a) Residence. No. Idaho Falls Rt #5 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Woodhouse

6. DATE OF BIRTH (month, day, and year) Nov 14, 1861

7. AGE Years 72 Months Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver, Utah

FATHER

13. NAME John Woodhouse

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emma Thomas

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs. Wilford Woodhouse Idaho Falls Rt #5

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Nov 25, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Nov 23, 1932 C. Kimmins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 22 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1932, to Nov. 22, 1932

I last saw him alive on Nov. 13, 1932: death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	Jan. 1932

Other contributory causes of importance:

Chronic Interstitial nephritis	June 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify no

(Signed) Harry L. Willson, M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81314

Registration District No. 23
Primary Registration District No. 2170 Local Registrar's No. 107

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Franklin Westergard

(a) Residence. No. 888 N. J. Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Westergard

6. DATE OF BIRTH (month, day, and year) Feb 16, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dairy Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah

FATHER

13. NAME Hans Westergard

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary Prichart

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMENT (Address) Mrs. J. F. Westergard, Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Idaho Date Nov 25, 1937

19. UNDERTAKER Jack A. Ward (Address) Idaho Falls, Idaho

20. FILED Nov 26, 1937 Clifford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 22 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Allen, Coroner

(Address) Idaho Falls. Ida.

RECEIVED DEC 15 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81315

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 21-D
Local Registrar's No. 191

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katherine Addleman.

(a) Residence. No. Shane apts 1 St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. S Addleman (Dec.)

6. DATE OF BIRTH (month, day, and year) Oct 6-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME George Ingelehart.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Susan Messenheimer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Ruth Addleman Idaho Falls Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Oberlin Kans. Date Dec 2, 1932

19. UNDERTAKER V. F. M. Hart (Address) Idaho Falls Ida.

20. FILED Nov 29, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov 28, 1932

I last saw her alive on Nov 28, 1932; death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81316

PLACE OF DEATH
County of Bonneville.
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 162

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert G. Kugler.

(a) Residence. No. 484-11th St.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 18-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milwaukee Wisconsin

FATHER

13. NAME Gottlieb Kugler.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Harriett Esslinger

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Don Kugler Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Sodaspring V-F M Date 8/18, 1932

19. UNDERTAKER (Address) Idaho Falls Mortuary Idaho Falls. Idaho.

20. FILED Oct 17, 1932 C. E. Duncan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1932, to Oct. 14, 1932

I last saw him alive on Oct. 14, 1932: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke of Apoplexy 8913.490 Paralysis of left side and partial paralysis of muscles of throat.	

Other contributory causes of importance:

Extension of bordalysis causing Respiratory failure.	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. L. Hillyard, M. D.

(Address) Idaho Falls Ida.

RECEIVED NOV 23 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81317

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2 1 4 0 Local Registrar's No. 1 4 - 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rudolph Butikofer

(a) Residence. No. Idaho Falls Rt 5 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lydia Butikofer

6. DATE OF BIRTH (month, day, and year): June 18, 1868

7. AGE: Years 64 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER
13. NAME: Butikofer
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Madelene Slick
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMENT (Address): Mrs Lydia Butikofer Idaho Falls Rt #5

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Oct 9, 1932

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: Oct 6, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): October 4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to Oct 4, 1932
I last saw him alive on Oct 4, 1932: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
primary in	
urinary bladder	

Other contributory causes of importance:

Name of operation: Resection of Ca of bladder Date of: June 9, 1932
What test confirmed diagnosis? Of x lab Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) H Ray Hatch M. D.
(Address) Idaho Falls, Idaho

RECEIVED NOV 23 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ucon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2 1 4 0

DO NOT WRITE IN THIS SPACE
State File No. 81318

Local Registrar's No. 1 V 6

(No. 57 If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth M-Millan

(a) Residence. No. Ucon, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. A. M-Millan

6. DATE OF BIRTH (month, day, and year) July 9 1871

7. AGE: Years 61 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murray, Utah

FATHER

13. NAME James Gilbert

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary P. Morgan

16. BIRTHPLACE (city or town) (State or country) Millcreek, Utah

17. INFORMENT (Address) W. A. Millan, Ucon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct 13, 1932

19. UNDERTAKER (Address) Jack C. Wood, Idaho Falls, Idaho

20. FILED Oct 11, 1932 C. Edmunds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932 to Sept. 6, 1932
I last saw her alive on Sept 6, 1932; death is said to have occurred on the date stated above, at 6-5 A.M. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Insipidus	5 yrs
Other contributory causes of importance:	
Cancer of Larnyx	?

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.
(Address) Idaho Falls

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81319

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 172
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Katherine Poitner 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Frances Poitner

6. DATE OF BIRTH (month, day, and year) Oct 21 1908

7. AGE Years 23 Months 11 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah.

FATHER
13. NAME John O'Neill.
14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER
15. MAIDEN NAME Elizabeth O'Brien
16. BIRTHPLACE (city or town) (State or country) Wood River Neb.

17. INFORMENT (Address) Frances Poitner Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls. Date 10/24 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida

20. FILED Oct 26, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932 to Oct 20, 1932
I last saw her alive on Oct 20, 1932; death is said to have occurred on the date stated above, at 10:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Several years prior
Other contributory causes of importance:	
Chronic Nephritis	1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81320

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 142
(No. none)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME John Nebel
(a) Residence. No. Ranch on Antelope Flat
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Nebel
6. DATE OF BIRTH (month, day, and year): Oct 27 1873
7. AGE: Years 59 Months no. Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Goshen Utah

FATHER
13. NAME: John Peter Nebel
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Elizabeth Nebel Popular Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Ririe Idaho Date: 11/12, 1932
19. UNDERTAKER (Address): V. F. McHan Idaho Falls, Idaho
20. FILED: Dec 10, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 8 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 1929, to Nov 8, 1932
I last saw him alive on Nov 8, 1932: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty degeneration of myocardium with loss of compensation	

Other contributory causes of importance: Pernicious Anaemia

Name of operation: None Date of
What test confirmed diagnosis? Clinical and Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Ririe Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81321

Registration District No. 73

Primary Registration District No. 2140 Local Registrar's No. 186

(No. L.D.S.Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

145a

2. FULL NAME Beatrice Mallory Miller

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lee Russell Miller

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley, Idaho

FATHER

13. NAME W.J.Mallory

14. BIRTHPLACE (city or town) (State or country) Monpelier Idaho

MOTHER

15. MAIDEN NAME Anna Maria Freeman

16. BIRTHPLACE (city or town) (State or country) Ogden, Utah

17. INFORMENT (Address) W.J.Mallory Shelley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Shelley, Idaho Date Nov. 22, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Nov 21, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-12-, 1932, to 11-19-, 1932

I last saw her alive on 11-19-, 1932; death is said to have occurred on the date stated above, at 2-25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caeserian Section	11/13/32
Other contributory causes of importance: General Peritonitis	11-17-32

Name of operation Laprotomy Date of 11-13-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin Cutler, M.D.

(Address) Box 86 Shelley Idaho

RECEIVED NOV 23 193[illegible]

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81322

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 169

(No. 129)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester Curtis

(a) Residence. No. Idaho Falls Rt # 3 St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fanny Curtis

6. DATE OF BIRTH (month, day, and year) Nov 21, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hyrum Utah

FATHER

13. NAME Lehi Curtis

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Elzia Barnum

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMENT (Address) Mrs Fanny Curtis Idaho Falls Rt #3

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct 23, 1932

19. UNDERTAKER Jake A. Wood (Address) Idaho Falls, Idaho

20. FILED Oct 22, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1930 to Oct 21, 1932

I last saw h alive on Oct. 17, 1932; death is said to have occurred on the date stated above, at 12 Midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis.	

Other contributory causes of importance:

Extreme hypertension. Glycosuria (Diabetes Mellitus) General edema.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John O. Millar, M. D.

(Address) P. O. Box 212 Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81323

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2150
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 19

2. FULL NAME Thomas Herschel Simpson

(a) Residence. No. 549 - No. Water St.
(Usual place of abode)
(If nonresident give city or town and State)

156

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vera Simpson

6 DATE OF BIRTH (month, day and year): Sept. 2 - 1885

7 AGE: Years 47 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer & Insp.
(b) General nature of industry, business, or establishment in which employed (or employer): John Allen Seed Co.
(c) Name of employer: John Allen

9 BIRTHPLACE (city or town) (State or country): Parker, Idaho

PARENTS
10 NAME OF FATHER: Henry Simpson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Nottingham, Eng.
12 MAIDEN NAME OF MOTHER: Rozella Grover
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Salt Lake City, Ut.

14 Informant: Mrs. Charles W. Gray
(Address) 128 - 8th St Idaho Falls

15 Filed Nov 29, 1932 (Jay Finnan) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 27th (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Nov. 27th, 1932, that I last saw him alive on Nov 23 -, 1932, and that death occurred, on the date stated above, at 10:55 P m.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans

..... (duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) R. J. Hutton, M. D.
Nov 27, 1932 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Parker Idaho
Date of Burial: Nov 30 1932

20. Undertaker: Will Hanson
Address: St Anthony Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81324

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2104
Local Registrar's No. 17

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel Dora Lords

(a) Residence. No. 18th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Cecil Lords.

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House - wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenwood Utah

FATHER

13. NAME George Gardner

14. BIRTHPLACE (city or town) (State or country) Salem Utah

MOTHER

15. MAIDEN NAME Nellie G. Killian

16. BIRTHPLACE (city or town) (State or country) Annabelle Utah

17. INFORMENT (Address) Mrs. Russell Everett Ammon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ammon, Ida. Date Oct 30 1932

19. UNDERTAKER (Address) Jack A. Ford Idaho Falls

20. FILED Dec 7, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932 to Oct 28, 1932
I last saw her alive on Oct 28, 1932 death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 23

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81325

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 3
Primary Registration District No. 21 A-P
Local Registrar's No. 1 1 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Arthur Harrison Lake

(a) Residence. No. Idaho Falls, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6, 1932

7. AGE Years | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Arthur Le Roy Lake
14. BIRTHPLACE (city or town) (State or country) Central Idaho

MOTHER
15. MAIDEN NAME Ruth Albright
16. BIRTHPLACE (city or town) (State or country) Big Timber Montana

17. INFORMENT (Address) Ruth Lake Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct 14, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Oct 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1932, to Oct. 10, 1932
I last saw her alive on Oct. 10, 1932 death is said to have occurred on the date stated above, at 4-55 a m.
The principal cause of death and related causes of importance were as follows: Bronchopneumonia

	Date of onset
Bronchopneumonia	Oct 4

Other contributory causes of importance: Undernourishment due to sleeping pallet.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) G. A. Aupperle D.O.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81326

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 167

(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Baker Williams

101a

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John W. Williams

6. DATE OF BIRTH (month, day, and year): March 8, 1908

7. AGE: Years 24 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Star Valley Wyoming

FATHER
13. NAME: Levi Baker
14. BIRTHPLACE (city or town) (State or country): U. S.

MOTHER
15. MAIDEN NAME: Edna
16. BIRTHPLACE (city or town) (State or country): U. S.

17. INFORMENT (Address): John W. Williams, Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Oct 19, 1932

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls

20. FILED: Oct 20, 1932 Cecy Fumiard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 16 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on Oct. 15, 1932; death is said to have occurred on the date stated above, at 3-15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar	
pneumonia with acute	
cardiac failure	

Other contributory causes of importance:

Name of operation: No operation Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. J. Sutton, M. D.

(Address) .....

RECEIVED DEC 15 1932

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81327

Registration District No. 73

Primary Registration District No. 2140 Local Registrar's No. 177

(No. I. O. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME Lauchlin Judson Mac Donald

(a) Residence. No. ..... St. Lima, Montana
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jesse & Mabel MacDonald

6. DATE OF BIRTH (month, day, and year) June 8 - 1903

7. AGE Years 29 Months 5 Days If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Brake-Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shirley Maine

FATHER

13. NAME Lauchlin Mac Donald

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Troy

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) Mrs Mabel Mac Donald Lima, Mac Donald

18. BURIAL, CREMATION, OR REMOVAL Place Lima, Mont. Date Nov. 5, 1932

19. UNDERTAKER (Address) Jack A. Hood Idaho Falls, Idaho

20. FILED Nov 3, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1932, to Nov. 3, 1932

I last saw him alive on Nov. 2, 1932: death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10.28.32
Pleurisy -	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Willson M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81328

PLACE OF DEATH

County of Bonneville. City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 4-0 Local Registrar's No. 173

(No. K. D. S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Wade H. Terrill

(a) Residence. No. R D 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white.	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lulu Terrill.

6. DATE OF BIRTH (month, day, and year) Feb 12 1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paint Lick. Ky.

FATHER

13. NAME Bellay Terrill

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Nancy J Walker

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) Mrs Lulu Terrill Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Ida Date 10/29, 1932

19. UNDERTAKER (Address) V. F. M. Hart Idaho Falls Idaho

20. FILED Oct 31, 1932 Day Timmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1932, to Oct 26, 1932

I last saw her alive on Oct 26, 1932; death is said to have occurred on the date stated above, at 11.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 20

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81329

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 V - 0
Local Registrar's No. 105

(No. L. C. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Carol Woolf

(a) Residence. No. ..... St. Iona, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Octob 22, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ▼ min.
	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iona, Idaho

FATHER
13. NAME Arland Woolf
14. BIRTHPLACE (city or town) (State or country) Utcont Idaho

MOTHER
15. MAIDEN NAME Greta Hansen
16. BIRTHPLACE (city or town) (State or country) Iona Idaho

17. INFORMENT (Address) Mrs Chas W. Hansen Iona, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Iona, Idaho Date Nov 27, 1932

19. UNDERTAKER (Address) Jack A. Wood Twin Falls, Idaho

20. FILED Nov 26, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1932, to Nov 25, 1932
I last saw her alive on Nov 20, 1932: death is said to have occurred on the date stated above, at 3-30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
—	
Bronchial pneumonia	5 days

Other contributory causes of importance:

Premature 7½ mos	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 23 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81330

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 160
(No. L.O.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carlyle William Stewart 117
(a) Residence. No. Shelley #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) June 22, 1908
7. AGE Years 24 Months 4 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riverdale Idaho

FATHER
13. NAME Clifton A. Stewart
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Minerva Chaffin
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Harold Stewart Woodville, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Shelley, Idaho Date Oct 16, 1932
19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho
20. FILED Oct 15, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 193.., to Oct 12th, 1932
I last saw him alive on Oct 12, 1932; death is said to have occurred on the date stated above, at 11-57 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gangrenous Appendicitis and Peritonitis.	

Other contributory causes of importance:

Name of operation Appendectomy Date of Oct 7-32
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) A. R. Todermist M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81331

Registration District No. 73

Primary Registration District No. 140

Local Registrar's No. 192

126

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ronald Bert Wickham

(a) Residence. No. Wilford Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Empie Wickham

6. DATE OF BIRTH (month, day, and year) Nov. 27th 1899

7. AGE Years 33 Months X Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Heber City Utah

FATHER

13. NAME Walter Wickham

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Hawkes

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) E. M. Wickham St Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Teton, Idaho Date Dec. 1st, 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED Nov 30, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 29 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Nov 29, 1932

I last saw him live on Nov 28, 1932 death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion following prolonged peritoneal infection and intestinal obstruction	

Other contributory causes of importance:

Acute gangrenous appendicitis

Name of operation 1. appendectomy - Aug 8, 32 2. Ileostomy - Date 10, 26, 32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H Ray Hatch, M. D.

(Address) Idaho Falls, Idaho

RECEIVED NOV 23 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81332

PLACE OF DEATH

County of Fremont
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2-1-0 Local Registrar's No. 16
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline Staples

(a) Residence. No. Gladstone Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Staples

6. DATE OF BIRTH (month, day, and year) July 24, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monroe Utah

FATHER

13. NAME J. S. Thuesen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Ellen Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Andrew Staples Tomax Ave, Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct, 193 2

19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho

20. FILED Oct 20, 193 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 17 193 2

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 193 2 to Sept 16, 193 2

I last saw h alive on Oct 17, 193 2 death is said to have occurred on the date stated above, at 11-30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerative Colitis	
	P.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Ray Hatch, M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 23 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81333

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2, 1-0
Local Registrar's No. 163

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Perrella

(a) Residence. No. 119 Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pete Perrella

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Ralph Perrella Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Oct 19, 1932

19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho

20. FILED Oct 17, 1932 C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to October 15, 1932
I last saw him alive on October 15, 1932: death is said to have occurred on the date stated above, at 1.05 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus	Oct 12
Other contributory causes of importance:	
Chronic appendicitis	

Name of operation appendectomy Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81334

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2110 Local Registrar's No. 143
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Olive Asplund.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Gustaf Asplund

6. DATE OF BIRTH (month, day, and year) April 9 1873

7. AGE Years 59 Months 6 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month, and year) Nov 7 1932
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER
13. NAME John Vistein
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Gustaf Asplund Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 11/10 1932

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED Nov 14, 1932 C. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1932, to Nov 7, 1932
I last saw her alive on Nov 6, 1932 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) R. Sutton, M. D.
(Address) Rand Daers Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81335

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 367
(No. No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rodgers Dee Schonevour
(a) Residence. No. 402 - N. Malta Ave St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) June - '32
7. AGE Years Months 6 Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none
9. BIRTHPLACE (city or town) (State or country) Burley Idaho

PARENTS
10. NAME OF FATHER Herman Schoenevour
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Thelma D. Daylor
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Burley Idaho

14. Informant (Address) Mrs. H. Schonevour 402 N. Malta Ave.
15. Filed Dec 9, 1932 H. H. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 22 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932 to Nov. 22, 1932
that I last saw him live on Sat Nov 22, 1932
and that death occurred, on the date stated above, at m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? Usual
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Usual
(Signed) Joseph Freinstein M.D.
Nov 22, 1932 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal: Burley City Cemetery
Date of Burial: Nov. 23 1932
20. Undertaker: D. E. Johnson
Address: Burley

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81336

PLACE OF DEATH
County of Cassia.
City of Burley.

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 368
(No. 1112)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Henry Bray.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 2 - 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Iowa.

PARENTS

10. NAME OF FATHER Robert Bray.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York.
12. MAIDEN NAME OF MOTHER Anita Russell
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wisconsin.

14. Informant Mrs. Libbron
(Address) Mrs. Bray.

15. Filed Dec 9, 1932 H A Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/22/32, 19..., to 12-1-, 1932
that I last saw him alive on 11/30, 1932
and that death occurred, on the date stated above, at 4.15a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Perforation of Stomach
.....
.....
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Ulcer gastric.
(duration) 12 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of 11/22/32
Was there an autopsy? No.
What test confirmed diagnosis? .....
(Signed) G B Espe, M. D.
12-1-, 1932 (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
Albion	Dec. 4 1932
20. Undertaker D.C. Johnson	Address Burley.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81337

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 365
(No. 161a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dannie Ruse
(a) Residence. No. North of tracks St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 5-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER Rubben Ruse
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Monteg Lee
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) Mrs. Monteg Lee Ruse

15. Filed Dec 9, 1932 H. H. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 5 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932, to Nov 5, 1932, that I last saw h.. alive on Nov 5, 1932, and that death occurred, on the date stated above, at 11 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Imperfect Circulation - due to
Atelectasis Foramen Ovale
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Premature birth
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H. H. Cutler M. D.
19.... (Address) Burley

19. Place of Burial, Cremation, or Removal: Burley City Cemetery — Date of Burial: Nov 7 1932
20. Undertaker: D. C. Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81338

PLACE OF DEATH
County of Cassia
City of Elba

Registration District No. 119
Primary Registration District No. 2198
Local Registrar's No. 44
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hanna Elestia Mason MacFarlane

(a) Residence. No. Elba St. Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ~~Widowed~~

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Perin MacFarlane

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	10	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Willard, Utah

PARENTS
10. NAME OF FATHER: George Sterling Mason
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Michigan
12. MAIDEN NAME OF MOTHER: Hanna Gardner
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Pennsylvania

14. Informant: Robert D. MacFarlane
(Address): Riverside Idaho

15. Filed Dec 1, 1932. C. J. Bates Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932, to Nov. 9, 1932,
that I last saw her alive on Nov 8, 1932,
and that death occurred, on the date stated above, at 2:30 m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) 3 yrs. + mos. ds.

18. Where was disease contracted if not at place of death? Place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) C. J. Bates, M. D.
Nov 10, 1932 (Address) Malta Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Elba Cemetary	Nov-14 1932

20. Undertaker: Malta Funeral Home Address: Malta Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81339

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 80

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME Claudia Judd Hogue

(a) Residence. No. Orofino Ida St. Benjamine
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. S. Hogue

6. DATE OF BIRTH (month, day, and year) Jan. 10 - 1866

7. AGE Years 66 Months 9 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Central City Iowa

FATHER

13. NAME Calvin Reed

14. BIRTHPLACE (city or town) (State or country) Boston

MOTHER

15. MAIDEN NAME Lydia Reed

16. BIRTHPLACE (city or town) (State or country) Boston

17. INFORMENT (Address) J. S. Hogue Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Fraser Date 11/21, 193

19. UNDERTAKER (Address) V. A. Shaw Orofino

20. FILED 11/26, 193 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th, 1932, to 11 - 16 -, 1932

I last saw her alive on 11 - 16 -, 1932: death is said to have occurred on the date stated above, at 9:00 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Terminal)

Date of onset

Other contributory causes of importance:

Rheumatic Fever. Toxic Psychosis -

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) W. F. Robertson, M. D.

(Address) Orofino Idaho

RECEIVED DEC 6 1939

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Teakam

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE

State File No. 81340

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Peterson Monroe Johnson

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Susan McCalay

6. DATE OF BIRTH (month, day, and year) Sept 9-1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Peter Johnson

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Emelia Ross

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Fred Johnson Lewiston

18. BURIAL, CREMATION, OR REMOVAL Place Rendrock Date 11-20, 1932

19. UNDERTAKER (Address) John J. Puckett Troy Idaho

20. FILED Nov 20, 1932 B. F. Nisbet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 11 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently burned to death.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [redacted] Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury House burned

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wayne J. Herres Coroner

(Address) Orofino Ida.

RECEIVED DEC 6 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81341

PLACE OF DEATH
County of Clearwater
City of Weippe

Registration District No. 96
Primary Registration District No. 2187
Local Registrar's No. 78

(No. 112)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Garnett Virginia McKinney

(a) Residence. No. Weippe Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virgil McKinney

6. DATE OF BIRTH (month, day, and year) Jan 3 - 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. school work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weippe Ida.

FATHER

13. NAME Albert Carr

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Hetty S. White

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMENT (Address) Albert Carr Weippe Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Weippe Ida Date 11-19, 1937

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 11/19, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-15 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu - pneumonia.	Nov. 13, 1937

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. O. Pappenhagen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81342

PLACE OF DEATH
County of Clearwater
City of Weippe

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 85
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lucile Elizabeth Snyder

(a) Residence. No. Weippe Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 14 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	8	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Orofino Idaho

PARENTS

10. NAME OF FATHER Victor Snyder
11. BIRTHPLACE OF FATHER (city or town) (State or Country) West Virginia
12. MAIDEN NAME OF MOTHER Marion E. Robson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant (Address) Victor Snyder Weippe Idaho.

15. Filed 11/29, 19.... W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/26, 1932, to 11-28-, 1932 that I last saw her alive on 11/27, 1932 and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Influenza Bronchial
Intestinal Infection
Toxemia
(duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis? Symptoms

(Signed) W. A. Robertson M. D.
11/29, 1932 (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Weippe Idaho	11/29 1932
20. Undertaker	Address
Orofino Mortuary	Orofino Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 6

PLACE OF DEATH

County of Clearwater

City of Weippe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81343

Registration District No. 90

Primary Registration District No. 2167

Local Registrar's No. 79

(No. 118)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Waybright

(a) Residence. No. Weippe, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 14, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Highland County
(State or country) West Virginia

FATHER

13. NAME Daniel Waybright

14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMENT Glen Jordan
(Address) Weippe Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Weippe, Ida. Date Nov. 19, 193 7

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 11/19, 193 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 18 193 7

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza and old age	

Other contributory causes of importance:

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Herres Coroner.

(Address) Orofino, Idaho.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81344

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 82
(No. Nelson Hospital, Orofino, Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rachel Mawlam
(a) Residence. No. Weippe, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 28, 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	10	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS
10. NAME OF FATHER Robert Currie
11. BIRTHPLACE OF FATHER (city or town) Ireland
(State or Country)
12. MAIDEN NAME OF MOTHER Nancy Patterson
13. BIRTHPLACE OF MOTHER (city or town) Ireland
(State or County)

14. Informant (Address) Mary Battles Weippe, Idaho

15. Filed 11/23, 19.... H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 23rd (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-21, 1932, to 11-23, 1932
that I last saw her alive on 11-23, 1932
and that death occurred, on the date stated above, at 10 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Liver, stomach and small intestines.

(duration) unknown ~~yrs.~~ ~~mos.~~ ds.

CONTRIBUTORY (Secondary) ✓
(duration) ✓ yrs. ✓ mos. ✓ ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of ✓
Was there an autopsy? yes -
What test confirmed diagnosis? autopsy
(Signed) J. R. Robertson, M. D.
11-23, 1932 (Address) Orofino Idaho

19. Place of ~~Burial~~, ~~Cremation~~, or Removal Florence Ontario, Canada
Date of Burial 19

20. Undertaker Orofino Mortuary
Address Orofino, Ida.

RECEIVED DEC 6 1932

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE
81345
State File No.

Local Registrar's No. 71

(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Wilfong

(a) Residence. No. Orofino Idaho St. R F D No 4
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 19 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Hugh Wilfong Orofino Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date Nov 22, 1932

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 11/21, 1932 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1932, to Nov. 19, 1932

I last saw him alive on Nov. 14, 1932: death is said to have occurred on the date stated above, at 9:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Prostate	
Other contributory causes of importance: Chronic Cystitis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. Pappenhagen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81346

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles E. Smith 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 73 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer & Trapper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber Work & Trapping
10. Date deceased last worked at this occupation (month and year) Aug 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Raymond Gillispie Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Ida Date 10/16, 1932

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida.

20. FILED 11/15, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1932, to 11-13, 1932
I last saw him alive on 11-3, 1932; death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Long ago

Other contributory causes of importance:
Brights Disease

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Symptoms & Urine analysis Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. A. Robertson, M. D.
(Address) Orofino Idaho

RECEIVED DEC 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81347

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 76
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)
918

2. FULL NAME John J. Edwards

(a) Residence. No. ..... St. Bonners Ferry, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Edwards

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME David Edwards

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Patsy ?

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hosp. North Orofino - Idaho -

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. Hosp. North Date Nov. 12, 1932

19. UNDERTAKER F. A. Billberg, Hosp. Attd. (Address) Orofino - Idaho.

20. FILED 11/12, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1930, to Nov. 9, 1932

I last saw him alive on Nov. 9, 1932; death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other contributory causes of importance: Psychosis with Cerebral arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Phys. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelvey M. D.

(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81348

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 83

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Walrath

(a) Residence. No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Walrath (deceased)

6. DATE OF BIRTH (month, day, and year) Oct 10 - 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oswego County New York

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Harry Walrath Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 11/25, 193

19. UNDERTAKER W. A. Olmsted (Address) Orofino

20. FILED 11/26, 193 W. A. Olmsted Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1932, to Nov. 23, 1932
I last saw h alive on, 193: death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-18-32

Other contributory causes of importance:
Senility.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. S. Pappenhagen, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 6 1932

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81349

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 84

(No. State Hospital North) 31
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Swarman

(a) Residence. No. ..... St. Hunter, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baron County Wisconsin

FATHER

13. NAME Edson D. C. Smith

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Marian Nichols

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Nov. 25, 1932

19. UNDERTAKER F. A. Billberg, Hosp. Attdt.
(Address) Orofino - Idaho.

20. FILED 11/28, 1932 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 23 1932

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1926, to November 23, 1932

I last saw her alive on November 23, 1932; death is said to have occurred on the date stated above, at 6 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Dementia praecox, hebephrenic type	

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John Irvine McKelvey, M. D.

(Address) Orofino - Idaho.

RECEIVED NOV 23 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81350

PLACE OF DEATH
County of Custer
City of Custer Idaho

Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 143
(No. 1432)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Winnifred Kerns

(a) Residence. No. ____ St. ____
(Usual place of abode.)
Length of residence in city or town where death occured. ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of — Geo. Kerns

6. DATE OF BIRTH (month, day and year) Feb 14 1903

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
29	5	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9. BIRTHPLACE (city or town) (State or country) Custer, Custer Co. Idaho

PARENTS

10. NAME OF FATHER E. L. Coleman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Broadhead Wisconsin
12. MAIDEN NAME OF MOTHER Katherine Sullivan
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Peoria Ill.

14. Informant (Address) Geo Kerns Challis Ida

15. Filed Oct 24 1932 Eleen McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 16 (Day) 1932 (Year)
(Month)

17. I HEREBY CERTIFY, That I attended deceased from 7/13 1932 to 7/16 1932
that I last saw her alive on 7/16 1932
and that death occurred, on the date stated above, at 8 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Streptococcus septicemia
following 2½ mo. abortion
(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary) ____
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? ____ Date of ____
Was there an autopsy? No
What test confirmed diagnosis? ____
(Signed) C. L. Worley M. D.
7/17 1932 (Address) Challis, Ida

19. Place of Burial, Cremation, or Removal: Challis Idaho — Date of Burial: July 18 1932

20. Undertaker: Deables — Address: Salmon Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81351

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 146
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Walton Loveland Thomas Funkhouser

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 48 yrs. mos. ds. How long in U. S. if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Anglo Saxon
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Funkhouser

6. DATE OF BIRTH (month, day and year) Jan 11, 1848

7. AGE 84 Years | Months 9 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work No occupation
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) London, England

PARENTS

10. NAME OF FATHER Walton Thomas
11. BIRTHPLACE OF FATHER (city or town) (State or Country) London, Eng.
12. MAIDEN NAME OF MOTHER Julia Loveland
13. BIRTHPLACE OF MOTHER (city or town) (State or County) London, England

14. Informant (Address) Jonathan Job, Challis, Ida

15. Filed Nov. 14, 1932 Elna McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 12th (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1920, to Oct 11, 1932
that I last saw her alive on Oct 11, 1932
and that death occurred, on the date stated above, at 11:50 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

..... (duration) 20 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (duration) 3 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) C. L. Kirtley, M. D.
Dec 3, 1932 (Address) Challis Ida

19. Place of Burial, Cremation, or Removal: Buried at Challis, Idaho | Date of Burial: October 14th 1932

20. Undertaker: Wm Doebler | Address: Salmon, Idaho

DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81352

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 145
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Louisa D. Manity

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Thomas Manity

6. DATE OF BIRTH (month, day and year) Jan. 7 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Cornelius Workman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Josephine Roberts

15. Filed Nov. 11, 1932. Clara McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1931, to Nov 10, 1932
that I last saw her alive on Nov 10, 1932
and that death occurred, on the date stated above, at 10 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. L. Worthington M. D.
12/5, 1932 (Address) Challis Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Challis Idaho	Nov. 11 1932
20. Undertaker	Address
Stobbe	Salmon, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81353

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas J Kerr 91b

(a) Residence. No. (Usual place of abode) St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE wh
5. Single, Married, Widowed, or Divorced (write the word) ~~widowed~~

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 86 Months 9 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME not Known
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME not Known
16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMENT (Address) Lee Kerr

18. BURIAL, CREMATION, OR REMOVAL Place Challis Date 11/13, 1932

19. UNDERTAKER (Address) Doebler Salmon Ida

20. FILED Dec. 8, 1932 Alice C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/11 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to 11/11, 1932
I last saw him alive on 11/10, 1932: death is said to have occurred on the date stated above, at 2:30 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriocapillary fibrosis	

Other contributory causes of importance:

gangrene of extremities

Name of operation NO Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) C. L. Kirtley, M. D.
(Address) Challis, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH — RECEIVED — DEC 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81354

County of Franklin
City of Franklin
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 19

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mable Christena Sparrow

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 20 mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Willard Sparrow

6. DATE OF BIRTH (month, day, and year) Dec 15

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
44	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Mantua Utah

FATHER

13. NAME Larse Jensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Lorena Nelson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Franklin Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Logan Utah Date Nov 7, 1932

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Dec 8, 1932 G. W. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1932, to Nov. 2, 1932

I last saw her alive on Nov. 2, 1932. death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glomerular Nephritis	1926

Other contributory causes of importance:

Hypo. static Pneumonia	Nov 1, 1932
Hypertension	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193..

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) Orson A. Daines M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81355

PLACE OF DEATH

County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME Albert Webster Bowman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Perscilla Bowman

6. DATE OF BIRTH (month, day, and year) Feb 29 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Richmond Utah

FATHER

13. NAME Hyrum Bowman

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Marie Elskelson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Perscilla Bowman Mapleton Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Franklin Idaho Date Nov 6, 1932

19. UNDERTAKER (Address) M. W. Hendricks Preston

20. FILED Dec 8, 1932 G. W. Stutz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1932, to 11-2, 1932
I last saw him alive on 11-2, 1932, death is said to have occurred on the date stated above, at 10 20/60 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal skull fracture	11-1-32
fracture Compression of 5th Lumbar Vertebrae	"
Rupture of Urinary Bladder	"
Other contributory causes of importance:	
Automobile accident	11-1-32

Name of operation none Date of
What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1932
Where did injury occur? Cub River road, (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile accident
Nature of injury Crushed under car

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. R. Cutler, M. D.
(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81356

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Zella May Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 4 1922

7. AGE: Years 10 | Months ~~2~~ 3 | Days [illegible] | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation like

12. BIRTHPLACE (city or town) (State or country) Dayton Idaho

FATHER

13. NAME Leslie Jensen

14. BIRTHPLACE (city or town) (State or country) Clifton Idaho

MOTHER

15. MAIDEN NAME Venna May Callen

16. BIRTHPLACE (city or town) (State or country) Dayton Idaho

17. INFORMENT (Address) Leslie Jensen Dayton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dayton Idaho Date Nov. 7, 193

19. UNDERTAKER (Address) M. W. Hendricks Preston

20. FILED Dec 8, 1932 G. W. Staten Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932, to Nov 4, 1932

I last saw her alive on Nov 4, 1932. death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

1st 2nd 3rd degree burns of entire body — Date of onset Nov 4 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 4, 1932

Where did injury occur? Dayton Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fire explosion in stove

Nature of injury Burns of body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. R. Cutler M. D.

(Address) Preston Idaho

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81357

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No.
Primary Registration District No.
Local Registrar's No. 25

(No. 179)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty C. Jensen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 26 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	I	8 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Dayton Idaho

FATHER

13. NAME Leslie Jensen

14. BIRTHPLACE (city or town) (State or country) Clifton Idaho

MOTHER

15. MAIDEN NAME Venna May Callen

16. BIRTHPLACE (city or town) (State or country) Dayton Idaho

17. INFORMENT Leslie Jensen
(Address) Dayton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dayton Idaho Date Nov. 7, 1932

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Dec 8, 1932 G. W. Stutz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932, to Nov 4, 1932
I last saw her alive on Nov 4, 1932: death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1st 2nd 3rd degree burns of body extremities & face.	Nov 4 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 4, 1932
Where did injury occur? Dayton, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Gas explosion in stove
Nature of injury Burns of body & face

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. B. Cutler, M. D.
(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
81358
State File No.

Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Marguret Lugene Watson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 29 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. BABY

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Joseph Watson

14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER

15. MAIDEN NAME Etta Elizabeth Beckstead

16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) J. Watson Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ogden Utah Date Dec 2, 1932

19. UNDERTAKER Mortuary (Address) Preston Idaho

20. FILED Dec 8, 1932 G. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1932, to Nov 30, 1932
I last saw her alive on Nov 30, 1932: death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 24 1932
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Orson L. Downs, M. D.
(Address) Preston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1932

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81359

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 22

(No. 116)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Duane Coleman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 8 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. BABY

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Orville Robert Coleman

14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER

15. MAIDEN NAME LarnaLarsen

16. BIRTHPLACE (city or town) (State or country) Minkcreek Idaho

17. INFORMENT O.R.Coleman
(Address) Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Minkcreek Date Nov 27 1932

19. UNDERTAKER M.W. Hendricks
(Address) Preston

20. FILED Dec 8, 1932 G.W. Hales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1932, to Nov 25, 1932

I last saw him alive on Nov 25, 1932; death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Nov 20, 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas. W. Daines M. D.
(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin

City of Minkcreek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81360

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Gerald Birch Larsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. I ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 25 32

7. AGE Years | Months | Days I | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minkcreek Idaho

FATHER

13. NAME Martines Larsen

14. BIRTHPLACE (city or town) (State or country) Minkcreek Idaho

MOTHER

15. MAIDEN NAME Anna Birch

16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Martines Larsen Minkcreek Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Minkcreek Idaho Date Nov 28 193 32

19. UNDERTAKER (Address) None

20. FILED Dec 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Nov 26, 1932

I last saw him alive on Nov 26, 1932: death is said to have occurred on the date stated above, at 4:0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Elcampsia	
Elcampsia mother	2 days
Toxemia of pregnancy	3 wks.
Asphyxia	lived one day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. R. Veetle, M. D.

(Address) .....

RECEIVED DEC 3 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81361

PLACE OF DEATH
County of Fremont
City of Teton Ida.

Registration District No.
Primary Registration District No.
Local Registrar's No. 38

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Annie Clark 99

(a) Residence. No. Teton City Idaho 2177 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of ~~(or)~~ WIFE of James I. Clark

6. DATE OF BIRTH (month, day, and year) Aug. 4-1848

7. AGE Years 84 Months 3 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. About 55 yrs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) London, England.

FATHER
13. NAME Joseph L. Thompson.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Penelope Thompson.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Ed. Reggan Teton Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Teton Idaho Date Nov. 23rd 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho.

20. FILED Nov 27, 1931 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to Nov. 21, 1932
I last saw her alive on Nov. 21, 1932; death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Chronic myocarditis	1925
Chronic interstitial nephritis	1932

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. Sutherland, M. D.
(Address) Rexburg, Idaho

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81363

PLACE OF DEATH

County of Fremont
City of St. Anthony
Registration District No. 99
Primary Registration District No. 9177
Local Registrar's No. 43

(No.) 882
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Augusta Erickson

(a) Residence. No. St. Anthony Idaho St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 -	not known		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep herder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Abe Davis Wilford, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wilford Ida Date Nov 18, 1932

19. UNDERTAKER (Address) Wm. M. Hansen St. Anthony Idaho.

20. FILED Dec 4, 1932 Sarah Mank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1932, to Nov. 16, 1932, last saw him alive on Nov. 16, 1932; death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Chronic Bright's Disease	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) P. M. Kelly, M.D.

(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Fremont

City of St. Anthony

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 99

Primary Registration District No. 2177

(No. ..... St.)

State File No. .....

Local Registrar's No. 81364

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles H. Erpenback

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: April (Month) 28 (Day) 1886 (Year)

7. AGE: 46 Yrs. 6 Mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woodsman
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Livingston, Montana

10. NAME OF Father: Anthony Erpenbach

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Jennie Grocken

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Mae [redacted] Erpenbach
(Address) 310 - So. Water, Idaho Falls, Idaho

15. Filed Nov 28 1932 Sarah Munk
Local Registrar

MEDICAL CERTIFICATE OF DEATH 92

16. DATE OF DEATH: 11 (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-4-'32 19..., to 11-22-'32 19..., that I last saw him alive on 11-21-'32 19..., and that death occurred on the date stated above, at 5:20 A.M.

The CAUSE OF DEATH* was as follows:

1- Coronary thrombosis. (Post operative, following repair of perforated gastric ulcer.)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) N. W. Doty, M. D. M. D.

11-22-1932 (Address) Ashton, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 18 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? West Yellowstone, Mont.
Former or usual residence West Yellowstone, Montana

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls, Idaho

DATE OF BURIAL: Nov 27 1932

20. UNDERTAKER: Jack A. Wood

ADDRESS: Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81365

PLACE OF DEATH

County of Fremont
City of St Anthony,

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 4 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

94

2. FULL NAME Lowell David Larson

(a) Residence. No. Wilford Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan, 3rd 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilford, Idaho

FATHER

13. NAME Christ, G Larson

14. BIRTHPLACE (city or town) (State or country) Rexburg, Idaho

MOTHER

15. MAIDEN NAME Arvilla Bird

16. BIRTHPLACE (city or town) (State or country) Teton, Idaho

17. INFORMENT (Address) Christ G Larson
St Anthony, Idaho #1

18. BURIAL, CREMATION, OR REMOVAL
Place Teton Idaho Date Nov. 30, 1932

19. UNDERTAKER Geo. L. Keller
(Address) Rigby Idaho

20. FILED Nov 29, 1932 Vera Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932 to Only, 1932
I last saw him alive on Nov. 29, 1932 death is said to have occurred on the date stated above, at 6.30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) T A Ellison, M. D.
(Address) St Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 3 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81366

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 201

2. FULL NAME Eliza Kate Alcorn
(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Apr 1-1859
7. AGE Years 73 Months 7 Days 17 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Spencer West Va

PARENTS
10. NAME OF FATHER John Goodwin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER " Rollins
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant Mrs. Fred L. Fowler
(Address) Emmett Ida
15. Filed 11/19, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 18 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to , 19
that I last saw her alive on Nov 1, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Fracture of neck of femur
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
Senile & Dementia
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) R. N. Cummings, M. D.
11/19, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmett Ida
Date of Burial 11/20 1932
20. Undertaker C. D. Buckman
Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81367

PLACE OF DEATH
County of Ada
City of Emmett — Registration District No. 4
Primary Registration District No.
Local Registrar's No. 44
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Popham
(a) Residence. No. Emmett, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edith Popham

6. DATE OF BIRTH (month, day and year) Apr 9 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10. NAME OF FATHER Wm Popham
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Rebecca Shipley
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant Edith Popham
(Address) Emmett Idaho.

15. Filed 10/3, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Oct 1, 1932
that I last saw him alive on Sept 8, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Gastro-oesophagael Carcinoma
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? X-Ray picture
(Signed) [illegible] M. D.
10/3, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	10/4 1932
20. Undertaker C D Buckner	Address Emmett Idaho

TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81368

PLACE OF DEATH
County of Gem
City of Sweet

Registration District No. 6
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

8 C

2. FULL NAME Andrew Thurnberg
(a) Residence. No. Sweet, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 10 - 1862

7. AGE Years: 70 Months: 4 Days: 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Sweeden

PARENTS
10. NAME OF FATHER: Leny Thurnberg
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweeden
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant: A L Myder
(Address) Montour Idaho

15. Filed 10/5, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1932, to Oct 1, 1932
that I last saw him alive on Oct 28, 1932
and that death occurred, on the date stated above, at 1 a m.
The CAUSE OF DEATH* was as follows:
Myocarditis
Mitral lesion
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) J L Reynolds M. D.
10/5, 1932 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Sweet Idaho
Date of Burial: 10/5 1932

20. Undertaker: C Buckmann
Address: Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81369

PLACE OF DEATH
County of Elmore
City of Emmett

Registration District No. 4
Primary Registration District No.

Local Registrar's No.

(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Berry

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 16 - 1846

7. AGE	Years	Months	Days	If LESS than 1 day,
	87	3	29	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant W. E. Mayes
(Address) Emmett Idaho

15. Filed 11/16, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 15, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 12th, 19..., to ..., 19...
that I last saw him alive on Nov 12th, 1932
and that death occurred, on the date stated above, at ...m.
The CAUSE OF DEATH* was as follows:

Uremia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) J. L. Reynolds, M. D.
11/16, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Ida — Date of Burial: 11/17 1932

20. Undertaker: C. D. Buckmeun — Address: Emmett Idaho

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81370

PLACE OF DEATH

County of Ada

City of Emmett

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edward Dolphin

(a) Residence, No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Alma L. Dolphin

6. DATE OF BIRTH (month, day and year) Oct 1 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St Peter Minn

PARENTS

10. NAME OF FATHER John August Dolphin

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweeden

12. MAIDEN NAME OF MOTHER Augusta Lambert

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway

14. Informant Alma L. Dolphin

(Address) Emmett Idaho

15. Filed 11/21, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 18 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932, to Nov 18, 1932, that I last saw him alive on Nov 18, 1932, and that death occurred, on the date stated above, at 11-30 a.m.

The CAUSE OF DEATH* was as follows:

Automobile Accident
Crushed through Chest and bowels
Traumatic Pneumonia also Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J L Reynolds, M. D.

11/21, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett, Ida	11/21 1932

20. Undertaker C D Buckmaster

Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81371

PLACE OF DEATH
County of Gooding
City of [illegible]

Registration District No. 27
Primary Registration District No. ____ Local Registrar's No. 201

(No. ____ (If death occurred in a hospital or institution, give its name instead of street and number.)) 1000

2. FULL NAME John Aguilar

(a) Residence. No. R.F.D. 1 St. ____ (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 8 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
0	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Gooding Ida

FATHER

13. NAME Trinidad Aguilar

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Margurite Gomez

16. BIRTHPLACE (city or town) (State or country) Colorado U. S. A.

17. INFORMENT (Address) J. Aguilar

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Ida Date Nov 25, 1932

19. UNDERTAKER (Address) A. J. Empey Gooding Ida

20. FILED 11/25, 1932 J. H. Cranwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Birth, 193..., to Nov 24, 1932
I last saw h alive on Nov 20, 1932: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	11/12 1932

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____
(Signed) Jas. O Cranwell M.D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 19 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

(No. St Valentines Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 81372

1182

2. FULL NAME L. L. Otto

(a) Residence. No. ____ Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ____ mos. 2 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aggie Otto

6. DATE OF BIRTH (month, day, and year) June 19, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
64	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Life Insurance Agent (N.Y. Life)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME E R. Otto

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Francis Matlick

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs Aggie Otto Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Ida. Date Sept 9, 1932

19. UNDERTAKER (Address) J. R. Wiley Jerome Idaho

20. FILED 9/10, 1932 Chas F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932 to Sept. 7, 1932

Last saw I alive on Sept 7, 1932; death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Intestinal Obstruction	
Hepatitis, unoperable	
Adenocarcinoma, common bile duct	
Other contributory causes of importance:	
Previous operations	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. F. Zeller, M. D.

(Address) [redacted] Idaho

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81373

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 200

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Bissell

129

(a) Residence. No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W G Bissell

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 53 | Months 5 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phillips County
(State or country) Kansas

FATHER
13. NAME ~~Grace~~ G Van Epps Tugunin
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER
15. MAIDEN NAME Amanda Gibson
16. BIRTHPLACE (city or town) Nashville
(State or country) Tenn

17. INFORMENT W G Bissell
(Address) Gooding Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Phillipsburg, Kas Date Dec 3, 1932

19. UNDERTAKER Thompson Bros - Gooding
(Address) M A Spaulding - Phillipsburg Ks

20. FILED 11-30, 193 J H Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932, to Nov. 29, 1932
I last saw her alive on Nov. 29, 1932: death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenomaglia	
Schimosis Liver	
Chr. Nephritis	

Other contributory causes of importance:
Influenza

Name of operation none Date of
What test confirmed diagnosis? Physical Dx Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr John R Morgan, M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 13 1932

PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81374

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 98

(No. Gooding Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Ella Aurelia Butterfield

(a) Residence. No. Gooding St. Idaho
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roy Butterfield

6. DATE OF BIRTH (month, day, and year) Aug. 14-1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delamar Idaho

FATHER

13. NAME L. M. Brown

14. BIRTHPLACE (city or town) (State or country) Drummond Utah

MOTHER

15. MAIDEN NAME Mary Jane Larsen

16. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

17. INFORMENT (Address) L. M. Brown

18. BURIAL, CREMATION, OR REMOVAL Place Rose Creek Cem. Date 11-14, 1932

19. UNDERTAKER Ace Thompson (Address) Gooding Idaho

20. FILED 11-30, 1932 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4th, 1932, to 11-17-, 1932

I last saw her alive on 11-17-, 1932; death is said to have occurred on the date stated above, at 10:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo Encephalitis Luica	11-4-32
Cerebral Hemorrhage	11-4-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Cromwell, M. D.

(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH 193

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 81375

Local Registrar's No. 199

(No. 44a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar Reed

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lucy Reed

6. DATE OF BIRTH (month, day, and year) Oct 19-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Appleton Co Kentucky

FATHER

13. NAME Tom Reed

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Martha J. Cummings

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs Rodney Reed Gooding Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Date 11-11-, 1932

19. UNDERTAKER A.E. Thompson (Address) Gooding. Ida

20. FILED 11-11-, 1932 J.H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-9-, 1932, to 11-9-, 1932

I last saw him alive on 11-9-, 1932: death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-9-
	1932

Other contributory causes of importance:

Arteria sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J.H. Cromwell M. D.

(Address) Gooding Idaho

RECEIVED DEC 19 1932

PLACE OF DEATH

County of Lawrence

City of Bliss

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81376

Registration District No. 37

Primary Registration District No.

Local Registrar's No. 214

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Fields Adderson Kiser

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jennie Kiser

6. DATE OF BIRTH (month, day, and year) Nov. 28

7. AGE Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Mike Kiser

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Clementine Pugh

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Jennie Kiser Bliss

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Fairfield Date 193

19. UNDERTAKER (Address) Evans & Johnson Twin Falls L. Johnson

20. FILED 11/23, 1932 George C. Halley MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1932 to Nov 23, 1932

I last saw him alive on Nov 22, 1932; death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver & Stomach

Date of onset

Other contributory causes of importance:

Ulcer of Stomach

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. E. Lamb, M. D.

(Address) Twin Falls Ida

Dr Lamb

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

PLACE OF DEATH

County of Gooding

City of ,,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81377

Registration District No. 24

Primary Registration District No.

Local Registrar's No. 197

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Sarah Jane Lucke

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ — A J Lucke

6. DATE OF BIRTH (month, day, and year) Oct 15 1872

7. AGE: 60. Years — Months — Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME John Clews

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) A J Lucke

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 11-6-, 1932

19. UNDERTAKER (Address) F E Thompson Gooding Ida

20. FILED 11-30, 1932 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 3-8-, 1932, to 3-25, 1932

I last saw her alive on 3-25-, 1932: death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	

Other contributory causes of importance:

Name of operation Lap. Date of 3-11-

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J H Cromwell, M. D.

(Address) Gooding Ida

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81378

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John C. Fay

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-28-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gold Mining

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Dr. G. A. Green Grangeville Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Grangeville Date 11-26-1932

19. UNDERTAKER Hancock Mort. Co.
(Address) Grangeville, Ida.

20. FILED 12-1-, 1932 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-23-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1932, to Nov. 23, 1932
I last saw h... alive on Nov. 23, 1932: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-21-32
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chipman M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 1 1932

PLACE OF DEATH
County of Idaho
City of Whitebird

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81380

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Hermine Alphonsine Morrison 91 b

(a) Residence. No. Whitebird St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 69 | Months 1 | Days no | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Nafteriville
(State or country) Province of Quebec Canada

FATHER
13. NAME George Morrison
14. BIRTHPLACE (city or town) Bertherer
(State or country) Province of Quebec

MOTHER
15. MAIDEN NAME Adele Lukin
16. BIRTHPLACE (city or town) Montreal
(State or country) Canada

17. INFORMENT Donald Morrison
(Address) Whitebird Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Whitebird Date Aug 18, 1932

19. UNDERTAKER Arlor
(Address)

20. FILED Dec. 1st, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 16 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Aug 16, 1932
I last saw her alive on June, 1932; death is said to have occurred on the date stated above, at 12 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1925
Other contributory causes of importance: Senile Dementia	1929

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J D Shinnick, M.D.
(Address) Grangeville Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81381

PLACE OF DEATH 1932
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 337

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91b

2. FULL NAME Edmond Nelson Judd

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Lane Judd

6. DATE OF BIRTH (month, day and year): April 7 - 1849

7. AGE: Years 83, Months 7, Days 3. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired butcher
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (city or town) (State or country): Durant - Ill.

PARENTS

10. NAME OF FATHER: Nelson Judd.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Not - obtainable
12. MAIDEN NAME OF MOTHER: not - obtainable
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): not - obtainable

14. Informant: Nelson A. Judd
(Address): Kooskia - Idaho

15. Filed Nov 11, 1932 J M Verberkmoes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Nov 10, 1932
that I last saw him alive on Nov. 10, 1932
and that death occurred, on the date stated above, at 1 P m.
The CAUSE OF DEATH* was as follows:
Arterio Sclerosis
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary): Gangrene right. leg.
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J M Verberkmoes, M. D.
Nov 11, 1932 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kooskia Cemetery
Date of Burial: Nov 12 1932

20. Undertaker: Geo. Tenney
Address: Kooskia - Idaho

RECEIVED OCT 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81382

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 335

204

2. FULL NAME Shelton Irenous McPherson

(a) Residence. No. Kooskia St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ann McPherson

6. DATE OF BIRTH (month, day and year): May-12-1860

7. AGE: Years 72 Months 4 Days 11 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Forest-Ranger
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Texas

PARENTS
10. NAME OF FATHER: Stephen I. McPherson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): not obtainable
12. MAIDEN NAME OF MOTHER: not obtainable
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): not obtainable

14. Informant: William Irenous McPherson
(Address) Kooskia — Idaho

15. Filed Sept-23, 1932 J M Verbeckmoes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 8:45 a m.
The CAUSE OF DEATH* was as follows:
Died suddenly - no medical attendant

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) ....., M. D.
....., 19..... (Address) .....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kooskia Cemetery
Date of Burial: Sept-24 1932

20. Undertaker: Geo. Trenary
Address: Kooskia-Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81383

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184

Local Registrar's No. 338

(No.) 941
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Belle Weld

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ray B. Weld.

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sleepy Eye Minn.

PARENTS

10. NAME OF FATHER Jacob Duncan
11. BIRTHPLACE OF FATHER (city or town) (State or Country) not-obtainable
12. MAIDEN NAME OF MOTHER Mary Summerville
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) not-obtainable

14. Informant Ray B. Weld
(Address) Kooskia - Idaho

15. Filed Nov 20, 1932 J M Verbeck Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 19 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Nov 19, 1932, that I last saw her alive on Nov 18, 1932 and that death occurred, on the date stated above, at 1:10 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J M Verbeck M. D.
Nov 20, 1932 (Address) Kooskia Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Kooskia Cemetery.	
20. Undertaker Geo Feney	Address Kooskia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81384

Local Registrar's No. 5

PLACE OF DEATH

County of Jefferson

City of Ririe

Registration District No. 98

Primary Registration District No. 2176

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

159t

2. **FULL NAME** Donald Pedersen.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 15, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ririe, Idaho.

PARENTS

10. NAME OF FATHER Lorenzo Pedersen.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.

12. MAIDEN NAME OF MOTHER Mattie Mae McBride.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant Lorenzo Pedersen
(Address) Ririe, Idaho.

15. Filed 11-17, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 16 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Nov 16, 1932
that I last saw h[illegible] alive on Nov 16, 1932
and that death occurred, on the date stated above, at 10 P M. m.
The CAUSE OF DEATH* was as follows: Congenital Heart Lesion

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) W. R. Abbott, M. D.
Nov 17, 1932 (Address) Ririe Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Shelton, Idaho.	11/17/32

20. Undertaker A B Eckersell Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81385

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
(No.) 162
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 59

2. FULL NAME Frank Hall.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) November 19, 1932

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER Horase Ray Hall.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho Falls, Idaho.
12. MAIDEN NAME OF MOTHER Rilla Lee.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant H P Hall
(Address) Rigby, Idaho.

15. Filed 11-20, 1932 A B Eckwell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 19th 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from on Nov 5 19, 1932 to , 19
that I last saw him alive on Nov 19, 1932
and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH* was as follows:
New Born
Would not breathe
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) New Born
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) H. P. Anderson M. D.
Nov 19, 1932 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho.
Date of Burial: 11/20/32 19

20. Undertaker: None.
Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81386

PLACE OF DEATH

County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. W. Nichols 129

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Margarete Mc Alpin

6. DATE OF BIRTH (month, day, and year) 9/5/1856

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
76		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hebron (State or country) Ind.

FATHER
13. NAME Nichols
14. BIRTHPLACE (city or town) ____ (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) ____ (State or country)

17. INFORMENT (Address) John Brewer Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Idaho Date 10/4, 1932

19. UNDERTAKER E. A. L'Herisson (Address) Jerome Idaho

20. FILED 10/5, 1932 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/4/1932

22. I HEREBY CERTIFY, That I attended deceased from 10/3, 1932, to 10/4, 1932
I last saw him alive on 10/4, 1932; death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nefritis	
with Uraemia	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) C. F. Zeller, M. D.
(Address) Jerome, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 0 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81387

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Baby Davis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX B
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) —

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8/32

7. AGE Years Months Days 1 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Dale C Davis
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Bernice M. Arnold
16. BIRTHPLACE (city or town) (State or country) Colo

17. INFORMENT (Address) Dale Davis Jerome

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Date 9/9, 1932

19. UNDERTAKER (Address) None

20. FILED 9/10, 1932 Chas F Zeller Jme. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1932, to Sept. 9, 1932
I last saw her alive on Sept. 8, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	
7 mo	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. F. Zeller, M. D.
(Address) Jerome, Idaho

RECEIVED DEC 1932

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Jerome
City of Jerome
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18
Primary Registration District No.
(No. ....., ... St.)

File No. 81389
Registered No.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mina L. Roberts

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb 2 1878 (Month) (Day) (Year)

7. AGE: 54 yrs. 9 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Leon L Shaver

11. BIRTHPLACE OF FATHER (State or Country): Michigan

12. MAIDEN NAME OF MOTHER: Ella Brigham

13. BIRTHPLACE OF MOTHER (State or Country): Michgin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C B Roberts
(Address) Jerome Idaho

15.
Filed 11/30 1932 C.W. Zeller
Local Registrar

MEDICAL CERTIFICATE OF DEATH. 47

16. DATE OF DEATH: Nov 30 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1932, to Nov. 30 1932, that I last saw her alive on Nov. 28 1932, and that death occurred on the date stated above, at 2:13 PM.

The CAUSE OF DEATH* was as follows:
Carcinoma Metastasis from Carcinoma Breast

(Duration) yrs. 10 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Chas W. Zeller M. D.
11/30 1932 (Address) Jerome Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Jerome Cem
DATE OF BURIAL: Dec 1 1932

20. UNDERTAKER: J R Wiley
ADDRESS: Jerome Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 30 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81390

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 150
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

8 8F

2. FULL NAME Mathias Paulus
(a) Residence. No. French Gulch St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 90 yrs. 4 mos. — ds. How long in U. S., if of foreign birth? 40 yrs. 4 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Adelle Paulus

6. DATE OF BIRTH (month, day, and year) 1856-9-6

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) July 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME — Paulus
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Mrs W.S. Donart

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. Date 11-13, 1932

19. UNDERTAKER Carney Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 11-29, 1932 N.J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1932, to 11-12, 1932
I last saw h~~im~~ alive on 10-20, 1932; death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E.H. Teed, M. D.
(Address) Coeur d'Alene Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item MARGIN RESERVED FOR BINDING
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC
PATION is very important. See instruction on back of certificate.

RECEIVED NOV 30 192

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81391

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 151

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Charlotta Stromberg

(a) Residence. No. 1038- 3rd St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? 78 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widower

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of John Stomberg

6. DATE OF BIRTH (month, day, and year) 4-24

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
85-			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 11-12-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Don't Know.

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Johanna Peterson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Matilda Gay.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. C'd'Alene Date 11-26, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home C'd'Alene Ida.

20. FILED 11-29, 1932 W J Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933, to Nov 22, 1932

I last saw her alive on Nov 22, 1932: death is said to have occurred on the date stated above, at 2008 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance:	
Arteriosclerosis -	Gradual

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) O M Hunted M. D.

(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 30 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81392

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 157

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ellen Sampson

74a

(a) Residence. No. Cellar Homes for the Aged St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 7

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: 3

6. DATE OF BIRTH (month, day, and year): June 24-1841

7. AGE: Years 91 | Months 5 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Ellen Hildahl

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMENT (Address): Mrs Paul Rozell Spokane

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Removal
Place Radcliffe Iowa Date 11-26, 1932

19. UNDERTAKER (Address): Mooney Montuary Coeur d'Alene

20. FILED 11-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-24 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932, to Nov 24, 1932

I last saw her alive on Sept 13, 1932: death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	undetermined

Other contributory causes of importance:

Cerebral Hemorrhage	Sept 13

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. M. Husted, M. D.

(Address) Coeur d'Alene Idaho

RECEIVED NOV 30 19[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81393

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 139

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Josephine Morin

(a) Residence. No. 316 Davidson St. St. ____
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. ____ ds. How long in U. S., if of foreign birth? 50 yrs. ____ mos. ____ ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of Adolph

6. DATE OF BIRTH (month, day, and year) 1863-6-30

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
69	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Bernard Duffin

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Bernadin - ?

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) Adolph Morin Cda. Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Thomas Cemetery Date 11-1, 1932 Cda. Ida.

19. UNDERTAKER Manny Mortuary (Address) Cda. Ida.

20. FILED 11-29, 1932 N. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Oct 30, 1932.
I last saw h~~e~~r alive on Oct 29, 1932: death is said to have occurred on the date stated above, at 9:55 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteria-Sclerosis	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. H. Reed, M. D.
(Address) Coeur d'Alene Ida.

RECEIVED NOV 30 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81394

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 156

(No. 204) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lulu Hoffman

(a) Residence. No. Chalet Hayden Lake St. Portland Beaverton Ore.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced (or) WIFE of J. W. Hoffman.

6. DATE OF BIRTH (month, day, and year) 1884 - Nov. 25

7. AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Frank L Matterns
14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER
15. MAIDEN NAME Matterns
16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMENT (Address) E. A. Hoffman Beaverton Ore.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Portland Ore Date 11-26, 1937

19. UNDERTAKER Mooney Mortuary
(Address) F.O.B.

20. FILED 11-29, 1937 N. J. Stringer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-26 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acut Suddenly symptoms pointed to Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. B. Magee, M.D.

(Address) Coeur d'Alene Idaho
Coroner of Kootenai County.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81395

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 153

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter A. Hoffer

(a) Residence. No. Cougar Gulch St. 204
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married (Divorced)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Tillie

6. DATE OF BIRTH (month, day, and year) 4-15-1860

7. AGE Years 72 Months 7 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932 - Nov
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Tyrol

FATHER
13. NAME George Hoffer
14. BIRTHPLACE (city or town) (State or country) Tyrol

MOTHER
15. MAIDEN NAME Dominica Steffani
16. BIRTHPLACE (city or town) (State or country) Tyrol

17. INFORMENT (Address) Anton Lenz Cougar Gulch

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Thomas Cem. C.D.A. Date 11-24, 1932

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 11-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-21 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Died Suddenly Probably	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature]
(Address) Coeur d'Alene
Coroner of Kootenai County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 30 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81397

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 146

(No.) 24
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pearl Gertrude Kallwick

(a) Residence. No. 926 River Ave.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1926 - 8 - 20

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Ida

FATHER

13. NAME Conrad Kallwick

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Margaret Ericksson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Conrad Kallwick

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Cem. Date 11 - 7, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida ho.

20. FILED 11 - 29, 1932 W. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932, to Nov. 5, 1932
I last saw her alive on Nov. 5, 1932; death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic cerebro-spinal meningitis.	Nov. 4. 32
Other contributory causes of importance:	

Name of operation Exam. Spinal fluid Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John O Ward, M. D.
(Address) Coeur d'Alene Ida.

RECEIVED NOV 30

McCauley

PLACE OF DEATH

County of Kootenai

City of Post Falls (McGuire)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81398

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Clarinda Moretz

128

(a) Residence. No. McGuires Idaho St. ——
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of R. A. Moretz

6. DATE OF BIRTH (month, day, and year) 1862-11-19

7. AGE Years 69 Months 11 Days 11 If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Mabel, N Carolina

FATHER

13. NAME James Isaacs

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Nancy Eggers

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMENT (Address) R. A. Moretz McGuires

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pleasant View Date Nov 2, 1932

19. UNDERTAKER (Address) Mooney Mortuary Calif.

20. FILED 11-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1932, to October 27, 1932

I last saw her alive on October 27, 1932: death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	about three years ago
Other contributory causes of importance: Bronchitis	6 months

Name of operation —

Date of

What test confirmed diagnosis? Symptoms Was there any biopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. L. McCauley M.D.

(Address) Post Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81399

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 141

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas J. Morrow. 128

(a) Residence. No. 303 Military Drive St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Willie
6. DATE OF BIRTH (month, day, and year): 1850-5-25
7. AGE: Years 82, Months 5, Days 6, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Credit Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Morrow Retail Stores
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: John S.
14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER
15. MAIDEN NAME: Melsena Rickerson
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Platt Morrow Wallace Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Forest Cemetery Date 11-2, 1932
19. UNDERTAKER (Address): Mooney Mortuary Co.
20. FILED 11-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10-31, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1932, to 10/31, 1932
I last saw him alive on 10/31, 1932: death is said to have occurred on the date stated above, at 1:15 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1928

Other contributory causes of importance:
Pneumonia (Terminal Hypostatic)

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) O. M. Hustet, M. D.
(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81400

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Kootenai
City of Rathdrum (Hauser Lake)

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 155
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. Cleland
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured about 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Pill Cleland

6. DATE OF BIRTH (month, day and year) October 30, 1853.

7. AGE Years 79 Months 0 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer - Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ontario Canada

PARENTS
10. NAME OF FATHER John Cleland
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada
12. MAIDEN NAME OF MOTHER Julia B
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant (Address) Mary L. Cleland Post Falls Idaho.

15. Filed 11-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from attended, 19 by, to Dr. F. Wenz, 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Chronic Glomerular Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic prostatitis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Hatton
(Signed) Harold J. Sturges, M. D.
11-18, 1932 (Address) Coa Idaho

19. Place of Burial, Cremation, or Removal Pine Grove Cemetery - Rathdrum
Date of Burial 11-19 1932

20. Undertaker Cassedy Funeral Home
Address Rathdrum

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kent

City of C.D.A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81402

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 154

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Louise Ayotte

(a) Residence. No. 306 Garden St. —
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

101a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 10-20-1843

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME La Blanc

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs. John B. Fredrie C.D.A.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St Thomas Cem Date 11-21, 1932

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 11-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Nov., 1932

I last saw her alive on 11-18-, 1932 death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-Lobar	11-15-32

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold J. Sturges, M. D.

(Address) C.D.A. Idaho

RECEIVED NOV 30 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81402

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 149
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John Fredrick Williams
(a) Residence. No. Kootenai County Hospital St. Fort Howard, Wisconsin
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W.	Do not know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) February - 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor - common
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10. NAME OF FATHER Do not know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) " " "
12. MAIDEN NAME OF MOTHER " " "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) " " "

14. Informant (Address) Helen Brown, Matron, County Home, Rathdrum Idaho

15. Filed 11-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 16th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6th, 1932, to Nov. 16th, 1932
that I last saw him alive on Nov. 15th, 1932
and that death occurred, on the date stated above, at 10:45 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardiac failure followed by vaso-motor collapse.
Has had Chronic Valvular disease for years
Systolic murmur, ascites. Toxic past week.
Duration several years (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Edema of extremities. Digestive disturbance. Toxic.
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? Several years previous
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical findings
(Signed) Fred G. Henson, M. D.
Nov. 16th, 1932 (Address) Coeur d'Alene, Idaho

19. Place of Burial, Cremation, or Removal: Pine Grove Cemetery Rathdrum — Date of Burial: 11-18 1932
20. Undertaker: Caverly Funeral Home — Address: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 30 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81403

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 145

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Carrie Elizabeth Tompkins

(a) Residence. No. 721 - 7th St. Colville Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Loran Thompkins

6. DATE OF BIRTH (month, day, and year) 1856 - 2 - 3

7. AGE Years 76 Months 9 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct. 8 - 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elpasa Ill.

FATHER
13. NAME Christian Lange
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Klose.
16. BIRTHPLACE (city or town) (State or country) Marietta Ohio.

17. INFORMENT (Address) E. A. King

18. BURIAL, CREMATION, OR REMOVAL Place Forest. Co Alene Date 11-18, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Co Alene Ida.

20. FILED 11-29, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8th, 1932, to Nov. 16th, 1932

I last saw her alive on Nov. 16th, 1932: death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	1920
Hypertension	1924
Intra Cranial Hemorrhage	1932

Other contributory causes of importance:

Chronic Cystitis	1925
Senile	

Name of operation none Date of —
What test confirmed diagnosis? Physical examination Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Rex T. Henson, M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81404

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 143
(No. Kootenai County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

38

2. FULL NAME Ray Edwards
(a) Residence. No. C St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Do not know

6. DATE OF BIRTH (month, day and year) Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Do not know
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) " " "
(State or country)

PARENTS
10. NAME OF FATHER " " "
11. BIRTHPLACE OF FATHER (city or town) " " "
(State or Country)
12. MAIDEN NAME OF MOTHER " " "
13. BIRTHPLACE OF MOTHER (city or town) " " "
(State or County)

14. Informant (Address) Mrs. Helen Brown
Rathdrum, Idaho

15. Filed 11-29, 1932 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH
Oct. 18, 1932

16. DATE OF DEATH
Oct. 18 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1932, to Oct. 17, 1932
that I last saw him alive on Oct. 17, 1932
and that death occurred, on the date stated above, at 7:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
chronic tertiary
Syphilis

about 15 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilitic Ulcera-
tion (duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Frank Wenz M. D.
10/27, 1932 (Address) Rathdrum, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Pine Grove Cemetery, Rathdrum	10/21 1932
20. Undertaker	Address
Cassedy Funeral Home	Rathdrum

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED NOV 29 1932

DO NOT WRITE IN THIS SPACE

State File No. 81405

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai

City of Rathdrum

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 148

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Wenz

(a) Residence. No. St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured 42 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah Wenz.

6. DATE OF BIRTH (month, day and year) July 7-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	3	30	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Otterburg Germany.

PARENTS

10. NAME OF FATHER Frank Wenz

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant Belle Wenz (Address) Rathdrum, Ida.

15. Filed 11-29, 1932 W. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 6 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Nov. 6, 1932, that I last saw him alive on Nov. 4, 1932, and that death occurred, on the date stated above, at 6:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 1932

Was there an autopsy? No

What test confirmed diagnosis? Exploratory operation

(Signed) Dr. J. M. Blood M. D.

Nov. 8, 1932 (Address) Coeur d'Alene Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Pine Grove Cemetery Rathdrum	11-8 1932
20. Undertaker Cassidy Funeral Home	Address Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 30

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81406

PLACE OF DEATH
County of Kootenai
City of Worley

Registration District No. 30
Primary Registration District No. 1030
Local Registrar's No. 138

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Andrew Norberg
(a) Residence. No. Worley, Idaho, R D 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 1878-9-
7. AGE Years 78 Months 1 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1931-9-
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Peter Norberg
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Annie Lindstrom
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMER (Address) Peter P. Norberg

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Cem. Coeur d'Alene Date 11-1, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 10-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 30th 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1932, to ....., 193...
I last saw him alive on Aug 29th, 1932; death is said to have occurred on the date stated above, at 12 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancerous Tumor of Stomach.	

Other contributory causes of importance:

Constipation

Name of operation None Date of .....
What test confirmed diagnosis? Stillness Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193...
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) C. E. Harrington, M. D.
(Address) Worley, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1932

PLACE OF DEATH

County of Kootenai

City of Near Cataldo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81407

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Hill 57

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16, 1880

7. AGE: Years 52 | Months 5 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Findland

FATHER

13. NAME Isaac Hill

14. BIRTHPLACE (city or town) (State or country) Findland

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Findland

17. INFORMENT (Address) U. W. Hill Cataldo, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date Nov 2, 1932

19. UNDERTAKER (Address) Harold Thornhill Kellogg Idaho

20. FILED Dec. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to Oct 31st, 1932

I last saw him alive on August 1, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1928

Other contributory causes of importance:

none

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Busby, M. D.

(Address) Spokane Wn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of C. d'A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 81408

Local Registrar's No. 152

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willis R. Bloomfield

(a) Residence. No. Cousin Bay St.
(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 3-14-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Dakota

FATHER
13. NAME Joseph A. Bloomfield
14. BIRTHPLACE (city or town) (State or country) Wisc.

MOTHER
15. MAIDEN NAME Bertha M. Johnson
16. BIRTHPLACE (city or town) (State or country) Wisc.

17. INFORMENT (Address) Jos. Bloomfield Cousin Bay

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem. Date 11-21, 1932

19. UNDERTAKER Mowry Mortuary
(Address) Coeur d'Alene Idaho

20. FILED 11-29, 1932 N. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1932, to 11-16, 1932.
I last saw him alive on 11-16, 1932: death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis	
Other contributory causes of importance: Inflammatory Rheumatism	

Name of operation none Date of —
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Hansen J. Sturgess, M. D.
(Address) C d'A Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81409

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 144

RECEIVED DEC 5 1932

(No. 1018)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Ralph Carey

(a) Residence. No. Pine Creek Idaho ~~St.~~ Pine Creek Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1932-9-15

7. AGE Years 0 Months 2 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pine Creek Ida.

FATHER
13. NAME Ralph Carey
14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER
15. MAIDEN NAME Ruth Searls
16. BIRTHPLACE (city or town) (State or country) Calif.

17. INFORMENT (Address) Ralph Carey Pine Creek

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem. Calif. Date 11-18, 1932

19. UNDERTAKER (Address) Mooney Mortuary Calif.

20. FILED 11-29, 1932 H. J. Stringer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 17, 1932
I last saw him alive on Nov 14, 1932: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) T. R. Mason, M. D.
(Address) Kellogg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1650

DO NOT WRITE IN THIS SPACE
State File No. 81410

Local Registrar's No. 147

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie G Abell

(a) Residence. No. C d'A Homes for aged St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm S. Abell

6. DATE OF BIRTH (month, day, and year) April 2 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Homes
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. for aged
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston
(State or country) Mass.

FATHER

13. NAME Isaac Stearns
14. BIRTHPLACE (city or town)
(State or country) Mass.

MOTHER

15. MAIDEN NAME Catherine Stearns
16. BIRTHPLACE (city or town) Boston
(State or country)

17. INFORMENT (Address) Wm S. Abell Coeur d'Alene Homes

18. BURIAL, CREMATION OR REMOVAL Place Forest Cemetery Date Nov 9, 1932

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene

20. FILED 11-29, 1932 N J Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/6, 1932, to 11/6, 1932
I last saw her alive on , 193 : death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows: Died Suddenly

	Date of onset
Probably Chronic Myocarditis	
with Acute dilatation - Secondary	
to Emphysema. Emphysema	

Other contributory causes of importance:
Senile Ventral Hernia

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Ons Hustad M. D.
(Address) Coeur d'Alene Idaho.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81411

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 68 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Wendt.

(a) Residence. No. ..... St. Sandpoint, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) July 1, 1908
7. AGE Years 24 Months 4 Days 27 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ingram, Wis.

FATHER
13. NAME Wm F. Wendt.
14. BIRTHPLACE (city or town) (State or country) Mayville, Wis.

MOTHER
15. MAIDEN NAME Rozella Derosha
16. BIRTHPLACE (city or town) (State or country) Michigan.

17. INFORMENT (Address) Wm F. Wendt, Sandpoint, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Idaho Pinecrest Cemetery Date Dec. 1, 1932
19. UNDERTAKER (Address) L. G. Moon, Sandpoint, Idaho
20. FILED Dec 1, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28, 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1932 to Nov 28, 1932
I last saw her alive on Oct 26, 1932: death is said to have occurred on the date stated above, at 845 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Alexander Barclay, M. D.
(Address) Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81412

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 72
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Cunningham

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

112

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Laborer	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. common laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Deceased was a Transient

14. BIRTHPLACE (city or town) and wounded
(State or country) give no information

MOTHER

15. MAIDEN NAME about relatives or

16. BIRTHPLACE (city or town) friends
(State or country)

17. INFORMENT (Address) F. M. Leitch. Co. Health officer. Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Ida. Date Nov. 18, 1932

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 12-9-, 1932 John Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH Nov. 13,

21. DATE OF DEATH (month, day, and year) 11/13 AM 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 1932, to 11/12, 1932

I last saw him alive on 11/12, 1932: death is said to have occurred on the date stated above, at 1 A m. 11/13/32

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute indigestion	11/4/32
Impacted bowel	

Other contributory causes of importance:
Operation for cancer of bladder recently operated on (Cauliflower Cancer of bladder)

Name of operation so he says. Date of Recently

What test confirmed diagnosis? Clinical & Scars Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. M. Leitch, M. D.

(Address) Moscow Idaho
County Health officer

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1932

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81413

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 74

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Farmer Lathrop

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Lathrop

6. DATE OF BIRTH (month, day, and year) Nov. 2, 1843

7. AGE: Years 89; Months; Days 28; If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wheat Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairdale Pa.

FATHER

13. NAME William Lathrop

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Evelyn Rawley

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) H.R. Short Oral Lathrop Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 12/2, 1932

19. UNDERTAKER (Address) H.R. Short Moscow, Ida.

20. FILED 12-9-, 1932 Harry Cunhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/30/32 193

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1932, to November 30 1932

I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 1:30 m. P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Influenza and bronchitis	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas. L. Gritman, M. D.

(Address) Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81414

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 73

(No. County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME # William Moore

164

(a) Residence. No. ..... St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 95			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. common laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burgessville
(State or country) Ontario, Canada

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMENT County Home
(Address) Moscow

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Moscow Date 12/2, 1932

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 12-9-, 1932 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/28/32 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 1929, 193..., to Nov 27, 1932.

I last saw him alive on Nov 27, 1932.: death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bedfast at County Home for several years. Age unknown but perhaps above 90. General infirmity of old age, cause of death	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? General Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Leitch, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81415

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.) 100a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel Egan Mitchell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Mitchell

6. DATE OF BIRTH (month, day, and year) Aug, 13. 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) nov. 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Wrightstown Wis.

FATHER

13. NAME James Egan

14. BIRTHPLACE (city or town) (State or country) Wrightstown Wis.

MOTHER

15. MAIDEN NAME Katherene Golden

16. BIRTHPLACE (city or town) (State or country) Wrightstown Wis.

17. INFORMENT (Address) Mrs. James Egan Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Fairmount-Spokane Date Nov. 22, 1932

19. UNDERTAKER (Address) D. D. Kimball Palouse Wash.

20. FILED Nov 19th, 1932. D. J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1932, to Nov 19th, 1932

I last saw her alive on Nov 19th, 1932: death is said to have occurred on the date stated above, at 530a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Influenzal)	Nov 6th 1932

Other contributory causes of importance:

Bronchial Asthma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. W. Thompson, M. D.

(Address) Potlatch

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1932

PLACE OF DEATH

County of Latah

City of N.E. of Freeze

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81416

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Harry Alexander Messinger

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb, 21. 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Wheat Farm

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Gifford Idaho

FATHER

13. NAME Jacob Messinger

14. BIRTHPLACE (city or town) (State or country) Panora Iowa

MOTHER

15. MAIDEN NAME Lillie Bowen

16. BIRTHPLACE (city or town) (State or country) Dublin Calf,

17. INFORMENT (Address) Lillie Messinger Garfield Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Freeze Ida. Date Nov 15, 1932

19. UNDERTAKER (Address) D.D. Kimball Palouse Wash.

20. FILED Nov 30th, 1932 Dr J.W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning

Date of onset

Other contributory causes of importance:

Epilepsy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) F. C. Gibson, M. D.

(Address) Pottatch Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81418

PLACE OF DEATH

County of Latah

City of Moscow (rural)

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amelia Elizabeth Carson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Edward Carson

6. DATE OF BIRTH (month, day, and year): Dec. 26, 1846

7. AGE: Years 85 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: D. Bowen

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Mrs. Clara Mallory, Moscow

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Moscow Date: 11/9, 1932

19. UNDERTAKER (Address): H.R. Short, Moscow

20. FILED 12-9-, 1932 J. Harry Linhaus, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11/7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1932, to Nov. 7, 1932

I last saw her alive on Nov. 7, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. V. Armstrong, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81419

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(No. .11a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Carlson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Oscar Nelson Troy Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Buhler Cem Date Nov 25 1932

19. UNDERTAKER John J. Pickerd
(Address) Troy Ida

20. FILED Dec 9, 1932 Lucy M Pickerd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20., 1932 to Nov. 22, 1932
I last saw him alive on Nov. 22, 1932 death is said to have occurred on the date stated above, at 6 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	11-19-32
Influenza.	11-16-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. J. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63
Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE
State File No. 81420

Local Registrar's No.

(No. 70)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Culver Richardson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail
10. Date deceased last worked at this occupation (month and year) Nov. 1932
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Oregon city, Ore.

FATHER

13. NAME Matthews Richardson
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Orilla McJunkin
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) John Richardson Juliaetta Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Fix Ridge Date Nov 22, 1932

19. UNDERTAKER (Address) Hugh J. Packard Troy Idaho

20. FILED Nov 21, 1932 B. A. Neff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932, to Nov 18, 1932
I last saw him alive on Nov 18, 1932; death is said to have occurred on the date stated above, at 11:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Phys ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) D. A. Christensen, M. D.
(Address) Kendrick Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH Latah
County of ~~Latah~~
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81421

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No.

(No.) 100a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Caroline Lindquist

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Erick Lindquist

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 57 Months 9 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Johann Peterson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Anna
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Eric Lindquist

18. BURIAL, CREMATION, OR REMOVAL Place Bulal Date Dec 4, 1932

19. UNDERTAKER (Address) John J Pickerd

20. FILED Dec 4, 1932 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1932, to Nov. 28, 1932
I last saw her alive on Nov. 28, 1932 death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	11-27-32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) C. A. Meyer, M. D.
(Address) Troy Idaho

RECEIVED DEC 12 1932

RECEIVED DEC 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81422

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clinton Edward Fredrickson 16

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 24-1928

7. AGE Years 3 Months 10 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME August Fredrickson
14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER
15. MAIDEN NAME Sarah Bugh
16. BIRTHPLACE (city or town) (State or country) Mounsi

17. INFORMENT (Address) August Fredrickson Moscow

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Nov. 3, 1932

19. UNDERTAKER (Address) John J. Pickerd

20. FILED 12-9-, 1932 Harry Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/1 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932, to Nov 1st, 193..
I last saw him alive on Nov 1st, 193..: death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentary	Oct 28

Other contributory causes of importance:

Congestion of liver

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. K. Call DC, M.D.
(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64
Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE
State File No. 81423

Local Registrar's No. 164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eli Henry Harris

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 29-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Harris

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Cyntha Moore

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Ruthe Huff Moscow Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Dec 5 1932

19. UNDERTAKER (Address) John J. Pickard Troy

20. FILED Dec 9, 1932 Lucy M Pickard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 193 7, to Dec. 2, 193 2

I last saw h alive on Dec 2, 193 2; death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Prostate disease	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Meyers, M. D.

(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of May

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81424

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 101a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Grubb

(a) Residence. No. May Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Frances Grubb

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 51 yrs

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME George Grubb

14. BIRTHPLACE (city or town)
(State or country) Jackson Co. Illinois

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Carthus Grubb
(Address) May, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place May Idaho Date Nov. 9, 1932

19. UNDERTAKER W. C. Lindsley
(Address) Salmon Idaho

20. FILED Dec. 9, 1932 Chas C. Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1932, to Nov 8, 1932
I last saw him alive on Nov 8, 1932; death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
uremia	11/5/32
Aortic regurgitation	
	Do not know

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas F Hamm, M. D.
(Address) Salmon

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81425

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. Carmen 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jess Fleming 31

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 54, Months 3, Days 2, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME Samuel Ross Fleming
14. BIRTHPLACE (city or town) (State or country) not know

MOTHER
15. MAIDEN NAME " " "
16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT (Address) Ina Nielsen

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 10/19", 1932

19. UNDERTAKER (Address) Wm C Dachler Salmon Ida

20. FILED Dec 8, 1932 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-18 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1932 to Oct 18, 1932
I last saw him alive on Oct 8, 1932: death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	[illegible]

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. No
(Signed) [illegible] M.D.
(Address) Salmon, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81426

PLACE OF DEATH
County of Lewis
City of Forest

Registration District No. 50
Primary Registration District No. 2129 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Lewis Currier

(a) Residence. No. ..... St. Forest Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3 - 1932

7. AGE Years Months 6 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Forest Idaho
(State or country)

FATHER
13. NAME Donald Albert Currier
14. BIRTHPLACE (city or town) Kalispell Montana
(State or country)

MOTHER
15. MAIDEN NAME Addie Leulling Stevens
16. BIRTHPLACE (city or town) Woodside Idaho
(State or country)

17. INFORMENT Donald Albert Currier
(Address) Forest Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Nashoba Idaho Date 10/14, 1932

19. UNDERTAKER Mrs A Stevens
(Address) Guldenoc Idaho

20. FILED 10/13, 1932 R C Dwelop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 12 1932

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1932, to October 12, 1932
I last saw him alive on October 12, 1932: death is said to have occurred on the date stated above, at 10 30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Oct 10-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Finding. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) K. H. Collins, M. D.
(Address) Craigmont Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81427

PLACE OF DEATH
County of Lewis
City of Craigmont

Registration District No.
Primary Registration District No.
Local Registrar's No. 14

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME, Sarah Texie Kittrell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Pleasant W. Kittrell

6. DATE OF BIRTH (month, day, and year): Oct 13 1853

7. AGE: Years 79 | Months 1 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Monroe Co. Tennessee

FATHER
13. NAME: Robert Cochran
14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER
15. MAIDEN NAME: Lowery
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMENT (Address): W. E. Kittrell, Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Craigmont Date: 12-7, 1932

19. UNDERTAKER (Address): C. E. Clover, Craigmont

20. FILED: 12/6, 1932 R. E. Dunlap Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 5 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Dec 5, 1932
I last saw her alive on Dec 1, 1932; death is said to have occurred on the date stated above, at 4:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	1927
Chronic myocarditis	1927

Other contributory causes of importance:

Acidemic Lungs. Influenza	Nov 28

Name of operation — Date of —
What test confirmed diagnosis? Used Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) R. E. Dunlap, M. D.
(Address) Craigmont Idaho

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81428

PLACE OF DEATH

County of Lewis

City of Craigmont

Registration District No. 30

Primary Registration District No. 279

Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Erwin Osburn

90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edith R. Osburn

6. DATE OF BIRTH (month, day, and year) Jan 16 1890

7. AGE Years 42 Months 8 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winterset Iowa

FATHER

13. NAME Oliver Osburn

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mahala A Simmons

16. BIRTHPLACE (city or town) (State or country) Warren County Iowa

17. INFORMENT (Address) Mrs M. E. Megenity

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date 10/8, 1932

19. UNDERTAKER (Address) C. E. Clovis Craigmont Ida

20. FILED 10/14, 1932 R E Dunlop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932, to Oct 6, 1932

I last saw him alive on Oct 6, 1932; death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	Oct 5

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify R. E. Dunlop

(Signed) ....., M. D.

(Address) Craigmont Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81429

PLACE OF DEATH
County of Lewis
City of Craigmont

Registration District No. 50
Primary Registration District No. 217
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sophia Dorothy Steinhaus.,

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fredrick C Steinhaus

6. DATE OF BIRTH (month, day, and year) Oct 5, 1852

7. AGE Years 80 Months ------ Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Schroder
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) William Steinhaus Craigmont, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont, I.O.O.F. Date 10/14 1932

19. UNDERTAKER (Address) C. E. Clovis Craigmont.

20. FILED 10/14, 1932 R E Dwelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to October 11, 1932. I last saw her alive on October 11, 1932: death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	1925
Chronic Cholelithiasis	1925
Chronic Myocarditis	1931

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Findings Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) R. H. Collins M.D., M.D.
(Address) Craigmont Idaho

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81430

PLACE OF DEATH
County of Madison
City of Rexburg
Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 53

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME James William Skelton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of ~~XXXXXX~~ Laura Ellen Skelton

6. DATE OF BIRTH (month, day, and year) Jan. 7 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME Stephen Skelton.
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Jane Glover.
16. BIRTHPLACE (city or town) (State or country) Nova Scotia.

17. INFORMENT (Address) J. J. Skelton Rexburg, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Ida. Date 11-20-1932
19. UNDERTAKER (Address) A. E. Burrell. Rigby, Idaho.
20. FILED Nov 29, 1932 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 17, 1932
I last saw him alive on Nov 17, 1932, death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Bronchial Pneumonia	
(2) Chronic Myocarditis	
(3) Senility	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. B. Rigby, M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10-25 pm

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Archer.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE
State File No. 81431

Local Registrar's No. 52

(No.) 169
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susannah Stacy Burns.

(a) Residence. No. Archer, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Burnes.

6. DATE OF BIRTH (month, day, and year) Feb 22 - 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None for 15 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME John Stacey.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Susannah Worrell

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) James Stacey, Bountiful, Utah.

18. BURIAL, CREMATION, OR REMOVAL Place Sutton Ida. Date Nov 12, 193 2

19. UNDERTAKER Nuss & Keller
(Address) Rexburg, Ida.

20. FILED Nov 29, 193 2 J. R. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 8th 193 2

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of Death.	
Old Age.	

Other contributory causes of importance:

Syph Wm J Keller.
(Coroner.)

Name of operation (Madison Co. Hosp.) Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM S. No. 3-35 M. 11-19.

RECEIVED DEC 8 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 81432

Local Registrar's No. 55

Registration District No. 190

Primary Registration District No. 2176

(No. ..... St.)

1. PLACE OF DEATH

County of Madison

City of Sugar City

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME George H. Pedersen.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	Married

6. DATE OF BIRTH: October (Month) 7 (Day) 1891 (Year)

7. AGE: 41 Yrs. 1 Mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Fireman R.R.
(b) General nature of industry, business or establishment in which employed (or employer): O.S.L.R.R.Co.

9. BIRTHPLACE (State or Country): Wyoming

10. NAME OF Father: Andrew Pedersen.

11. BIRTHPLACE OF FATHER (State or Country): Denmark.

12. MAIDEN NAME OF MOTHER: Hanna Jensen

13. BIRTHPLACE OF MOTHER (State or Country): Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Minnie Pedersen.
(Address) Pocatello, Idaho.

15. Filed Nov 29 1932 J Ryan Local Registrar

MEDICAL CERTIFICATE OF DEATH 92

16. DATE OF DEATH: November (Month) 27 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27 1932 to Nov 27 1932 that I last saw him alive on Nov 27 1932, and that death occurred on the date stated above, at 2:00 P.M.

The CAUSE OF DEATH* was as follows:

Acute Coronary Embolism
Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L.B. Bigby M. D.

Nov 28 1932 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence Pocatello, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Montpelier, Idaho — DATE OF BURIAL: 11/30/32 19

20. UNDERTAKER: A.B. Eakers — ADDRESS: Rigby.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81433

PLACE OF DEATH
County of Madison
City of Rexburg Ida. #3.

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Lyneth Jensen Park.

(a) Residence. No. Rexburg Ida. #3. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of C. J. Park.

6. DATE OF BIRTH (month, day, and year) May. 13-1905

7. AGE: Years 27. Months 5 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Teton Idaho.

FATHER
13. NAME Peter Jensen.
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Marguerite McKinley
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) C. J. Park. Rexburg #3.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date Nov. 5th, 1932

19. UNDERTAKER (Address) Wm J. Keller Rexburg Idaho

20. FILED Nov. 29, 1932 J. C. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932, to Nov 3, 1932
I last saw her alive on Nov 3, 1932: death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows: Streptic coccoi infection from a scratch half inch in front of Rt ear, Septicemia, Vascular colapse from toxemia. Date of onset
Other contributory causes of importance: .....

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

RECEIVED DEC 5 1932

PLACE OF DEATH

County of Madison

City of Hibbard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81434

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Charles Christie Berry

(a) Residence. No. Rexburg Ida Route #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Olive Smith Berry

6. DATE OF BIRTH (month, day, and year) Feb. 11th 1888

7. AGE Years 44 Months 8 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hibbard Ida

FATHER

13. NAME James A. Berry

14. BIRTHPLACE (city or town) (State or country) Bristol England

MOTHER

15. MAIDEN NAME Jane E. Christie

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMENT (Address) Mrs. Charles L. Berry Rexburg Ida. #3.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date Nov 7th, 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida.

20. FILED Nov. 29, 1932 J. W. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

Broken neck (middle cervical) accidental due to a mix up with horse and gang plow

Other contributory causes of importance: None

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Parley Nelson, M.D.

(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 81435

Local Registrar's No. 48

1. **PLACE OF DEATH**

County of Madison

City of Rexburg

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 160

Primary Registration District No. 2178

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** Andrew J. Hansen

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**: M

4. **COLOR OR RACE**: White

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED** (Write the word): married

6. **DATE OF BIRTH**: Aug (Month) 6 (Day) 1852 (Year)

7. **AGE**: 80 Yrs. Mos. 2 ds. 28

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. **OCCUPATION**

(a) Trade, profession or particular kind of work: Probate Judge

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. **BIRTHPLACE** (State or Country): Denmark

10. **NAME OF Father**: Andrew Christen Hansen

11. **BIRTHPLACE OF FATHER** (State or Country): Denmark

12. **MAIDEN NAME OF MOTHER**: Elsa Margrette Andersen

13. **BIRTHPLACE OF MOTHER** (State or Country): Denmark

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Mary Hansen (wife)

(Address) Rexburg Idaho

15. Filed Nov. 29 1932 — Local Registrar

MEDICAL CERTIFICATE OF DEATH 10/a

16. **DATE OF DEATH**: Nov (Month) 4 (Day) 1932 (Year)

17. **I HEREBY CERTIFY, That I attended deceased from** Nov 1 1932, to Nov 4 1932, that I last saw h[illegible] alive on Nov 4 1932, and that death occurred on the date stated above, at 9 a M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) Dilatation of heart

(Duration) ..... yrs. ..... mos. 1 ds.

11/6 1932 (Signed) [illegible] M. D.

(Address) Rexburg Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. **LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)**

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. **PLACE OF BURIAL OR REMOVAL**: Rexburg Idaho — **DATE OF BURIAL**: 11-7-32

20. **UNDERTAKER**: [illegible] — **ADDRESS**: [illegible] Rigby

RECEIVED DEC 8 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81436

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

E40 124

2. FULL NAME Rebecca McKenna

(a) Residence. No. Rexburg Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15-1861

7. AGE Years 71 Months 5 Days 23. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER
13. NAME Josiah Hendricks
14. BIRTHPLACE (city or town) (State or country) Louisville Ken.

MOTHER
15. MAIDEN NAME Sarah Potts.
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Josiah Hendricks. Rexburg Ida. #3.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date 11-10, 1932

19. UNDERTAKER (Address) Verry J Keller

20. FILED Nov. 29, 1932 J R Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932, to Nov. 7th, 1932

I last saw her alive on Nov 6th, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gall stones	20 years
(1) Cholocystitis	
(2) Foreign	
(3) Uremia	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether ~~injury~~ occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H B Rigby, M. D.
(Address) Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81437

PLACE OF DEATH
County of Madison
City of Archer

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 50

(No. 2058) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest George Safford

(a) Residence. No. Archer St. Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Rexburg Idaho
(State or country)

PARENTS

10. NAME OF FATHER George A. Safford
11. BIRTHPLACE OF FATHER (city or town) Lyman Idaho
(State or Country)
12. MAIDEN NAME OF MOTHER Martha Christensen
13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant Elmer Buckland
(Address) Archer Idaho

15. Filed Nov 29, 1932 J. R. Young Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 5 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at 4 a- m.
The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage - died in sleep. Natural causes
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Farley Nelson, M. D.
11-5, 1932 (Address) Rexburg Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Archer	11-6 1932
20. Undertaker	Address
None	—

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED DEC 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81438

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glenna Lebarilla Browning Anderson

31

(a) Residence. No. Rexburg St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Raymond Anderson

6. DATE OF BIRTH (month, day, and year) March 5 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39.	7	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Stephan A. Browning

14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER

15. MAIDEN NAME Chatlin

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) W. B. Anderson Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date Nov 3rd 1937

19. UNDERTAKER (Address) Wash J. Keller Rexburg Ida.

20. FILED Nov 29, 1937 J. R. Symms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Nov 1, 1932.

I last saw h[illegible]ive on Nov 1, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Exanition	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11/4/32 (Signed) Louis D. Tuck, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81439

PLACE OF DEATH

County of Madison
City of Sugar City

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Spence King

(a) Residence. No. Sugar City, Idaho St. 88 P
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jacob King

6. DATE OF BIRTH (month, day, and year): Sept, 2nd 1884

7. AGE: Years 48 | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: Andrew Robertson
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Annie ~~Spence~~ Park
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Jacob King, Sugar City, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Sugar City, Date: Nov, 25th 1932

19. UNDERTAKER (Address): Vern J. Keller, Rexburg Idaho.

20. FILED Nov 29, 1932 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932, to Nov. 21, 1932
I last saw her alive on Nov. 21, 1932: death is said to have occurred on the date stated above, at 4.50 a.m.
The principal cause of death and related causes of importance were as follows:
(1) Myocarditis
(2) Auricular Tribulation (c̄ Decompensation)

Date of onset: about a year ago.

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81440

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edna Edxstader Phillips 146

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Clarance H. Phillips

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 19 Months 9 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marysville Idaho

FATHER
13. NAME G. LeRoy Dexstader
14. BIRTHPLACE (city or town) (State or country) Corpat Ut

MOTHER
15. MAIDEN NAME Inez Hendricks
16. BIRTHPLACE (city or town) (State or country) Swan Lake Idaho

17. INFORMENT (Address) Clarance H. Phillips Rupert Ida

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Date 11-23, 1932

19. UNDERTAKER (Address) Jos. F. Payne Burley

20. FILED Nov 23, 1932 Ed H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1932, to Nov 20, 1932
I last saw her alive on Nov 20, 1932; death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal sepsis	

Other contributory causes of importance:
endocarditis

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193
Where did injury occur? Rupert Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Fayre H. Kenagy, M. D.
(Address) Rupert Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81441

PLACE OF DEATH
County of Minidoka
City of Heyburn

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 47

(No.) 159C
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Glendon Handy

(a) Residence. No. St. Heyburn Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 26 - 1932

7. AGE Years Months Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Heyburn Idaho
(State or country)

FATHER
13. NAME Leo J. Handy
14. BIRTHPLACE (city or town) Malta Idaho
(State or country)

MOTHER
15. MAIDEN NAME Dorothy Grace Frint
16. BIRTHPLACE (city or town) Boise Idaho
(State or country)

17. INFORMENT Leo J. Handy
(Address) Heyburn Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Heyburn Ida. Date 12 - 2, 1932

19. UNDERTAKER
(Address)

20. FILED 12 - 1, 1932 E H Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932, to Dec. 1, 1932
I last saw him alive on Nov. 29, 1932; death is said to have occurred on the date stated above, at 8:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis and Intrauterine malnutrition	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E H Elmore, M. D.
(Address) Rupert Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81443

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 46
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Byron Whitney King
(a) Residence. No. Rupert St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Bertha King

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	10	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmithing
(c) Name of employer none

9. BIRTHPLACE (city or town) Unknown
(State or country) Indiana

PARENTS

10. NAME OF FATHER Wm. King
11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)
12. MAIDEN NAME OF MOTHER Angeline Clifford
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County) Unknown

14. Informant Mrs. Bertha King
(Address) Rupert Idaho

15. Filed Nov 16, 1932 E. A. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Nov. 5, 1932, to Nov. 10, 1932
that I last saw him alive on Nov. 10, 1932
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

(duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J B Kenagy, M. D.
Nov. 12, 1932 (Address) Rupert Ida

19. Place of Burial, Cremation, or Removal: Rupert, Idaho — Date of Burial: 11-13 1932
20. Undertaker: D. C. Johnson — Address: Burley, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81444

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No.
Primary Registration District No.
Local Registrar's No. 44

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Hester Wilferth

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. W. Wilferth.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 66 Months 8 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House-Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Miller Ville Mo.
(State or country)

FATHER
13. NAME Calvin Hank
14. BIRTHPLACE (city or town) Miller Ville Mo
(State or country)

MOTHER
15. MAIDEN NAME Nancy Wise
16. BIRTHPLACE (city or town) Millerville Mo
(State or country)

17. INFORMENT J. W. Wilferth
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wey Bun Date 11-18, 1932

19. UNDERTAKER Jos. P. Payne
(Address) Burley Ida

20. FILED Nov. 24, 1932 E. W. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932 to Sept. 25, 1932
I last saw him alive on Sep 25, 1932; death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Investigation showed patient died suddenly Nov 16-32 of apoplexy	

Other contributory causes of importance:

X.

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Leland Frazier, M. D.
(Address)

RECEIVED DEC 3 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81445

PLACE OF DEATH
County of Nez Perce
City of Gifford

Registration District No. 92
Primary Registration District No. 2170
Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME William Warner Wicks

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Myra Ellen Wicks

6. DATE OF BIRTH (month, day, and year) Aug 22 1858

7. AGE Years 74 Months 2 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Carson Wicks
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Sophronia Wells
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) C. V. Wicks

18. BURIAL, CREMATION, OR REMOVAL Place Gifford Date 11-17, 1932

19. UNDERTAKER (Address) C. E. Clovis Craigmont Ida

20. FILED 11-16, 1932 E. E. Watts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1932, to 11-15, 1932
I last saw him live on Nov 14, 1932: death is said to have occurred on the date stated above, at 11:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyemia	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) E. E. Watts, M. D.
(Address) Gifford

RECEIVED NOV 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81446

PLACE OF DEATH

County of Nez Perce.

City of Lewiston. Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. Lewiston orchards.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Jane Coultas.

(a) Residence. No. Lewiston orchards. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16th, 1917.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15.	3.	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. High school student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME T. L. Coultas.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Nell Havermick.

16. BIRTHPLACE (city or town) (State or country) Grangeville, Idaho.

17. INFORMENT (Address) T. L. Coultas Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Oct. 23rd, 1932.

19. UNDERTAKER Brower-Wann Company. (Address) Lewiston, Idaho.

20. FILED 11-22, 1932 J. M. Lyle Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 22nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1932, to Oct 22, 1932

I last saw h.. alive on Oct 22, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis acuta	Oct 1932

Other contributory causes of importance:

Rheumatic fever	Aug 10 1932

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ed J Broadbent M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81447

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. 418 Adams Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Rebecca Lindsay

(a) Residence. No. 418 Adams Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 11-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marysville California

FATHER

13. NAME John Lindsay

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Margaret Ann Baker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) John Lindsay Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 11/29/32 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho.

20. FILED 11-28, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/27/32 193

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.., to Nov 27, 1932
I last saw h... alive on Nov 27, 1932; death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows: Diabetes

	Date of onset
beginning	
Unknown	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify No
(Signed) C W Shaff, M. D.
(Address) Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Shaff

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81448

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 1182

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis M. Landes.

(a) Residence. No. 903 10th. Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 14th, 1852.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80.	1.	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence, Rhode Island.

FATHER

13. NAME William Hazzard.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME ------ Perry.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) A. P. Mc Endyre Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Nov. 6th, 1932.

19. UNDERTAKER Brower-Vann Company,
(Address) Lewiston, Idaho.

20. FILED 12/3, 1932 Jan Light Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1932, to Nov 4, 1932

I last saw h. alive on Nov 3, 1932: death is said to have occurred on the date stated above, at 1.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Incisional hernia Gangrene of Jejunum	Nov 1-32

Other contributory causes of importance:

Name of operation Herniotomy Date of Nov 3

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. C. Landon, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Braddock.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81449

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. 2012 10th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Flora A. Greer.

(a) Residence. No. 2012 10th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11th, 1859.

7. AGE Years: 73. Months: 5. Days: 15. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont.

FATHER
13. NAME Ira W. Briwnell.
14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER
15. MAIDEN NAME Harriet Elizabeth Hawley.
16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMENT (Address) Clarence Greer Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Nov. 28th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED 11-28, 1932 Jm. Lyle Registrar. Bys

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1932, to Nov 26, 1932
I last saw her alive on Nov 26, 1932: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Nov 26 1932

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Lyle

DO NOT WRITE IN THIS SPACE

State File No. 81450

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vivian Perry. 1a

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Probably single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42. 19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known.

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Hospital records. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Nov. 16th 1932.

19. UNDERTAKER Brower-Jann Company. (Address) Lewiston, Idaho.

20. FILED 12/2, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 9th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1932, to Nov. 9, 1932

I last saw h alive on Nov. 5, 1932. death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Sig Mo. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81451

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.
Registration District No. 46
Primary Registration District No. 1009
Local Registrar's No.
(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Morris. 90

(a) Residence. No. Somerville Home. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	?

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 75.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Patient Somerville Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known.

FATHER

13. NAME " "
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Somerville Home records. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Oct. 23rd, 1932.

19. UNDERTAKER Brower-Wann Company. (Address) Lewiston, Idaho.

20. FILED 12/5, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 22nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept [illegible], 1932, to Oct 22, 1932
I last saw h[illegible] alive on [illegible], 193[illegible]; death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81452

PLACE OF DEATH
County of Nez Perce
City of Gifford

Registration District No. 92
Primary Registration District No. 2170
(No. ____)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 45

90

2. FULL NAME Anna Minnie Lindsmann

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Lindsmann

6 DATE OF BIRTH (month, day and year) aug 6 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	73	3	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Wm Hagan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER dont know
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Lindsmann
(Address) Gifford

15 Filed 11-10, 1932 E E Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 9 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from apr 1, 1930, to Nov 9, 1932, that I last saw her alive on Nov 7th, 1932, and that death occurred, on the date stated above, at 230 P. m.

The CAUSE OF DEATH* was as follows:
Valvular insufficiency
(duration) 3 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Endocarditis
(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of ____
Was there an autopsy? no
What test confirmed diagnosis? physical
(Signed) E E Watts, M. D.
11-10, 1932 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Good hope	11-11 1932
20. Undertaker Brown Mann	Address Lewiston

RECEIVED DEC 12 1932

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81453

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Marcus Everett Damon

(a) Residence. No. Pollock Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22 1903

7. AGE Years 29 Months 9 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 24 1932

11. Total time (years) spent in this occupation 9 Yrs

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Lucius Damon

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Jennie Reeves

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT Lucius Damon
(Address) Pollock Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Riggins Ida Date 11/28, 1932

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED 11-29, 1932 Jm Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 Nov 25, 1932, to Nov 27, 1932

I last saw him alive on Nov 26, 1932: death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis

Date of onset

Other contributory causes of importance:

Compound fracture left tibia, perforation of ileum

Name of operation Intestinal Suture Date of 11/26/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Auto accident Date of injury 11/24 1932

Where did injury occur? Riggins Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury Automobile collision

Nature of injury Fr left tibia, perforation intestine

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W O Clark M. D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Lyle

DO NOT WRITE IN THIS SPACE

State File No. 81454

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph Hospital.) 11h

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Smith Mounce.

(a) Residence. No. 1122 14th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mollie E. Mounce.

6. DATE OF BIRTH (month, day, and year) Apr. 22nd, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78.	6.	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Isaac Monuce.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Percilla Timmons.

16. BIRTHPLACE (city or town) (State or country) Michigan.

17. INFORMENT (Address) Mrs. L. S. Mounce Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Nov. 7th, 1932.

19. UNDERTAKER Brower-Jann Company. (Address) Lewiston, Idaho.

20. FILED 12/3, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 5th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1932, to Nov. 5, 1932

I last saw him alive on Nov. 5, 1932 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

J. M. Lyle

	Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81455

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. Lewiston Orchards.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Jackson.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 28th, 1851.

7. AGE: 81. Years | Months: 8. | Days: 17. | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky.

FATHER
13. NAME Greenberry Gibbs.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Germina Spencer.
16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) Myrtle L. Frost, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Juliaetta, Idaho Date Nov. 29th 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 11/26, 1932 Jim Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1932, to Nov. 25, 1932
I last saw her alive on Nov. 24, 1932 death is said to have occurred on the date stated above, at 2:P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Sinusitis

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81457

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. 1842. Carson Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida B. Rawson. 92

(a) Residence. No. 1842 Carson Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savana, Illinois.

FATHER

13. NAME John Baird.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) New York,

17. INFORMENT E. Cook
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Strawberry Pointr, Iowa. Date , 193

19. UNDERTAKER Brower-Mann Company,
(Address) Lewiston, Idaho.

20. FILED 11/14, 1932 Jno Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1932, to Nov. 11, 1932

I last saw her alive on Nov. 8, 1932; death is said to have occurred on the date stated above, at 5.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Nov 10

Other ~~contributory~~ causes of importance:

Arteriosclerosis	Unknown

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? None.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. B. Stockbridge, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE
81458
State File No.

Local Registrar's No.

(No. 819 6th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mary M. Larson.

(a) Residence. No. 819 6th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 30th, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67.	11.	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elgin, Illinois.

FATHER

13. NAME George E. Church.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Alice Burton.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Eugenia Hamblin Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Nov. 7th, 1932.

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED 12/3, 1932 Jan Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 5th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1932, to Nov 5, 1932.

I last saw h- alive on Nov 4, 1932: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1930
Pneumonia	
Hypostasis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Westcott, M. D.

(Address) Lewiston, Idaho.

RECEIVED DEC 12 1932

White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81460

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. North Lewiston.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME John Gordon Bowlin.

(a) Residence. No. North Lewiston. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ida Bowlin.

6. DATE OF BIRTH (month, day, and year) Oct. 12th, 1884.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48.	1.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky.

FATHER

13. NAME James Bowlin.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Sarah Smith.

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) Ida Bowlin Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Nov. 28th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 11-28, 1932 J. M. Lyle Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 26, 1932

I last saw h alive on Nov 24, 1932; death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & Liver	Jan-1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81461

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Flerchinger

(a) Residence. No. 706-4th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 18 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1902

11. Total time (years) spent in this occupation 50Yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Flerchinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Cook

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT J. N. Flerchinger
(Address) Peola Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida Date 11/25/32

19. UNDERTAKER Vassar ortuary Inc
(Address) Lewiston Idaho

20. FILED 11/23, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/23/32

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 193X, to November 23, 193X
I last saw him alive on Nov 23 193X: death is said to have occurred on the date stated above, at 9 30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	+ yrs
Other contributory causes of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. C. Carsson, M. D.
(Address) Lewiston Idaho

Dr Carsson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81462

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Nez. Perce
City of ~~Lewiston~~ (or) Culdesac
Registration District No. 103
Primary Registration District No. 2187
Local Registrar's No. 28
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Alice C. Woodruff
(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Woodruff

6. DATE OF BIRTH (month, day and year) July 16, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	4		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10. NAME OF FATHER M. Fisher

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Michigan

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Michigan

14. Informant Ed. Woodruff
(Address)

15. Filed 12-1, 1932 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 15. (Day) 1932 (Year), 19....

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 15, 1932
that I last saw her alive on Nov 15, 1932
and that death occurred on the date stated above, at 4:30 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Thrombosis

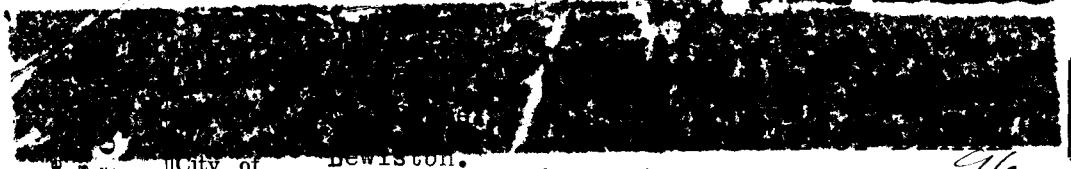
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Diabetes mellitus
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) Nelson W. Talmer, M. D.
Nov 16, 1932 (Address) Grangeville

19. Place of Burial, Cremation, or Removal	Date of Burial
Grangeville	19
20. Undertaker Ailor Mortuary	Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING



DO NOT WRITE IN THIS SPACE

State File No. 81463

City of Lewiston. Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. East Lewiston.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

112

2. FULL NAME Lulu Maud Baird.

(a) Residence. No. East Lewiston. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of L. L. Baird.

6. DATE OF BIRTH (month, day, and year) Sept. 6th, 1888.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44.	2.	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garfield, Washington.

FATHER

13. NAME Marvin H. Stone.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Mary Phelps.

16. BIRTHPLACE (city or town) (State or country) California.

17. INFORMENT (Address) L. L. Baird Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Nov. 20th, 1932.

19. UNDERTAKER Brower-Vann Company (Address) Lewiston, Idaho.

20. FILED 11/21, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 18th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932, to Nov 18, 1932.

I last saw h[illegible] alive on Nov 18, 1932: death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	Nov 15-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Broadbent, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

Hanny

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81464

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. 1402 15th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ealnor Marie Neal.

(a) Residence. No. St. Kansas City, Mo.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of John Neal.

6. DATE OF BIRTH (month, day, and year) Sept. 16th, 1891.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41.	2.	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Omaha. Nebraska.

FATHER

13. NAME Lawrence Anderson.

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Lulu Harding.

16. BIRTHPLACE (city or town) (State or country) Texas.

17. INFORMENT John Neal.
(Address) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Nov. 30th, 1932.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED 11-27, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932., to Nov. 26, 1932.

I last saw h[illegible] alive on Nov. 26, 1932. death is said to have occurred on the date stated above, at about 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Chronic Bronchitis	
Acclimed	

Name of operation None Date of c

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? c Date of injury c, 193.

Where did injury occur? c
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. c

Manner of injury c

Nature of injury c

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul J. Hanny M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1932

Dr White

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

(No. North Lewiston)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 81465

Local Registrar's No.

2. FULL NAME John Kane

(a) Residence. No. North Lewiston St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wheat Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 30 Yrs

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME John Kane

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) Mrs L.P.McKinney North Lewiston

18. BURIAL, CREMATION, OR REMOVAL Place Genesee Idaho Date 11/29, 1932

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho.

20. FILED 11/28, 1932 Jon Lyle Registrar. By S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932, to Nov 26, 1932

I last saw him alive on Nov 24, 1932: death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart	
(Myocarditis)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edgar L White, M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

White

DO NOT WRITE IN THIS SPACE

State File No. 81466

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. The White Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Maraetta Hughes.

(a) Residence. No. 1836 7th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29th, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68.	5.	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME Car Tweddale.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Nov. 13th, 1932

19. UNDERTAKER Brower-Mann Company.
(Address) Lewiston, Idaho.

20. FILED 11/14, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Nov 11th, 1932
I last saw h alive on Nov 11th, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pelvic organs	11-10-32
Other contributory causes of importance:	
Carcinoma of Cervix of uterus	1½ Yrs

Name of operation Hysterectomy Date of 2/20/31
What test confirmed diagnosis? Cardinal Sappington Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81467

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME Alfred Rose

(a) Residence. No. Malad Rt 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Livesy

6. DATE OF BIRTH (month, day, and year): May 31 1875

7. AGE: Years 57 Months 6 Days 30 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Feversham England

FATHER
13. NAME: James Rose
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Eliza Winder
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs Dora Thomas. Malad Ida

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Pleasantview Date: Dec 4, 1932

19. UNDERTAKER (Address): J. Guy Benson Malad Ida.

20. FILED 11/30, 1932 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 30 1932 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Accidentally crushed by overturned load of wood

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 30 1932

Where did injury occur? Oneida County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Canyon

Manner of injury Load of wood overturned

Nature of injury Crushed thorax

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify getting fire wood.

(Signed) Jas. R. Dane Coroner

(Address) Malad Idaho

FORM V. S. No. 5-A—25 M-1-10

RECEIVED DEC 5 1932

CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2069

(No. ..... , ... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 81468

Registered No. 30

1. PLACE OF DEATH

County of Oneida

City of Malad,

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Henry Thomas

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	white	Married

6. DATE OF BIRTH: February 12 (Month) (Day) 1866 (Year)

7. AGE: 66 Yrs. 8 Mos. 19 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Mail Carrier

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Brigham City. Utah

10. NAME OF FATHER: Thomas W. Thomas.

11. BIRTHPLACE OF FATHER (State or Country): Wales.

12. MAIDEN NAME OF MOTHER: Ruth Morgan

13. BIRTHPLACE OF MOTHER (State or Country): Wales.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wm. H. Thomas

(Address) Malad, Idaho.

15. Filed 11/30 1932

J. M. Kerns
Local Registrar

MEDICAL CERTIFICATE OF DEATH

92

16. DATE OF DEATH: November 1 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Nov 1 1932

that I last saw h. alive on Nov 1 1932

and that death occurred on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Embolism

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) Bronchopneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) A. P. Mealey M. D.

11/7 1932 (Address) Malad & Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Malad, Idaho — DATE OF BURIAL: 11-5 1932

20. UNDERTAKER: Richards-Woodland — ADDRESS: Logan, Utah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81469

PLACE OF DEATH
County of Owyhee
City of Sheaville
Oregon

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 137

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME James Alfred Ditton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katherine M Ditton

6. DATE OF BIRTH (month, day, and year) Dec 13 1862

7. AGE: Years 69 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) Nov. 1932
11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Alfred Ditton
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Mary McKay
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Alfred Ray Ditton, Sheaville Oregon

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Ida Date Dec. 3, 1932

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 12-3, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1-1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on Dec 1, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W W Jones, M. D.
(Address) Jordan Valley Oregon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81470

PLACE OF DEATH

County of Power

City of American Falls

Registration District No. 21

Primary Registration District No. 2072

Local Registrar's No. 32

(No. 48)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tonie Leischner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Leischner

6. DATE OF BIRTH (month, day, and year) Mar. 30, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland S Dak.

FATHER

13. NAME John Isaak

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tonie Hillbrant

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Geo Roth

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place American Falls Date Nov. 27, 1932

19. UNDERTAKER A L Davis
(Address) American Falls, Idaho.

20. FILED Nov. 27, 1932 Geneva Nolt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1932, to Nov 23, 1932

I last saw h alive on Nov 23, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Jaw)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) V. J. Fogan, M. D.

(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81471

PLACE OF DEATH

County of Power

City of American Falls

Registration District No. 23

Primary Registration District No. 2079

Local Registrar's No. 31

(No.) 122
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Clausen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1854

7. AGE: 78 Years | Months: 1 | Days: 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Hans Clausen
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Hans Christensen American Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place American Falls Date Nov. 17, 1932

19. UNDERTAKER (Address) [illegible] Am. Falls Idaho

20. FILED 11-17, 1932 Genevieve Nolte Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1932, to Nov. 15, 1932.
I last saw him alive on Nov. 15, 1932: death is said to have occurred on the date stated above, at 3.00 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1928
Sub-Acute Miocarditis	1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) M. C. [illegible], M. D.
(Address) Aberdeen Idaho

RECEIVED DEC 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81472

PLACE OF DEATH
County of Shoshone
City of Osbourne

Registration District No.
Primary Registration District No.
Local Registrar's No. 95

(No. Residence) 100a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Libyl Alvirna Paulson

(a) Residence. No. Osbourne, Idaho St. Osbourne Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 14-1920

7. AGE Years 12 Months 9 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wardner Idaho

FATHER
13. NAME Iver Paulson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Tina Gunderson
16. BIRTHPLACE (city or town) (State or country) N. D.

17. INFORMENT (Address) Mrs Paulson Osbourne

18. BURIAL, CREMATION, OR REMOVAL Place Osbourne Ida Date Nov 17, 1932

19. UNDERTAKER (Address) J. A. Boer (Ward Und Co) Wallace Ida

20. FILED Dec 6th, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dead on arrival	
Bronchial pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) James R Dean, M. D.
(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81473

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Toivo Eugene Soini. 117

(a) Residence. No. Linfor St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): ✓

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 8 - 1919

7. AGE Years 13 Months 8 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Linfor Ida.

FATHER
13. NAME Toivo Soini
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Olga Marie Liliter
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Mrs. Toivo Soini.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) R. L. Stout Kellogg Id

20. FILED Dec. 1, 1932 Mrs. Helen M Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1932, to Nov 16th, 193

I last saw him alive on Nov 15th, 1932; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured	
Gangrenous appendicitis	
followed by acute	
peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 11/10-32

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) W. Lindsay, M. D.

(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81474

Registration District No.
Primary Registration District No. Local Registrar's No. 92
(No. Wallace Hospital) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Addie Carpenter

(a) Residence. No. Bank St St. Wallace, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 78 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leroy, Minn.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) James A. Wayne Wallace Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Wallace Ida Date Nov 12, 1932

19. UNDERTAKER (Address) Warstell Company Wallace Ida

20. FILED Dec 6th, 1932 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov 8, 1932
I last saw her alive on Nov 8, 1932 death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Paren Nephritis	
Uremia	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Max T. Smith, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81475

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 100
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Ormuu Solum. 183

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Feb - 2. 1927
7. AGE Years 5 Months 9 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Idaho.

FATHER
13. NAME Omey Solum.
14. BIRTHPLACE (city or town) (State or country) Wisconsin.

MOTHER
15. MAIDEN NAME Doris Baldwin.
16. BIRTHPLACE (city or town) (State or country) Wallace Ida.

17. INFORMENT (Address) Omey Solum Wallace, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Nov 29, 1932
19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace, Ida.
20. FILED Dec 6th, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 26 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Nov 26, 1932
I last saw him alive on Nov 26, 1932; death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows: Date of onset
Gunshot Wound Knee & Leg 36 hrs Duration
Other contributory causes of importance:
Name of operation Incised & Removed Date of 11/25
What test confirmed diagnosis? None Was there an autopsy? No
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/25 1932
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Unloading gun
Nature of injury Gunshot Wound Knee
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr. H. Mowery M.D.
(Address) Wallace Ida

RECEIVED DEC 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81476

PLACE OF DEATH
County of Shoshone
City of Avery
Registration District No. 127
Primary Registration District No. 2400
Local Registrar's No. 19
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur F. Barnes

(a) Residence. No. ..... St. Montana
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) No information

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No information

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No information

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) No information

FATHER

13. NAME No information

14. BIRTHPLACE (city or town) (State or country) do

MOTHER

15. MAIDEN NAME No information

16. BIRTHPLACE (city or town) (State or country) do

17. INFORMENT (Address) Jno. Mac Ester

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries, Ida. Date ....., 193

19. UNDERTAKER Mitchell Undertaking Co. (Address) St. Maries, Idaho

20. FILED Mar. 1st, 1932 C O Bracy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, 193..., to ..., 193...
I last saw h— alive on ..., 193...: death is said to have occurred on the date stated above, at 7 or 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall from moving freight train. Death sudden and accidental	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury 2/15, 1932
Where did injury occur? 3 miles west of Avery, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Fell from train—run over
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) C O Bracy, M. D.
(Address) Avery - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81477

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 66

(No. 74 McKinley)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E. J. Hargraves

(a) Residence. No. Kellogg St. McKinley
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary A. Hargraves

6. DATE OF BIRTH (month, day, and year) March 23, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Coalminer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER
13. NAME Samuel Hargraves
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Agnes Noble
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT Mrs. H. J. Huber
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Coeur d'Alene Ida. Date ..., 193...

19. UNDERTAKER N. B. Thornhill
(Address) Kellogg Ida.

20. FILED Dec. 1, 193 2 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 193 2, to Nov 23, 193 2
I last saw him alive on Nov 23, 193 2; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-thrombosis and old age.	

Other contributory causes of importance:

Name of operation Symptomatology Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) H. Lindsay, M. D.
(Address) Kellogg Ida

RECEIVED DEC 2 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81478

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 64
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Anderson

(a) Residence. No. Kellogg Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: 11-13 1932

6. DATE OF BIRTH (month, day, and year): Aug 13-1885

7. AGE: Years 47 | Months 3 | Days - | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Finland. Wasa

FATHER
13. NAME: Andrew Anderson
14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER
15. MAIDEN NAME: Beatti Knuts
16. BIRTHPLACE (city or town) (State or country): Finland.

17. INFORMENT (Address): Mrs. A Hagan.
18. BURIAL, CREMATION, OR REMOVAL Place: Kellogg Date: Nov 15, 193[illegible]
19. UNDERTAKER (Address): [illegible] Kellogg Ida
20. FILED Dec 1, 193[illegible] Mrs. Helen M Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 13 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 27th, 1932, to Nov 13th, 1932
I last saw him alive on Nov 12th, 1932: death is said to have occurred on the date stated above, at 930a m.
The principal cause of death and related causes of importance were as follows: Myocarditis — Date of onset

Other contributory causes of importance: Chronic asthma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81479

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 10/11 Local Registrar's No. 97
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Ann Tabor

(a) Residence. No. ..... St. 90
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jesse William Tabor.

6. DATE OF BIRTH (month, day, and year) Oct 28 - 1869

7. AGE Years 63 Months 0 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME John Robertson
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Margaret Davies
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Jesse Tabor Wallace, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date Nov 24 1932

19. UNDERTAKER (Address) J A Bower Ward Mfg Co Wallace Ida.

20. FILED Dec 6th, 1932 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to Nov. 20, 1932
I last saw her alive on Nov 20, 193...: death is said to have occurred on the date stated above, at 7:22 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Several Mo	

Other contributory causes of importance:

arteriosclerosis	
Several Yrs	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Drs Mowery, M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81480

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 98

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Anthony Mayhaver

(a) Residence. No. Mullan, Idaho St. Mullan Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 8 - 1878

7. AGE Years 54 Months 3 - Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Morning Mine (Lead)
10. Date deceased last worked at this occupation (month and year) April 1932
11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER
13. NAME Anthony Mayhaver
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Rosina Henger
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Geo Huston. Mullan, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Ida. Date Nov. 25 1932

19. UNDERTAKER (Address) J. A. Beer (Ward Und Co. Wallace Ida.

20. FILED Dec 6th, 1932 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 22 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1932, to Nov 22, 1932
I last saw him alive on Nov 21, 1932: death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency (regurgitation)	about April 1932

Other contributory causes of importance: Dilation (Hypertrophy)

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. W. Rolf, M. D.
(Address) Mullan, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 12 3
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 81481

Local Registrar's No. 63

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Adolph Anderson

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	none

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER

13. NAME none

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Kellogg Ida Date Nov. 6, 1932

19. UNDERTAKER P. C. Stump
(Address)

20. FILED Dec. 1, 1932 Mrs. Helen M. Brude
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932, to Nov 2, 1932

I last saw him alive on Nov. 2, 1932; death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	one wk
Myocardial Degeneration	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harold T. Anderson, M. D.

(Address) Kellogg, Idaho

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81482

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No.
Primary Registration District No.
Local Registrar's No. 93

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E Swanston

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 4-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 58 yrs

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Co Hospital Records Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Nov 15, 1932

19. UNDERTAKER Val Brown & Ward Undertaking Co (Address) Wallace Ida

20. FILED Dec 6th, 1932 G S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 11 1932

22. I HEREBY CERTIFY, That I attended deceased from November, 1931, to Nov 11, 1932

I last saw him alive on Nov 10, 1932: death is said to have occurred on the date stated above, at 12:01 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Calculus Heart	

Other contributory causes of importance:

Arteriosclerosis	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James L Swan, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Avery

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 127
Primary Registration District No. 2400

DO NOT WRITE IN THIS SPACE
81483
State File No.

Local Registrar's No. 22

(No.) 8 F
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie Smith

(a) Residence. No. St. Avery - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of No information

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Packer and trimmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Forest Service
10. Date deceased last worked at this occupation (month and year) about 1928
11. Total time (years) spent in this occupation No information

12. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER FATHER

13. NAME No information
14. BIRTHPLACE (city or town) (State or country) do

MOTHER

15. MAIDEN NAME No information
16. BIRTHPLACE (city or town) (State or country) do

17. INFORMENT (Address) Various Sources Avery - Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place 4½ miles S. E. Avery Packsaddle Idaho Date Nov 9, 1932

19. UNDERTAKER Mitchell Undertaking Co. (Address) St. Maries, Idaho

20. FILED Nov 7, 1932 C C Bracy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Autumn 1928, to Nov. 7, 1932.
I last saw him alive on Nov. 6, 1932: death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	about 1928
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C C Bracy, M. D.
(Address) Avery - Idaho

RECEIVED DEC 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81484

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No.
Primary Registration District No.
Local Registrar's No. 91

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~George~~ Paul Gustave Shubert

(a) Residence. No. Wallace Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27-1873

7. AGE: Years 59 | Months 4 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) 6 Mos.
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Hospital Records Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida Date Nov 10 1932

19. UNDERTAKER (Address) J. A. Bever (Word Mtn Co) Wallace Ida

20. FILED Dec 6th, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Nov 4, 1932
I last saw him alive on Nov 3, 1932: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James R Bean, M. D.
(Address) Wallace

RECEIVED DEC 1932

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81485

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

156

2. FULL NAME Joshm N. Peterson

(a) Residence. No. 629 Teddy ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Smelter Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME John Peterson

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Hansen

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address)

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Spokane Wash Date 12/2, 1932

19. UNDERTAKER M. C. Shaw (Address) Kellogg Idaho

20. FILED Dec. 1, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 2 hours on 193, to Nov 27, 1932

I last saw him alive on Nov 27, 1932; death is said to have occurred on the date stated above, at 6:17 P.m.

The principal cause of death and related causes of importance were as follows:

Shock following an accident clothes caught in a perfectly smooth line shaft. Sived two hours after the

Date of onset

Other contributory causes of importance:

accident. Very little hemorrhage. Both thighs and both legs broken.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11-27, 1932

Where did injury occur? Kellogg Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry, Zinc reduction works of the Sullivan mining Co

Manner of injury clothes caught on a perfectly smooth line shaft all clothes

Nature of injury torn off body and body lying on the floor when found

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Geo H Kennett, M. D.

(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81486
State File No.

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 99

(No. Co Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Moffat

(a) Residence. No. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

67 d

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Co Hospital Records. Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Dec 30, 1932

19. UNDERTAKER J. A. Brown (Ward and Co) (Address) Wallace Ida.

20. FILED Dec 6th, 1932 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 25 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/13/32, 193..., to Nov 25, 1932

I last saw him alive on Nov 25, 1932; death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Silicosis	4 years
Pulmonary tuberculosis	6 mos
Other contributory causes of importance: Severe crushing to pelvis & bladder	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify 15 yrs as Miner

(Signed) James R Dean, M. D.

(Address) Wallace, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Cataldo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81488

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mildred Tresnit 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 25, 1925

7. AGE Years 7 Months 6 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

FATHER
13. NAME Joseph Tresnit
14. BIRTHPLACE (city or town) (State or country) Jugo-Slavia

MOTHER
15. MAIDEN NAME Helen Dejanovich
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs Joe Tresnit

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Date 12/3 1932

19. UNDERTAKER (Address) M. C. Thornhope Kellogg Idaho

20. FILED Dec 1, 1932 Mrs Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1933, to Dec 1st, 1932
I last saw her alive on Nov 30, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81489

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 96

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

186

2. FULL NAME Charles Stromquist

(a) Residence. No. Burke Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace, Id. Date Nov. 16th, 1932

19. UNDERTAKER (Address) B. G. Worstell Wallace, Idaho

20. FILED Dec 6th, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 15, 1932

I last saw him alive on Nov 15, 1932: death is said to have occurred on the date stated above, at 9 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puncture wounds of skull from flying rock	Nov 14
Fracture of Skull	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 14, 1932

Where did injury occur? Burke, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Mine

Manner of injury Struck by rock from blast

Nature of injury Multiple skull fractures

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul M. Ellis, M. D.

(Address) Wallace, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81491

PLACE OF DEATH
County of Teton
City of Felt

Registration District No. 77
Primary Registration District No. 9176
Local Registrar's No. 12
(No. 90).
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Thomas W. Richards

(a) Residence. No. Felt St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Eliza Richards

6. DATE OF BIRTH (month, day and year) Feb 2 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	9	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) and Rancher
(c) Name of employer

9. BIRTHPLACE (city or town) Weiser
(State or country) Idaho.

PARENTS

10. NAME OF FATHER Thomas Richards
11. BIRTHPLACE OF FATHER (city or town) Wales
(State or Country) England
12. MAIDEN NAME OF MOTHER Adelaid Rodd
13. BIRTHPLACE OF MOTHER (city or town) Council Bluffs
(State or County) Iowa

14. Informant Mrs. J. W. Richards
(Address) Felt, Idaho.

15. Filed 11-30-, 1932 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct 1, 1932, to 11-20, 1932
that I last saw him alive on 11-1, 1932
and that death occurred, on the date stated above, at 6:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Aortic Stenosis
& Mitral Insufficiency

(duration) yrs. 2 mos. 4 ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. 4 mos. 20 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) G. E. Parkinson, M. D.
11-21-, 1932 (Address) Driggs Ida

19. Place of Burial, Cremation, or Removal: Wilford, Idaho. Date of Burial: 11-23- 1932
20. Undertaker: Vern J. Keller Rexburg Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81492

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 221

49

(No. 1210 Kimberly Road,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Anna Hollon

(a) Residence. No. 1210 Kimberly Road, City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Hollon

6. DATE OF BIRTH (month, day, and year): Aug. 31-1875

7. AGE: 75 Years 2 Months 29 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ind.

FATHER

13. NAME: E.A. Wilson

14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER

15. MAIDEN NAME: Mary E. Thacker

16. BIRTHPLACE (city or town) (State or country): Ind.

17. INFORMENT (Address): Mrs. W.W. Perry, 1210 Kimberly Road. City

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: Dec. 2Nd 1932

19. UNDERTAKER (Address): S.C. Phillips, Twin Falls, Idaho

20. FILED 12/3, 1932 George C. Halley M.D. act. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 29Th. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to Nov. 29, 1932

I last saw her alive on Nov. 29, 1932: death is said to have occurred on the date stated above, at 510 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	June 1929

Other contributory causes of importance:

Bronchial Pneumonia	Nov 27 1932

Name of operation: none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Russell Heaver M. D.

(Address) Twin Falls Ida.

RECEIVED DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81493

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 220

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mamie E. Farrar

(a) Residence. No. 339 - 2nd Ave N. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of H. W. Farrar

6. DATE OF BIRTH (month, day, and year) Sept 16 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington
(State or country) Ill.

FATHER
13. NAME Marion Patrick
14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER
15. MAIDEN NAME Martha Howe
16. BIRTHPLACE (city or town)
(State or country) Ill

17. INFORMENT H. W. Farrar
(Address) 339 - 2nd Ave N. City.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Twin Falls Date 12 - 1, 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls, Idaho.

20. FILED 12/1, 1932 George C. Talby M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th, 1932, to Nov. 29th, 1932
I last saw her alive on Nov 29th, 1932; death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Left Side.	July 15-32
Other contributory causes of importance: Hemorrhage into Brain Left side	Sept 6-32

Name of operation None - Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) Duncan L. Alexander M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81494

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 206

74a

PLACE OF DEATH

County of Twin Falls
City of Twin Falls (No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME A. S. P. Keith

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Jan 22 1849

7. AGE: Years 83, Months 9, Days 11, If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Ind

PARENTS

10. NAME OF FATHER: W. H. Keith
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ind
12. MAIDEN NAME OF MOTHER: Catherine Lane
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ind

14. Informant: Mrs Keith 167 S. Main
(Address): Twin Falls Idaho

15. Filed 11/7, 1932 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 2 (Month) (Day) 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Nov 2, 1932
that I last saw him alive on Nov 2, 1932
and that death occurred, on the date stated above, at 119 m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis.
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H. E. Luncher M.D.
Nov 2, 1932 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls. Date of Burial: Nov 5 1932
20. Undertaker: I. J. Drake Address: Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81495

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 222

(No. 74 S)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mattie Alger

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: J. G. Alger

6. DATE OF BIRTH (month, day, and year): May 14 1854

7. AGE: Years 78 | Months 6 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): St. Joseph Mo

FATHER
13. NAME: Harrison Cox
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Virginia Turner
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMENT (Address): Mrs Annie McCabe Twin Falls

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Twin Falls Date: Dec 4 1932

19. UNDERTAKER: Evans & Johnson
(Address): Twin Falls — E. Johnson

20. FILED ..... 12/ ....., 1932 George C. Hally Registrar.
acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1932 to Nov 30, 1932
I last saw her alive on Nov 30, 1932: death is said to have occurred on the date stated above, at 1:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism occluding cerebral arteries.	Nov 28.

Other contributory causes of importance:

Old age	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Langenwalter, M. D.
(Address) Twin Falls Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81496

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 218

Cauley Hospital (No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. H. Pabrick

(a) Residence. No. Twin Falls St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 18 1869

7. AGE 63 Years Months 8 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Jones

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER A. Pabrick

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Nancy J. Bruger

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ind

14. Informant (Address) A. Pabrick Twin Falls

15. Filed 12/1 1932 George C. Halley M.D. acs. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 29 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov. 29, 1932

that I last saw him alive on Nov 29, 1932

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? His home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Wilson, M. D.

Nov 30, 1932 (Address) Twin Falls Idaho

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial Dec 2 1932

20. Undertaker F. E. Drake Address Twin Falls

RECEIVED DEC 19 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81497

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 212

(No. City Turist Park, Twin Falls, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Standlee, SC

(a) Residence. No. City Turist Park, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 20Th 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hollister, Ida
(State or country)

FATHER

13. NAME Ertie Standlee,

14. BIRTHPLACE (city or town) Ark.
(State or country)

MOTHER

15. MAIDEN NAME Mable Smith

16. BIRTHPLACE (city or town)
(State or country) Ark.

17. INFORMENT Ertie Standlee
(Address) City Turist Park, City

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Rock Creek Date Nov. 23 193

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 11/23, 1932 George C. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21St 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1932, to Nov. 21, 1932

I last saw him alive on Nov. 21, 1932; death is said to have occurred on the date stated above, at 10. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	Nov. 21

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles P. Lyle, M. D.

(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81498

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 209

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nettie Montgomery Calico

(a) Residence. No. 246 - 4th Ave E St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Joseph Calico

6. DATE OF BIRTH (month, day, and year) Aug 4-1911

7. AGE Years 21 Months 3 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kimberly Idaho

FATHER
13. NAME J. E. Montgomery
14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER
15. MAIDEN NAME Nettie Beus.
16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMENT (Address) Mrs. J. E. Montgomery 246 - 4th Ave. E.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 193

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Idaho

20. FILED 11/10, 1932 George C. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932, to Nov. 8, 1932
I last saw her alive on Nov 8, 1932: death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Myocarditis~~	
Endocarditis	
Chr. & Subacute	
Rheumatic mitral life	1925

Other contributory causes of importance:

Embolism - Cerebral	Sept 25 1931
Pneumonia Lobar	3 days

Name of operation Non Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. Russell Weaver, M. D.
(Address) Twin Falls Ida

acs

Amended December 20, 1972

Certificate of Death
STATE OF IDAHO

State File No. 81499
Local Reg. No. 366
Reg. Dist. No. 117

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mabel; b. (Middle) Ann; c. (Last) Hepworth

4. DATE OF DEATH (Month) (Day) (Year): November 17, 1932

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 1, 1894

9. AGE (In years last birthday): 38
IF UNDER 1 YR. Months: Days: 16
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hailey, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: M. O. Duffy
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Mertie Dell Hursh
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: C. V. Hepworth
ADDRESS: Albion, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Chronic Myocarditis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hyperthyroidism

19a. DATE OF OPERATION: Oct 27,32
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [x]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 20, 1932, *to* Nov 17, 1932, *that I last saw the deceased alive on* Nov. 15, 1932 *and that death occurred at* 3:50 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer, M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: Nov 19,32

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: Nov 28,1932
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Salt Lake City, Ut.

DATE REC'D BY LOCAL REG.: Nov 18, 1932
REGISTRAR'S SIGNATURE: F. H. Cutler
25. EMBALMER: D. E. Johnson, Burley
LICENSE NO.:

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81499

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 366
(No. Twin Falls General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mable Ann Hepworth
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas V. Hepworth

6. DATE OF BIRTH (month, day and year) Nov 1-1894

7. AGE Years 38 Months Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hailey Idaho.

PARENTS
10. NAME OF FATHER M. O. Duffy.
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Mertie Mercer
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) C. V. Hepworth. Albion Idaho.

15. Filed Nov 18, 1932 F H Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 17 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932, to Nov. 17, 1932
that I last saw her alive on November 15, 1932
and that death occurred, on the date stated above, at 3:50 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) 3 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Hyperthyroidism
(duration) ..... yrs. 6 mos. ..... ds.

18. Where was disease contracted if not at place of death? Albion - Idaho
Did an operation precede death? Yes Date of Oct. 27-32
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory
(Signed) Charles B. Beymer, M. D.
Nov. 19, 1932 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal S. L. City Ut. Date of Burial Nov. 28 1932
20. Undertaker D. E. Johnson Address Burley

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Birth Certificate #332986 on file, State of Idaho, for Mabel Ann Duffy.
Certified copy of a child's birth certificate, file State of Utah #2659. child born Aug 13, 1922 gives mother's name as Mabel Ann Duffy. viewed by V.S. Copy issued Nov 1, 1972.
Certified copy of Death certificate for Mertie Dell Duffy , her father's name was Frederick Hursh. She died Feb 16, 1949 State of California, file #49-014958. Copy issued Nov 9, 1972. viewed by V.S.

THIS IS TO CERTIFY THAT I, Inez T. Bender,
am a sister of the late Mabel Ann Duffy Hepworth.

THIS IS TO CERTIFY also that the mother of Mabel Ann Duffy Hepworth was Mertie Dell Hursh (not Mertie Mercer as shown on the State of Idaho Certificate of Death, State File No. 81499).

Thirdly, THIS IS TO CERTIFY that my sister's name is spelled Mabel (not Mable as shown on the State of Idaho Certificate of Death, State File No. 81499).

Inez T. Bender
(signed)

10-10-72
(date)

Edward P. Dudock
Notarized

EDWARD P. DUDOCK
NOTARY PUBLIC
Santa Clara County, Calif.
My commission expires Aug. 5, 1973

RECEIVED DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 81500

State File No. .....

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Filer Primary Registration District No. 2086 Local Registrar's No. 216

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME H. P. Hansen

(a) Residence. No. Filer St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 30/1862

7. AGE 70 Years 9 Months 26 Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rancher

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10. NAME OF FATHER Jense Hansen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Mrs. H. P. Hansen Filer, Ida

15. Filed 11/28, 1932 George C. Halley M.D. acts Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 25 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1932 to Nov. 25, 1932

that I last saw him alive on Nov. 25, 1932

and that death occurred, on the date stated above, at 2 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) G. A. Dwight M. D.

Nov. 28, 1932. (Address) Filer Ida

19. Place of Burial, ~~Cremation, or Removal~~ Filer Cemetery Date of Burial Nov. 29 1932

20. Undertaker F. E. Drake Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81501
State File No.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2081
Local Registrar's No. 223

(No. 90) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Frances Hazard

(a) Residence. No. Hansen St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of E. L. Hazard

6. DATE OF BIRTH (month, day, and year) Nov. 23-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lowa Moar Iowa

FATHER
13. NAME Silas Brazell
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Sarah Squibb
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) E. L. Hazard Hansen Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 12-2, 1932

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls. Ida

20. FILED 12/2, 1932 George C. Dailey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 30 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1932, to Nov. 30, 1932
I last saw h[illegible] alive on Nov. 30, 1932.: death is said to have occurred on the date stated above, at 11:10a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insuffiency.	Nov. 27-32
Other contributory causes of importance:	
Mitral Regurgitation	15 yr.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) H. A. Dwight Jr., M. D.
(Address) Twin, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81502

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 90

2. FULL NAME Wallace Wesley Garmon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) May-11-1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	yrs	5	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Buhl. Idaho

PARENTS

10. NAME OF FATHER Charles Wesley Garmon
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Patterson Iowa
12. MAIDEN NAME OF MOTHER Mabel Frances. Whitby
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Harrisonville Mo.

14. Informant Robson Bonnichsen
(Address) Buhl, Idaho

15. Filed Nov. 5, 1932 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 — 1 — 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1925, 19..., to 11-1-, 1932
that I last saw him alive on 11-1-, 1932
and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Acute Dilatation of Heart
..... (duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (Secondary) Chron. Myocarditis
..... (duration) 7 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Class & Clinical
(Signed) Leo Jennings, M. D.
11-2-, 1932 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery
Date of Burial 11/3 1932

20. Undertaker Evans & Johnson J. E. Schmidt
Address Buhl, Ida

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED DEC 12 1932

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Twin Falls

City of Buhl, Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 39

Primary Registration District No. 2087

(No. ..... St.)

File No. 81503

Registered No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Oral H. Wright

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married. (Write the word.)

6. DATE OF BIRTH: april (Month) 30 (Day) 1909 (Year)

7. AGE: 23 Yrs. 6 Mos. 25 ds.

IF LESS than 1 day how many ✓ hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer): ✓

9. BIRTHPLACE (State or Country): Brigham.

10. NAME OF FATHER: William Pulsipher

11. BIRTHPLACE OF FATHER (State or Country): Brigham

12. MAIDEN NAME OF MOTHER: Carline ~~White~~ Wight.

13. BIRTHPLACE OF MOTHER (State or Country): Brigham

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oral H. Wright.

(Address) Buhl. Idaho.

15. Filed Nov. 25 1932

J. H. Murphy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov - (Month) 25 (Day) 1932 (Year)

101 b

17. I HEREBY CERTIFY, That I attended deceased from 16-Nov — 1932, to 25-Nov — 1932 that I last saw her alive on 25-Nov — 1932 and that death occurred on the date stated above, at 5:25 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia - nephritis, endocarditis & childbirth

..... (Duration) ..... Yrs. ..... mos. 2 ds.

Contributory (Secondary) nephritis, Endocarditis, endocarditis several years

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. MacManus M. D.

11/25 1932 (Address) Buhl, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Brigham, Utah

DATE OF BURIAL: 11-28 1932

20. UNDERTAKER: Evans & Johnson Funeral Homes Inc. J. E. Schmidt.

ADDRESS: Buhl Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

Manus

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Morgan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81504

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 215

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Phelps Emerson 10 1/2

(a) Residence. No. 345 Quincy St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of E. O. Emerson

6. DATE OF BIRTH (month, day, and year) Apr. 6-1856

7. AGE Years 76 Months 7 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Potosi, Mo.

FATHER
13. NAME Hutchings
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Brian
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mr Thomas Phelps

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Blackfoot Date 11/26, 1932

19. UNDERTAKER (Address) Evans & Johnson Twin Falls, Ida. (Claude S Stewart)

20. FILED 11/25, 1932 George C. Halley Registrar
acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1932, to Nov. 24, 1932

I last saw her alive on Nov. 24, 1932: death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr John R Morgan, M. D.
M D (Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81505

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 207

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME John H. Detweiler

(a) Residence. No. Contact, Nev. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Martha Detweiler

6. DATE OF BIRTH (month, day, and year): Dec. 1-1884

7. AGE 47 Years 11 Months 23 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Realestate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: David F. Detweiler

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Mary Hunstberger

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMENT (Address): Claude Detweiler, Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls, Ida Date: Nov. 9Th 1932

19. UNDERTAKER (Address): S.C. Phillips, Twin Falls, Idaho.

20. FILED 11/9, 1932 George C. Hadley M.D. acs. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ~~Oct.~~ Nov. 7Th 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from Aug 19, 1932, to ~~Oct~~ Nov 7, 1932

I last saw him alive on ~~Oct~~ Nov 7, 1932: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Nephritis Chronic, Interstitial	1930
Cardiac Dilatation, acute	1932

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Richard D. Simonton M.D. M. D.

(Address) Twin Falls Ida

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 39
Primary Registration District No. 2087
File No. 81506
Registered No.

1. PLACE OF DEATH
County of Twin Falls
City of Twin Falls Co Hosp (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rosatte Rasmussen
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Oct 23 1898 (Month) (Day) (Year)

7. AGE: 34 Yrs. 1 Mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Macon. Mo.

10. NAME OF FATHER: Walters

11. BIRTHPLACE OF FATHER (State or Country): Dont Know

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. C. Rasmussen
(Address) Buhl. Ida.

15. Filed Nov. 15 1932 J. H. Murphy Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 8 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1932 to Nov. 8 — 1932 that I last saw h.w alive on Nov. 8 — 1932 and that death occurred on the date stated above, at 5:20 A.M.
The CAUSE OF DEATH* was as follows:

Uremia
(Duration) Yrs. mos. 16 ds.
Contributory (Secondary) Chronic Nephritis
(Duration) 10 yrs. mos. ds.
(Signed) F. A. Dwight M. D.
Nov. 10 1932 (Address) Filer, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 16 days. In the Twin Falls County Hospital ..... mos. ..... days
Where was disease contracted if not at place of death? —
Former or usual residence Buhl, Ida.

19. PLACE OF BURIAL OR REMOVAL: Buhl
DATE OF BURIAL: Nov 10 1932

20. UNDERTAKER: Evans & Thomson
ADDRESS: Buhl

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81507

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 208
(No. 1184 11th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Emily Shangle

(a) Residence. No. Shoshone Creek St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 3 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ills

PARENTS
10. NAME OF FATHER Russell Ward Cheever
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant C M Shangle
(Address) Rogerson

15. Filed 11/12, 1932 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 8 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932, to Nov 8, 1932
that I last saw her alive on Nov 8, 1932
and that death occurred, on the date stated above, at 11:25 p m.
The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) adhesions from operation
16 yrs ago (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Nov 8
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Chas. K. Scott M. D.
Nov 10, 1932 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Tuler	Nov 10 1932

20. Undertaker F. E. Drake Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81509

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 213

(No. 303 Hannison Ave, Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Leonard Rudolph

(a) Residence. No. 303 Harrison Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10Th 1931

7. AGE 1 Years	5 Months	15 Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Ida.

FATHER

13. NAME Geo. Rudolph

14. BIRTHPLACE (city or town) (State or country) No. Dak

MOTHER

15. MAIDEN NAME Amelia Hockhalter

16. BIRTHPLACE (city or town) (State or country) So. Dak.

17. INFORMENT (Address) Geo. Rudolph 303 Harrison Street

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Nov. 25 1932

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED 11/26, 1932 George A. Hally MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23Rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1932, to Nov 23, 1932.
I last saw him alive on Nov. 23, 1932; death is said to have occurred on the date stated above, at 5P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Nov 20

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Langenwalter M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81510

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 211

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Maloney Winans

(a) Residence. No. Filer - Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. E. Winans

6. DATE OF BIRTH (month, day, and year) Aug 28-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarinda Kansas

FATHER
13. NAME Thomas Maloney
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Anna Briggs
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. W. W. McCabe Twin Falls. Route #1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Cemetery Date Nov 25, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Idaho

20. FILED 11/22, 1932 George C. Talkey, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1932, to Nov. 21, 1932
I last saw her alive on Nov. 21, 1932; death is said to have occurred on the date stated above, at 3:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Lobar Pneumonia	11-17-32
Other contributory causes of importance:	
Influenza	11-15-32

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John C. Talkey M. D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81511

PLACE OF DEATH
County of Twin Falls
City of Castleford

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 182
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Laura Clausen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec. 18-1899

7. AGE Years 3 Months 11 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Secretary
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westlake Ida.

FATHER
13. NAME William Clausen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Sine Munson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs Ray Pettijohn Castleford

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Nov. 29, 1932

19. UNDERTAKER (Address) Evans & Johnson Buhl L. Johnson

20. FILED Nov. 28, 1932 J. T. Murphey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ , 193 to , 193

I last saw her ~~alive~~ on Nov. 26, 1932. death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Drowning in cistern

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury , 193

Where did injury occur? On half west one mile east of Castleford (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Falling in cistern.

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) T. A. Dwight, M. D.

(Address) Filer Ida

Corone of Twin Falls County.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 14 1932

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81512

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 210

(No. 630 - 3rd West)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald LeRoy Smith

(a) Residence. No. 630 - 3rd West St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

Book 159c

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov-1-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Clarence Smith.

14. BIRTHPLACE (city or town) Seattle
(State or country) Washington

MOTHER

15. MAIDEN NAME Ethel E. Brockway

16. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

17. INFORMENT (Address) Clarence Smith 630 - 3rd west

18. BURIAL, CREMATION, OR REMOVAL
Place Hailey Ida. Date 11-11, 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 11/10, 1932 George C. Hailey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov 10, 1932

I last saw him alive on ....., 1932; death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary atelectasis	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles R. Scott, M. D.

(Address) Twin Falls Idaho

acd

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81513

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 217

(No.) 41
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Stark

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Nov 26-1905

7. AGE Years 27 Months ✓ Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bingham Utah

FATHER
13. NAME Walter D. Stark
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Blanche Parker
16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMENT (Address) Bryce Stark Twin Falls

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Stockton, Calif Date 11/29, 1932

19. UNDERTAKER (Address) Muss & Johnson Twin Falls, Johnson

20. FILED 11/29, 1932 George C. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1932, to Nov. 27, 1932
I last saw him alive on Nov. 27, 1932: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococci Septisemia	Nov. 21-32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr John R Morgan, M. D.
(Address) Twin Falls, Idaho

RECEIVED DEC 7 1932

PLACE OF DEATH

County of Valley

City of Roseberry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81514

Registration District No.

Primary Registration District No.

Local Registrar's No. 5

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Thomas Barker

(a) Residence. No. Roseberry Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Amy Barker

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 63 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mynna Co Kans

FATHER

13. NAME Craton T Barker

14. BIRTHPLACE (city or town) (State or country) Shelva Co Ill

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) C. O. Barker

18. BURIAL, CREMATION, OR REMOVAL Place Roseberry Date Burial, 193

19. UNDERTAKER (Address) W S Robb Cascade Ida

20. FILED Nov 3, 1932 H. Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1932, to Nov 1, 1932

I last saw him alive on Oct 30, 1932: death is said to have occurred on the date stated above, at 5 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Other contributory causes of importance:	
Chronic nephritis	Mar 1-1927

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roscoe C Ward M. D.

(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81515

PLACE OF DEATH
County of Valley
City of Cascade

Registration District No.
Primary Registration District No.
Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Albert Theodore Eickmeyer

(a) Residence. No. Cascade Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 58 | Months 5 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Saw Filer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus Neb

FATHER
13. NAME Andrew Eickmeyer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Grace B. Eickmeyer

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wash. Date Nov 7, 1932

19. UNDERTAKER (Address) A D Robb Cascade Ida

20. FILED Nov 4, 1932 Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1932, to Nov. 3, 1932

I last saw him alive on Nov 2, 1932. death is said to have occurred on the date stated above, at 3:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other contributory causes of importance:
Essential hypertension

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Pascal C. Ward, M. D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81516

PLACE OF DEATH

County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 22

(No. 33)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mark W. Harris

(a) Residence. No. Monroe Creek St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 17-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farm Work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Frank E. Harris
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Alpha Verley
16. BIRTHPLACE (city or town) (State or country) Nebr.

17. INFORMENT (Address) Frank E. Harris Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 11-15-1932

19. UNDERTAKER R. C. Northam
(Address) Weiser Idaho

20. FILED Nov 16, 1932 H. C. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1- 1932, to Nov. 8- 1932
I last saw him alive on Nov. 8 1932: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of bowels	Oct 1-1932

Other contributory causes of importance:
T B of Spine

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) F. A. Hamilton, M.D.
(Address) Weiser Idaho

RECEIVED DEC 1 1932

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81517

Registration District No. 86

Primary Registration District No. 1010 Local Registrar's No. 23

(No.) 57

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine A. Clobby

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Wh

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Clobby

6. DATE OF BIRTH (month, day, and year) Mar 29-1861

7. AGE Years 71 Months 7 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER

13. NAME John Meagher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Meegan

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) J. E. Clobby Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 11-26, 1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Dec 1, 1932 H. R. Hamilton C. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932, to Nov 25, 1932

I last saw her alive on Nov. 24, 1932: death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1924
Other contributory causes of importance:	
Diabetes Gangrene of foot	1932

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fatchmed M. D.

(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81518

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 25

(No. 10) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Milton Loomer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25 1816

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotts Bluff Nebr.

FATHER

13. NAME C. A. Loomer

14. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

MOTHER

15. MAIDEN NAME Vena Spencer

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) C. A. Loomer Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date Nov. 20 1932

19. UNDERTAKER R. C. Northern
(Address) Weiser Idaho

20. FILED Dec 1932 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19th, 1932, to Nov 19th, 1932.
I last saw him alive on Nov 19th, 1932. death is said to have occurred on the date stated above, at 5P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W. R. Hamilton, M. D.
(Address) Weiser Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 10 1928

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9 #2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81519

PLACE OF DEATH
County of Washington.
City of Cambridge.

Registration District No.
Primary Registration District No. Local Registrar's No. 1880

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clyde Emory Steward

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	American	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Steward

6. DATE OF BIRTH (month, day, and year) Nov. 14. 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. farmer

10. Date deceased last worked at this occupation (month and year) Oct. 6, 1932

11. Total time (years) spent in this occupation Entire life

12. BIRTHPLACE (city or town) (State or country) Polk County Iowa

FATHER

13. NAME Elijah Emory Steward

14. BIRTHPLACE (city or town) (State or country) Monroe County Ohio

MOTHER

15. MAIDEN NAME Victoria Virginia Wheelhouse

16. BIRTHPLACE (city or town) (State or country) Lincoln County Ohio

17. INFORMENT (Address) G. E. Steward Indian Valley, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Indian Valley Date Oct 9, 1932

19. UNDERTAKER J. A. Hubbleson (Address) Cambridge

20. FILED 10/12/32, 193 W. B. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/6/32 193

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1932, to Oct. 6, 1932

I last saw him alive on Oct. 6, 1932: death is said to have occurred on the date stated above, at 5:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Fracture of skull	10/6/32
Cruhing injury of right chest	10/6/32

Other contributory causes of importance:

Shock and hemorrhage	10/6/32

Name of operation None. Date of ---

What test confirmed diagnosis? Physical findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 10/6/32, 193

Where did injury occur? Cambridge, Wash. Co. Idaho. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry.

Manner of injury Falling under wheesl of truck.

Nature of injury Fracture of skull: crushing of right chest.

24. Was disease or injury in any way related to occupation of deceased?

Yes. If so, specify Transporting beef to market.

(Signed) W. B. T. Whiteman, M. D.

(Address) Cambridge, Ida.

RECEIVED DEC 31 1932

81520

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81520

PLACE OF DEATH

County of Franklin

City of Preston

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Ephriam Swann

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elma Swann

6. DATE OF BIRTH (month, day, and year) Dec. 31 1894

7. AGE Years 37 Months 11 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Edward Wm Swann

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Marie Erickson

16. BIRTHPLACE (city or town) (State or country) BairRiver Utah

17. INFORMENT (Address) Elma Swann Wife Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Dec. 6, 1932

19. UNDERTAKER (Address) M.W. Hendricks Preston

20. FILED Jan 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932, to Dec 3, 1932

I last saw him alive on Dec 3, 1932; death is said to have occurred on the date stated above, at 90 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma

Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Eugene Porley, M. D.

(Address) Preston, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 815521

PLACE OF DEATH
County of Twin Falls
City of Buhl
Registration District No. 39
Primary Registration District No. 2-687
Local Registrar's No.
(No. Buhl, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Arthur Stradley

(a) Residence. No. Buhl, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Doris Stradley

6. DATE OF BIRTH (month, day, and year) Feb. 2-1896

7. AGE			If LESS than 1 day, hrs. or min.
36 Years	10 Months	24 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green Wood
(State or country) Neb

FATHER

13. NAME W.F. Stradley

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Emma Cooper,

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMENT Mrs. Doris Stradley
(Address) Buhl, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Dec. 29, 1932

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED Dec. 31, 1932 J. H. Murphy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 26 Dec — 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1931, to 26-Dec —, 1932

I last saw him alive on 26-Dec —, 1932: death is said to have occurred on the date stated above, at 6 45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Mitral insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F.W. MacMannis, M. D.

(Address) Buhl, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1933

PLACE OF DEATH

County of Lemhi

City of North Fork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81523

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Melvin Hull 43

(a) Residence. No. North Fork St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Olive Hull

6. DATE OF BIRTH (month, day, and year): Sept 4 1870

7. AGE: Years 62 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montana

FATHER

13. NAME: Joseph Hull

14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER

15. MAIDEN NAME: Rosannah Mitchell

16. BIRTHPLACE (city or town) (State or country): Alabama

17. INFORMENT (Address): Olive Hull

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
Place: Gibbonsville Date: 12-21st, 1932

19. UNDERTAKER (Address): Wm C. Doebler, Salmon, Ida

20. FILED 1/5, 1933 Clio C. Bellamy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-19th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932, to , 193

I last saw him alive on Nov 19th, 1932: death is said to have occurred on the date stated above, at 8-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Jaw	
Right side	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F S Wright, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81524

PLACE OF DEATH
County of Blaine
City of Gannett
Registration District No. 57
Primary Registration District No. 2072
Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Holger Foster 31 Fox

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Urania Sturdevant

6. DATE OF BIRTH (month, day, and year) Aug 22 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation always

12. BIRTHPLACE (city or town) (State or country) Lolland Denmark

FATHER

13. NAME Joseph Foster

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Troller

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Urania H. Foster Gannett Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Smizer Plot City Date Dec 10, 1932

19. UNDERTAKER (Address) L. Harris Hailey Idaho

20. FILED 1-6, 1933 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 7, 1932

I last saw h— alive on Dec 7, 1932; death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1927
Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) E. W. Fox, M. D.

(Address) Hailey, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81525 (8 13-2)

County of Twin Falls
City of Twin Falls
Registration District No. 27
Primary Registration District No. 2085
Local Registrar's No. 231

(No. Twin Falls Ida. R.F.D. #3)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Philip W. Helms

(a) Residence. No. Twin Falls, R.F.D. #3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 19-1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs. Dave Stokesberry Twin Falls, Ida. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Ida Date Dec. 13, 1932

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Ida

20. FILED 12/13, 1932 George C. Hailey M.D. acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11Th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1926 to Dec 10, 1932
I last saw h alive on Dec 10, 1932; death is said to have occurred on the date stated above, at 1.30 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	11/5/32
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. #3
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No
(Signed) A. Howelson, M. D.
(Address) Twin Falls Idaho

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81526

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 77

(No. 11a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Edward Bemis.

(a) Residence. No. St. Kootenai Idaho,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Bemis.

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1894.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Disabled
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. War Veteran
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Park Rapids Minn

FATHER
13. NAME Norman M. Bemis.
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Elizabeth Gray
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs. Edna Bemis Kootenai Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Idaho Date Dec 22, 1932
19. UNDERTAKER (Address) L. B. Hyatt Sandpoint, Idaho
20. FILED Dec 22, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Dec 21, 1932
I last saw him alive on Dec 20, 1932; death is said to have occurred on the date stated above, at 12:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza -	11-7-32
Broncho Pneumonia	11-11-32
Other contributory causes of importance:	
Totally disabled - France - gunshot wounds and gas -	1918 -
Chronic Bronchitis	*
Canadian Soldier	1916

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. V. Stackhouse, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81581528

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Minidoka
City of Heyburn

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 372
(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Ludvig Erickson
(a) Residence. No. Heyburn St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 5 1872

7. AGE Years 60 Months 6 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) Heyburn High
(c) Name of employer School

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Mrs. C. L. Erickson

15. Filed Jan 10, 1933 H H Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1932, to Dec 7, 1932
that I last saw him alive on Dec 6, 1932
and that death occurred. on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cancer of bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? G G Espe
(Signed) , M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal Heyburn Idaho
Date of Burial Dec 11 1932

20. Undertaker D E Johnson
Address Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Eve... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... PATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

City of Boise Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 1

(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Joseph Doran. (Doran) 128

(a) Residence. (No. 2501 Woodlawn Ave.)
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ruth Doran

6. DATE OF DATE (month, day, and year) Mar. 13-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver (State or country) Colo.

FATHER

13. NAME Thomas Doran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Meade

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Robert Doran 2501 Woodlawn, Boise

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Ida Date 1-2, 1933

19. UNDERTAKER Schreiber McCann (Address) Boise Ida

20. FILED 1-3, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932, to Dec 30, 1932

I last saw him alive on Dec 30, 1932; death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Decompensated	
Heart surrender	
Fibrillation, ascites	

Other contributory causes of importance:

Acute Splenitis	
and Pancreatitis	
Cirrhosis of liver	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) J. H. Clark, M. D.

(Address) Boise Idaho

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81530

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No.
Primary Registration District No.
Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cathrina Stellecher

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 29 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Jacob Closeacher
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Catherine Closeacher
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Emma Moy

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Idaho Date , 193

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 12-28, 1932 Ed R Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 25 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to Dec 24, 1932.
I last saw h alive on Dec 24, 1932: death is said to have occurred on the date stated above, at 11:30 A m. Dec 25
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis and chronic myocarditis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J B Kennagy, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 18 1933

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81531

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 4

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME Frank Ohme

(a) Residence. No. Roberts Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ✓ yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8 1897

7. AGE Years 35 Months 7 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arcadia Neb.

FATHER

13. NAME Emil Ohme

14. BIRTHPLACE (city or town) (State or country) Omaha Neb.

MOTHER

15. MAIDEN NAME Luella Thomas.

16. BIRTHPLACE (city or town) (State or country) Omaha Neb

17. INFORMENT (Address) Mrs. Emil Ohme. Roberts Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place S. Mitchell Nat. Date Jan 28, 1932

19. UNDERTAKER (Address) V. F. McHan. Idaho Falls Ida.

20. FILED 12/24, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19th, 193.., to Dec 23, 1932

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 9 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer Stomach	Dec 1931
Other contributory causes of importance: Secondary anemia	Dec 10-1932

Name of operation Gastric Resection Date of Nov 5

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Surname of deceased maended Oct. 24, 1984 fc

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81534
State File No. 81534

PLACE OF DEATH
County of Bingham
City of Pingree

Registration District No. ~~121~~ 116
Primary Registration District No. ~~2194~~ 2195 Local Registrar's No. ~~178~~ 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Conrad Sandau (Conrad ~~Sandou~~) SANDAU 91 P

(a) Residence. No. Pingree, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 30 1869

7. AGE 63 Years | Months 10 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12/9/32

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Jacob Sandau
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Dorothy Zellner
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Harry Sandau

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Moreland Date Dec, 193

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Dec 12, 1932 Mrs. Walter E. Patrie Registrar.
1-9-33 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1932, to Dec. 9, 1932
I last saw him alive on Dec. 9, 1932: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) F. W. Mitchell, M. D.
(Address) Blackfoot Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

OCT 17 1984

State of _____
County of _____ } ss.

BUREAU OF VITAL STATISTICS STANDARDS AND LOCAL HEALTH SERVICES

Certificate No. D 81534
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for Conrad Sandou (Name on Original Certificate) who died (Was Born, Died, etc.) on December 9, 1932 (Date of Event)

in Pingree (Blackfoot) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
name of deceased	Conrad Sandou	Sandau

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Warren K. Sandau
Signature of Applicant

WARREN K. SANDAU
745 NE COCHRAN AVE.
GRESHAM, OREGON 970[illegible]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of October, 1984.

Notary Public, Thelma Koch

Residing at Gresham, Oregon

My commission expires 10-7-87

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

General Corresp. 10-11-84 (Sandau) fc

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81540

PLACE OF DEATH
County of Ada
City of Kuna
Registration District No. 124
Primary Registration District No. 2202 Local Registrar's No. 221
(No. Kuna, Idaho. R.#2)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl H. White.

(a) Residence. No. Kuna, Idaho. R#2. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary White.

6. DATE OF BIRTH (month, day, and year) Aug. 13-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME Julius White.
14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER
15. MAIDEN NAME Josephine Oxley
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Mary White. Kuna, Idaho. R.#2.

18. BURIAL, CREMATION, OR REMOVAL Place Kuna Cemetery Date 12/31/32 93

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 12/31, 193 2 Grant Whitehouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/29/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 193 2, to Dec 29, 193 2.
I last saw him alive on Dec 27, 193 2; death is said to have occurred on the date stated above, at 1:20 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia and Flu	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. F. Neal, M. D.
(Address) Meridian, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AN 7 1933

PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81541

Registration District No.

Primary Registration District No.

Local Registrar's No. 25

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada Canning

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1850

7. AGE Years 82 Months 0 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Michigan~~ Ohio

FATHER

13. NAME A. J. Squire

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Joanna Housong

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Wenatchee Wash Date , 193

19. UNDERTAKER B. W. Robison (Address) Meridian, Ida

20. FILED 12-6-, 1932 H F Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1932, to Dec 5, 1932

I last saw her alive on Dec. 4, 1932; death is said to have occurred on the date stated above, at 4:10 A.M.

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Neal, M. D.

(Address) Meridian Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

A.B. Boeck

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81542

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 323

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME La Rita Kane.

(a) Residence. No. 3039. Madison Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 16.1925

7. AGE Years 7 Months 8 Days 26. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oreana, Idaho.

FATHER
13. NAME William. A. Kane.
14. BIRTHPLACE (city or town) (State or country) Chicago. Illinois.

MOTHER
15. MAIDEN NAME Mildred Read.
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) William. A. Kane. 3039. Madison Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Dec. 13.1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-14 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 10.30 PM Dec 12, 1932, to 1.50 AM 12-12 1932

I last saw her alive on Dec, 193..; death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arebro Spinal meningitis	12-11-32

Other contributory causes of importance: No other causes found.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A B Boeck, M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81543

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 309

RECEIVED JAN 10 1933

No. 419 S. 9
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar Smith.

31

(a) Residence. No. 611. Grove Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1878.

7. AGE: 54 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albany New York.
(State or country)

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMENT Burt Parker.
(Address) 611. Grove Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Dec. 2.1932.
Place Date, 193

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-1, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29 1932.

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ Nov 29, 1932 to saw, 193
I last ~~saw him alive~~ on Nov 29, 1932; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	

Other contributory causes of importance:
Had Lung Hemorrhage on street.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clyde E. Summers Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81544

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 312

(No. St. Alphonsus Hos.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joann Bower

(a) Residence. (Usual place of abode) No. 518 State St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 26-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

FATHER

13. NAME Paul Kerwin

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Margarete Bowen

16. BIRTHPLACE (city or town) (State or country) Boise

17. INFORMENT (Address) Margaret Bowen 518 State

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem. Date 12-8, 1932

19. UNDERTAKER (Address) Schneider & Mc Cann Boise, Ida

20. FILED 12-8, 1932 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1932, to Dec. 6, 1932

I last saw her alive on Dec. 6, 1932; death is said to have occurred on the date stated above, at 5:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hereditary Syphilis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) K. G. Ordman, M. D.

(Address) Boise, Ida.

Ordman.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81545

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 319

RECEIVED JAN 10 1933

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin. H. Musgrove.

(a) Residence. No. 1326. Vermont Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jennie. A. Musgrove.

6. DATE OF BIRTH (month, day, and year) Sept. 15. 1878.

7. AGE Years 54. Months 2 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sumner Co.
(State or country) Kansas.

FATHER
13. NAME Lemuel. O. Musgrove.
14. BIRTHPLACE (city or town) Ohio.
(State or country)

MOTHER
15. MAIDEN NAME Jennie Marshall.
16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMENT Mrs. Jennie. A. Musgrove.
(Address) 1326. Vermont Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Dec. 15. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-13, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-13 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19th, 1932, to Dec 13th, 1932
I last saw him alive on Dec 12th, 1932: death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma in region of stomach and pancreas.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Jon Bowers, M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81546

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 330

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie M. Allen

(a) Residence. No. 1620 North 5th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Aaron Allen

6. DATE OF BIRTH (month, day, and year) Oct. 23 - 1863

7. AGE Years 69 Months 1 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Geo. Keller
14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMENT (Address) Charlie Allen Boise Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Morris Hill Date 12-23, 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 12-27, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-21 Dec 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1932, to Dec. 20th, 1932
I last saw her alive on Dec 20th, 1932: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Cancer of [illegible]

Date of onset

Other contributory causes of importance:

Mucous colitis for years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [illegible], M. D.
(Address) Boise Ida

Back

RECEIVED JAN 10 1933

PLACE OF DEATH

County of Ada

City of near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Bridge

DO NOT WRITE IN THIS SPACE

State File No. 81547

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Jane Burbank.

(a) Residence. No. Ivy Wild, South Boise. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J.J. Burbank.

6. DATE OF BIRTH (month, day, and year) July. 29.1847.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Lillian Woodall. R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Dec. 31.1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-30, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932, to Dec 29, 1932

I last saw her alive on Dec 29, 1932; death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus (Coma)	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Phy. findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alfred Bridge E. Jr. M.D., M. D.

(Address) Boise Idaho,

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Hamilton, O

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81548

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 320

RECEIVED JAN 10 1933

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada. M. Koontz.

(a) Residence. No. Near Whitney School. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 27. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME Louis.L. Meeker.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Elizabeth Marrow.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Clyde Koontz. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Dec. 14. 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-13, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-11 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1926, to Dec. 11, 1932

I last saw h.e alive on Dec 11, 1932: death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus with coma.	1926
	12-8-32

Other contributory causes of importance:

Toxic Thyroid	1922
Endocarditis.	1922

Name of operation Blood sugar t Date of

What test confirmed diagnosis? Chemical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) O. P. Hamilton, M. D.

(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81549

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 333

(No. Idaho Soldiers Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred M. Van Scoten

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 1-1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil War Veteran

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Jersey.
(State or country)

FATHER

13. NAME Unknonw.

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMENT Charles Walker.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem. Date 12/29/32

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho.

20. FILED 12-29, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to Dec. 26, 1932

I last saw him alive on Dec. 25, 1932, death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred A. Tuttle, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81550

PLACE OF DEATH
County of Ada
City of
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 101
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Levi. D. Mumma.

(a) Residence. No. 1 Miles South West Of Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 10. 1850.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	4.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME Wesley Mumma.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Euda Brown. Meridian, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 12-17 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-17, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 14. 1932.

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1932, to 12/14, 1932
I last saw h alive on 12/14, 1932. death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Myocardial degeneration

Name of operation None. Date of
What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred A. Kramer, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 193

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81551
State File No.

County of Ada
City of Meridian
Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 24

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eli. E. Auxier.

(a) Residence. No. 3 Miles South West of Eagle. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 10. 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86.	3	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Minister.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mason City, Ill.

FATHER

13. NAME Eli. V. Auxier.
14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Margaret Whipp.
16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) James. W. Auxier. R.D. #. 1. Meridian, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Cemetery Morris Hill Cemetery Date Dec. 4. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-3-, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 193 2, to Dec 2, 193 2
I last saw him alive on Dec. 2, 193 2; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cholecystitis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81552

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 6

Primary Registration District No. 2004 Local Registrar's No. 104

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Almon H. Fosdick

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 7-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pearl Allen, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place County Cemetery Date 12/31/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 12-30, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 26, 1932

I last saw him alive on Dec 24, 1932; death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Hypostatic Pneumonia	?

Other contributory causes of importance:

Toxaemia	Dec 15th

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Braytan, M. D.

(Address) Boise, Idaho.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81553

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 10-04
Local Registrar's No. 329
(No. 1703 N. 17th street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas P. Woodcock.

(a) Residence. No. 1703 N. 17th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Woodcock

6. DATE OF BIRTH (month, day, and year) July 22-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hide & Wool Business.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mallala, Prairie, Ore.

FATHER
13. NAME Williston Dixon Woodcock.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Ellazanna Cornelius.
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Mrs. Anna Woodcock. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Pioneer Cemetery Date 12/22/32
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.
20. FILED 12-23-1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/20/32

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Dec 20, 1932.
I last saw h.. alive on Dec 20, 1932; death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Emp. Abscess	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O H Parker, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 10 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81554

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 327
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert. H. Liggett.

(a) Residence. No. Banks, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Mattie. V. Liggett.

6. DATE OF BIRTH (month, day, and year) Nov. 4. 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59.	1	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vancouver, Wash.

FATHER

13. NAME George Liggett.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT George Liggett.
(Address) Banks, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Middleton Idaho. Dec 22. 1932

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-23 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-20 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Dec 20, 1932
I last saw him alive on Dec 20, 1932. death is said to have occurred on the date stated above, at 1120 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart & Myocarditis	Years ago

Other contributory causes of importance:

Thrombosis of Middle Meningeal artery left side Right side hemiplegia	Dec 17 1932

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) T. M. Bratton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81555

County of Ada
City of
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 102

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Caroline Hermo.

(a) Residence. No. Barber. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 25. 1847.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER

13. NAME John Kliener.

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Unknwon.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Marie Hinkey. Barber, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Parma Idaho. Date Dec. 28 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 12-29, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12 - 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1932, to , 193..
I last saw her alive on Dec 2, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Forlsch, M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81557

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 334

(No. 1410 N. 7th street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Nellie Willis

(a) Residence. No. 1410 N. 7th street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Willis

6. DATE OF BIRTH (month, day, and year) Sept. 6-1873

7. AGE: Years 59 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Seward, Nebr.

FATHER

13. NAME Sylvester Hickman.

14. BIRTHPLACE (city or town) (State or country) Newton, Iowa.

MOTHER

15. MAIDEN NAME Henrietta Dawley.

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT Mrs. R. D. Leonardson.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem. Date 12/28/32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 12-29, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/25/32 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1931, to Dec. 25th, 1932

I last saw her alive on Feb 25th, 193...: death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Hypertension and complete paralysis - following paralysis agitans of years standing.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81558

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 335

(No.) Idanha Hotel, 10th & Main streets.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Van Frederick Peterson.

(a) Residence. No. 106 Warm Springs Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen Peterson.

6. DATE OF BIRTH (month, day, and year) Mar. 25-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Assistant Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idanha Hotel.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Van Peterson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Myja ---------

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Elwyn Peterson. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 12/30/32 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 12-30, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Just Mst Hosp, 193 to , 193

I last saw h~~is~~ alive on Dec 27, 1932 death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure &	
Cerebral Hemorrhage.	Sudden.

Other contributory causes of importance:

Senility

Name of operation None. Date of

What test confirmed diagnosis? Physical & Hom. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Herald T. Nokes, M. D.

(Address) Boise, Idaho

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81559

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 98
(No. 2nd & Roosevelt.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Eliza Seetin Rule.

(a) Residence. No. 2nd & Roosevelt. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Robert S. Rule.

6. DATE OF BIRTH (month, day, and year) Jan-1-1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Thomas Seetin.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME McGee.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) S. A. Rule. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Caldwell Date 12/7/32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 12-7, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/5/32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Nov 29, 1932

I last saw her alive on Nov 29, 193 2: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and Left Hemiplegia	1928

Other contributory causes of importance:

Bedsores & Pneumonia

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Only saw this case

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Bratton, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81560

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 322

(No. 210½ north 6th street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melissa O. DeCompte.

(a) Residence. No. 210½ north 6th street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 85. Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Lula Matthews. Falconer. New York.

18. BURIAL, CREMATION, OR REMOVAL Place Sinclairvill. N.Y. Date Dec. 14 1932

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from see remark below, 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12-11-32
Remark Did not attend diseased. She was dead when I arrived.	

Other contributory causes of importance: arteriosclerosis
Diagnosis was made on unequal didatation of the pupils

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) W. L. Frazier, M. D.
(Address) 416 Eastman Building

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81561

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED JAN 10 1933

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 311

(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

7 a

2. FULL NAME Floy Ford

(a) Residence. No. ..... St. Mt. Home Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Ford

6. DATE OF BIRTH (month, day, and year): 4/9/92

7. AGE: Years 40, Months 7, Days 26, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER
13. NAME: Thomas Dedman
14. BIRTHPLACE (city or town) (State or country): —

MOTHER
15. MAIDEN NAME: Ella Jerdon
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): John Ford, Mt. Home

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Mt. Home Ida. Date: 12-5, 1932

19. UNDERTAKER (Address): G. S. Zacher, Mt. Home Ida.

20. FILED 12-7, 1932. W. H. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-5-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-5-, 1932, to 12-5-, 1932

I last saw her alive on 12-5-, 1932: death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	

Other contributory causes of importance:

Hypertension
-230 m-

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Baick, M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81562

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 325

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Hubbell Mc Millan.

(a) Residence. No. 1119. Franklin Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Mc Millan.

6. DATE OF BIRTH (month, day, and year) Oct. 10.1871.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
61.	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Oregon.

FATHER

13. NAME Norman. S. Hubbell.

14. BIRTHPLACE (city or town) (State or country) Elmira New York.

MOTHER

15. MAIDEN NAME Elizabeth Reynolds.

16. BIRTHPLACE (city or town) (State or country) Elmira. New York.

17. INFORMENT (Address) John Mc Millan. 1119. Franklin Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Dec. 20.1932.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-19, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-17 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1932 to ....., 193..

I last saw her alive on Dec. 17th, 1932 death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Horace Bodle, M.D.O.

(Address) 108-110 Grey Bld. Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81563

RECEIVED JAN 10 1933

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 316

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leslie Busbee.

(a) Residence. No. Cascade, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Unknown.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown.

7. AGE — Years: 73 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unknown.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place County Cemetery Date 12/10/32

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 12-10, 1932 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/8/32 193

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 8, 1932

I last saw him alive on July 7, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Arterio—Sclerosis	

Other contributory causes of importance:

Pneumonia (Lobar)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A. Fitzhugh, M. D.

(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81564

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 310

RECEIVED JAN 10 1933

(If death occurred in a hospital or institution, give its name instead of street and number.)
(No. St Lukes Hospital.)

2. FULL NAME Margaret Taylor.

(a) Residence. No. 1107. N. 20 th Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 20. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 6. 1885.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Private Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. to Secretay of State

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Saline County.
(State or country) Missouri.

FATHER

13. NAME Ike. P. Taylor.

14. BIRTHPLACE (city or town)
(State or country) Kentucky.

MOTHER

15. MAIDEN NAME Sallie Dean.

16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMENT Mrs. J.M. Taylor.
(Address) 1115. N. 12 th Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. DDec. 5.1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-6, 1932 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25th, 1932, to Dec 2nd, 1932

I last saw her alive on Dec 2nd, 1932.: death is said to have occurred on the date stated above, at 8.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Peritonitis following operation for ruptured appendix	

Other contributory causes of importance:

Name of operation Appendectomy Date of Nov 25-32

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. M. Taylor, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Evans Lamb V

RECEIVED JAN 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81565

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 336

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William. F. Syra.

(a) Residence. No. Kuna, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 27. 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown. (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown. (State or country)

17. INFORMENT Elana Syra. (Address) Kuna, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Dec. 30. 1932.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 12-30, 1932 W. H. Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 27 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932, to Dec 27, 1932

I last saw him alive on Dec 27, 1932; death is said to have occurred on the date stated above, at 8-13 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris —	4/1/32
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. B. Evans-Lamb, M. D.

(Address) 405 Eastman Bldg

RECEIVED AN 10 1933

Frazier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81566

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 331

(No. 1202 N. 16th street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Henry Hill.

(a) Residence. No. Mountain Home, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 77 Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 12/26/32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 12-29, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/22/32, 193

22. I HEREBY CERTIFY, That I attended deceased from November, 1930, to Dec. 22, 1932

I last saw him alive on Dec. 22, 1932: death is said to have occurred on the date stated above, at 11:25 P.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Related causes:
Carditis, Arterio-Sclerosis and Nephritis

Date of onset

Other contributory causes of importance:
Related Causes stated above

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Frazier, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Frozen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81567

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 315

RECEIVED JAN 10 1933

1715 N. 14th street.
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Mrs. America Howry

(a) Residence. No. 1715 N. 14th street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David Howry.

6. DATE OF BIRTH (month, day, and year) Oct. 23-1847

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
85	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME John L. Thomas.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Buckworth.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT Mrs. Floy E. Hale.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem. Date 12/8/32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 12-8, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/6/32 193

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1932, to 12-6, 1932

I last saw h[illegible] alive on 12-5, 1932; death is said to have occurred on the date stated above, at 1:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Dr. [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81568

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. ~~99~~ 100

(No. Boise, Idaho. Route #4.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Calvin Whittington.

(a) Residence. No. Boise, Idaho. Route #4. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Grace Whittington.

6. DATE OF BIRTH (month, day, and year): Aug. 5-1894

7. AGE: Years 38, Months 4, Days 8, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Dairy Business.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: Benjamin H. Whittington.
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Lucy Simmons.
16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMENT (Address): Thomas C. Whittington. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 12/16/32 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 12-15 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12/13/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 12, 1932
I last saw him alive on Dec 11, 1932 death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever in childhood with resultant leakage	
Chronic Valvular heart	15 yrs
Over work with decompensated heart	July 1932

Other contributory causes of importance: Chronic bronchitis

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. B. Boock, M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81569

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 103

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Hobson

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Nov. 8-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME William P. Hobson.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Lydia Boyles.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) John Hobson. Mountain Home, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 12/28/32 93

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 12-29-, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/26/32 193

22. I HEREBY CERTIFY, That I attended deceased from aug, 193 1, to Dec 26, 193 2

I last saw him alive on Dec 24, 193 2 death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Muscular Atrophy.	Years
Gastric Ataxy	Dec 15 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Bratton, M. D.

(Address) Boise, Idaho.

Notes 4976

RECEIVED JAN 10 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 81570

Local Registrar's No. 321

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irma Maybelle Matthews.

(a) Residence. No. R.D. # 5. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Paul Matthews.

6. DATE OF BIRTH (month, day, and year) July. 12. 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	4	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Burt. W. Pierce.

14. BIRTHPLACE (city or town) (State or country) Wisconsin.

MOTHER

15. MAIDEN NAME May Briley.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT (Address) Paul Matthews. R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Dec. 14. 1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-13, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-11 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932, to Dec 11 1932

I last saw he alive on Dec 11 1932: death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	Dec. 6
C	
Bronchial Pneumonia	Dec 6

Other contributory causes of importance:
Post. Operative,
Cancer of Cervix, Retrovers.

Name of operation Abdominal Date of Dec 5

What test confirmed diagnosis? P. E. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward T. Nokes, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81571

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 313

RECEIVED JAN 10 1933

(No.) 918 N. 22nd Street.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Beatrice Kincaid.

(a) Residence. No. 2223 Ellis Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Warren Kincaid.

6. DATE OF BIRTH (month, day, and year) August 10-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Typist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meadows, Idaho.

FATHER

13. NAME William T. Cooper.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Harriett P. Sprostan.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Warren Kincaid. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place Morris Hill Cem. Date 12/6/32, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 12-9, 1932 W. H. Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/4/32 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932, to Dec 4, 1932

I last saw her alive on Dec 3, 1932; death is said to have occurred on the date stated above, at 11:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensated Heart with acute Dilatation.	Nov 20 1932
Bronchopneumonia	Nov 20
Other contributory causes of importance: Chronic Valvular Heart Disease	15 years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. M. Boucek, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81572

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 318

RECEIVED JAN 10 1933

No. St. Alphonsus Hos.
(If death occurred in a hospital or institution, give its name instead of street and number.)

1092

2. FULL NAME Barton Glen Edwards

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 10-1912

7. AGE Years 20 Months 3 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME Thomas Edwards
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Elizabeth Wittmeyer
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) Mrs McKinly Eastippe King Ada

18. BURIAL, CREMATION, OR REMOVAL Place Boise Id. Date Morris Hill 12-12-32

19. UNDERTAKER (Address) Schreiber & Mr Cann Boise Id.

20. FILED 12-13, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Dec 9, 1932
I last saw him alive on Dec 9, 1932: death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	12/4/32
Toxic Myocarditis chronic	unknown

Other contributory causes of importance:

Bronchiectasis both lungs severe	1928

Name of operation Phrenicectomy right left Date of July & Aug 1931
What test confirmed diagnosis? Clinical findings & X ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) N. C. Trauba, M. D.
(Address) U S Vet Adm Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81573

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 326

(No. 207 Owyhee blvd.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Nettie M. Kinsey.

(a) Residence. No. 207 Owyhee blvd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E. H. Kinsey.

6. DATE OF BIRTH (month, day, and year) Aug. 27-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Yatton, Iowa.
(State or country)

FATHER

13. NAME Joseph R. Rose.

14. BIRTHPLACE (city or town)
(State or country) Iowa.

MOTHER

15. MAIDEN NAME Mary C. Druf.

16. BIRTHPLACE (city or town)
(State or country) Miss.

17. INFORMENT (Address) Mrs. C. E. Wakeman. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 12/20/32 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 12-20, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/18/32 193

22. I HEREBY CERTIFY, That I attended deceased from 12-14-, 1932; to 12-18, 1932

I last saw her alive on 12-18, 1932; death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
following Influenza	

Other contributory causes of importance:

Arthritis deformans	
30 yrs & more	

Name of operation — Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Attorney , M. D.
(Address) Boise, Idaho.

RECEIVED DEC 15 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81574

PLACE OF DEATH
County of Adams
City of Indian Valley
Registration District No. 71
Primary Registration District No.
Local Registrar's No. 31

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Van Smith 74a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mall
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Maried
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Husband
6. DATE OF BIRTH (month, day, and year)
7. AGE 63 Years Months 4 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tryte Vall
(State or country) Arkansas

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Guy Smith
(Address) Indian Valley Ida
18. BURIAL, CREMATION, OR REMOVAL
Place Indian Valley Cemetery Date Oct 13, 1932
19. UNDERTAKER A Hudelson
(Address) Cambridge Ida
20. FILED Dec 14, 1932 Alvin S Thurston M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1932
22. I HEREBY CERTIFY, That I attended deceased from 10-12-32, 193, to 10-12-32, 193
I last saw him alive on 10-12-32 193 : death is said to have occurred on the date stated above, at 11:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-12-32

Other contributory causes of importance:
Arterio-sclerosis.

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) [signature], M. D.
(Address) Cambridge Ida

RECEIVED JAN 4, 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81575

PLACE OF DEATH
County of Adams
City of

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 32
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anthony B. Barbour
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 24 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. ~~Single, Married,~~ Widowed, or ~~Divorced (write the word.)~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day and year) May 10, 1866

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	70	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

PARENTS

10. NAME OF FATHER Edward Barbour.
11. BIRTHPLACE OF FATHER (city or town) Indiana
(State or Country)
12. MAIDEN NAME OF MOTHER Mary Kirkpatrick
13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or County)

14. Informant (Address) Brother Robert Barbour.

15. Filed Jan 3, 1933. Alvin S Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 10 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Saw first on Dec 14th dead, 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Found dead Sat. AM Dec 10th 1932. about noon. Had history of heart disease. Diagnosis of exact condition not known
several (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Had history of apoplexy 6 yrs ago + mental disease was in insane institute at times (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? 0 Date of
Was there an autopsy? 0
What test confirmed diagnosis? 0
(Signed) Alvin S Thurston, M. D.
Dec 14, 1932 (Address) Council Idaho

19. Place of Burial, Cremation, or Removal: Indian Valley
Date of Burial: Dec 16 1932

20. Undertaker: J. Hudelson
Address: Cambridge Ida

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81579

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 27

Primary Registration District No. 2161

Local Registrar's No. 461

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1612

2. FULL NAME Ann Price

(a) Residence. No. 215 North Sixth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 31, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	3 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Chas. H. Price

14. BIRTHPLACE (city or town) (State or country) Oaklahoma.

MOTHER

15. MAIDEN NAME Ora Jones

16. BIRTHPLACE (city or town) (State or country) Oaklahoma.

17. INFORMENT (Address) Chas. H. Price, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Ida. Date Jan. 1, 1932

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Dec. 31, 1932. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 31, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932, to Dec 31, 1932

I last saw her alive on 10 days, 1932: death is said to have occurred on the date stated above, at 1.38 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (7th month)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. S. Miller, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81580

County of Bannack
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 452

(No. 730 N. 4th)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Marrie May Jenkins

(a) Residence. No. 730 N. 4th St.
(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Topeka Kansas

FATHER

13. NAME Henery Turner

14. BIRTHPLACE (city or town) (State or country) Nashville Ten.

MOTHER

15. MAIDEN NAME Parilee Parrish

16. BIRTHPLACE (city or town) (State or country) Nashville Ten

17. INFORMENT (Address) Esther Vaughn 730 N. 4th.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Ida. Date 12/25, 1932

19. UNDERTAKER Mc, Han Undertaking Co. (Address) Pocatello Idaho

20. FILED Dec 23, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 193 1, to 12-22, 1932

I last saw her alive on 12-22, 193 2; death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1928
Other contributory causes of importance:	
Hypertension	1926

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Bridges, M. D.

(Address) Pocatello Idaho

RECEIVED JAN 6 1933

PLACE OF DEATH

County of Bannack

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81581

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 460

(No. General Hos. Pocatello Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME George Van Fouche

(a) Residence. No. No Gales Ariz. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1899

7. AGE Years 33 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nogales Ariz.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Supt. Mrs Rasmason Pocatello Gener. Hos.

18. BURIAL, CREMATION, OR REMOVAL Place Mount. View Date Dec. 31 1932

19. UNDERTAKER (Address) Mc Han Undertaking Co. Pocatello Idaho.

20. FILED 12-31, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1932, to 12-30, 1932

I last saw him alive on 12-30, 1932; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	12-24-32

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brothers M. D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81582

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 455

2. FULL NAME George W. Brookhart
(a) Residence. No. ..... St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora E.

6. DATE OF BIRTH (month, day and year) Apr. 28, 1882

7. AGE Years 50 Months 6 Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Foreman of Bridge Bldg.
(c) Name of employer O. S. L.

9. BIRTHPLACE (city or town) (State or country) Selma Iowa

PARENTS
10. NAME OF FATHER Abram C. Brookhart
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Cynthia A. Wildman
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ind.

14. Informant Ray Brookhart
(Address) Pocatello Idaho

15. Filed 12-16, 1932 I. Clay Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-15, 1932, to 12-14, 1932
that I last saw him alive on 12-14, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Mesenteric Thrombosis
Operation for gallstones.
..... (duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (Secondary) Cholecystectomy
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of 12/5/32
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) [signature], M. D.
12/19, 1932 (Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Mount Mariah Cemeter
Date of Burial: Dec., 17 1932

20. Undertaker: Downard's Fun. Home
Address: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81583

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. Lynn Bros. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 445

106a

2. FULL NAME Harold Van Epps
(a) Residence. No. 2 mi. S. of city St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 21, 1913

7. AGE Years 19 Months 9 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) H. S. Student
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

PARENTS
10. NAME OF FATHER W. E. Van Epps
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Moreland Iowa
12. MAIDEN NAME OF MOTHER Chestie Christensen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denmark

14. Informant Gilbert Van Epps
(Address) Pocatello, Idaho

15. Filed 12-6, 1932 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 3 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932, to 12-3, 1932
that I last saw him alive on Dec 3, 1932
and that death occurred, on the date stated above, at 330A m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yes
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Examination
(Signed) J. H. Lynn, M. D.
12/7/32, 19 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mountain view
Date of Burial Dec. 6 1932

20. Undertaker Downard's Funeral Home
Address Pocatello

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81584

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 450

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jas C. Downey

(a) Residence. No. 538 N. Hayes St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Loretta Downey

6. DATE OF BIRTH (month, day and year) Oct 12 - 1875

7. AGE

Years	Months	Days	If LESS than 1 day,
57	1	27	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Car Inspector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer O. S. L.

9. BIRTHPLACE (city or town) (State or country) Corning Davis County, Indiana

PARENTS

10. NAME OF FATHER Wm. Downey

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Elizabeth Farrell

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14. Informant Mrs O. W. Anderson
(Address) Pocatello, Idaho

15. Filed Dec 12, 1932 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 9 — 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Found dead at home probable Myocarditis?
No autopsy or Inquest held.
Cause Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur W. Hall Coroner ~~M. D.~~

....., 19..... (Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mountainview Cemetery — Date of Burial Dec 13 1932

20. Undertaker Byron B Downard — Address Pocatello Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81585

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 27

Primary Registration District No. 2161

Local Registrar's No. 448

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1912

2. FULL NAME Keith Stewart Shurtliff

(a) Residence. No. 709 South Hayes Ave. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 21, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Jeston V. Shurtliff

14. BIRTHPLACE (city or town) (State or country) Louisville, Idaho.

MOTHER

15. MAIDEN NAME Edith Stewart

16. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

17. INFORMENT (Address) Mrs. J. V. Shurtliff Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Dec. 7, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Dec. 6, 1932. D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 5, 1932.

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1932, to Dec. 5, 1932.

I last saw him alive on Dec. 5, 1932.: death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov. 27

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193.

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D C McDougall, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81586

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 29
Primary Registration District No. 216
Local Registrar's No. 459

(No. Gen. Hospitable
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Barnard O'Kesson

(a) Residence. No. Route 1. North of city St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barnard O'Kesson

6. DATE OF BIRTH (month, day, and year) Oct. 2 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Wm. Manuel

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Paul Hall 143 N. 14th.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Date Dec. 28, 1932

19. UNDERTAKER (Address) McHan. Pocatello

20. FILED 12-27, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1932 to Dec. 24, 1932

I last saw her alive on Dec. 24 1932; death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza a	Dec. 8

Other contributory causes of importance:

Lobar Pneumonia Dec 19

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. F. Howard M. D.

(Address) Pocatello, Idaho.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81587

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 152

(No. Saint Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 b

2. FULL NAME Rose Ida Ahlmstrom

(a) Residence. No. 437 South Harrison St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Martin W. Ahlmstrom

6. DATE OF BIRTH (month, day, and year): April 11, 1880.

7. AGE: Years 52 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland.

FATHER
13. NAME: Fredrick Blaser
14. BIRTHPLACE (city or town) (State or country): Switzerland.

MOTHER
15. MAIDEN NAME: Elizabeth Lark
16. BIRTHPLACE (city or town) (State or country): Switzerland.

17. INFORMENT (Address): Martin W. Ahlmstrom, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Idaho Date: Dec. 18, 1932.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Dec. 14, 1932. D C Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 14, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Dec 14, 1932
I last saw her alive on Dec 14, 1932; death is said to have occurred on the date stated above, at 11,45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double pneumonia	Dec 5 1932

Other contributory causes of importance:

Chronic nephritis	2 yrs.

Name of operation: Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brothers, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1933

PLACE OF DEATH

County of Bannock

City of Chesterfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 81588

Local Registrar's No. 279

(No. 11a)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Winnifred Catharine Waddell

(a) Residence. No. Chesterfield Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Sylvanus Waddell

6. DATE OF BIRTH (month, day, and year) Nov-2-1856

7. AGE 76 Years	Months 1	Days 4	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carson City Nevada

FATHER

13. NAME Benjamin Wood Smith

14. BIRTHPLACE (city or town) (State or country) dont know

MOTHER

15. MAIDEN NAME Agnes Wood Smith

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Chas Cahl Chesterfield Ida

18. BURIAL, CREMATION, OR REMOVAL Place Chesterfield Date Dec 6, 1932

19. UNDERTAKER (Address) None

20. FILED Dec 30, 1932 Mrs. G. G. Fish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Dec 6, 1932

I last saw her alive on Dec 6, 1932: death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	

Other contributory causes of importance:

Name of operation house Wife Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Annie Cahl (neighbor)

(Address) Chesterfield Ida.

No M. D. in attendance

RECEIVED JAN 6 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81589

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 451

(No. Lyon Bros Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John V. Delios

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mr. W. E. Smith Pocatello Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date Dec 11, 1932

19. UNDERTAKER (Address): McHan Undertaking Co. Pocatello Idaho

20. FILED Dec 9, 1932 J. C. Riley Registrar.

1/9/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 1932

22. I HEREBY CERTIFY, That I attended deceased from 16 Nov, 1932, to Dec 9, 1932

I last saw h[illegible] alive on Dec 9, 1932 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Chronic interstitial nephritis	

Other contributory causes of importance:

Enlarged prostate	

Name of operation Preliminary Date of 11/17/32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify not

(Signed) J. V. Lyon, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81590

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 29
Primary Registration District No. 2161
Local Registrar's No. 458

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Ferando

(a) Residence. No. National Hotel, Poca., St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): June, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Realtor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Hotel - man

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy.

FATHER

13. NAME: Francisco Ferando

14. BIRTHPLACE (city or town) (State or country): Italy.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Louis Boreo, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: Dec. 23, 1932.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Dec. 23, 1932. D C Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 19, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur W. Hall. Coroner, M. D.

(Address) Pocatello, Idaho.

RECEIVED DEC 15 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81591

PLACE OF DEATH
County of Bannock.
City of Lava Hot Springs

Registration District No. 84
Primary Registration District No. 2161
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 275

1618

2. FULL NAME Nicholas Edwin Marso.

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day and year) Nov. 25, 1932.

7. AGE Years	Months	Days	If LESS than 1 day,
			5 hrs. or 58 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Lava Hot Springs
(State or country) Idaho.

PARENTS

10. NAME OF FATHER Nicholas Edwin Margo
11. BIRTHPLACE OF FATHER (city or town) Humboldt
(State or Country) Iowa.
12. MAIDEN NAME OF MOTHER Otta Mable Boyles
13. BIRTHPLACE OF MOTHER (city or town) Ansley
(State or Country) Neb.

14. Informant Copy from Birth certificate
(Address) Lava Hot Springs, Ida.

15. Filed Dec 8, 1932 Mrs. F. G. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 25 1932.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to On Nov 25, 1932
that I last saw him alive on Nov 25, 1932
and that death occurred, on the date stated above, at 7:05 P. m.

The CAUSE OF DEATH* was as follows:
Prolapsed cord during Delivery. Strangulation
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) None Known
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? no.
What test confirmed diagnosis? .....

(Signed) C. A. Ruth M. D.
11-26, 1932 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Pocatello Elelieve	Don't know
20. Undertaker	**Address**
Don't know	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81592

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. St. Anthony's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 444

126

2. FULL NAME Agusta Palany Gentillon

(a) Residence. No. ..... St. Firth, Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isadore

6. DATE OF BIRTH (month, day and year) Sept., 6

7. AGE Years 37 Months Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) France

PARENTS

10. NAME OF FATHER Joseph Palany
11. BIRTHPLACE OF FATHER (city or town) (State or Country) France - Haute-Alpe
12. MAIDEN NAME OF MOTHER Octava Grimaud
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) France

14. Informant Isadore Gentillon
(Address) Firth, Idaho

15. Filed 12-6, 1932 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec., 3 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1932, to Dec 3, 1932
that I last saw her alive on Dec 3, 1932
and that death occurred, on the date stated above, at 10:15 P m.
The CAUSE OF DEATH* was as follows:
Acute sleptococcic pneumonia and septicaemia: dilated stomach.
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cholecystectomy
Subacute & Chronic Cholecystitis
(duration) yrs. mos. 2 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Dec 1-1932
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) A.M. Newton, M. D.
Dec 6, 1932 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Firth, Idaho
Date of Burial Dec 7 1932

20. Undertaker Byron B. Downard
Address Pocatello, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 81593

Local Registrar's No. 449

(No. Residence 160)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James David Gutzman

(a) Residence. No. 902 South Grant Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Isaac Gutzman

14. BIRTHPLACE (city or town) (State or country) Salmon, Idaho.

MOTHER

15. MAIDEN NAME Georgia Bell Lawson

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) Isaac Gutzman Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Dec. 8, 1932.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Dec. 7, 1932. D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 6, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1932, to 12-6, 1932

I last saw h[illegible] alive on 12/6, 1932; death is said to have occurred on the date stated above, at 6-30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorum	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81594

Registration District No. 28

Primary Registration District No. 2841 Local Registrar's No. 449

(No. 3 Carlisle Hotel Bld.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lowell Harrison Vaughn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): April 9, 1868

7. AGE: Years 64 | Months 7 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O.S.L.R.R.Co.

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (city or town) (State or country): Clear Springs Indiana

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Otis Miller Pocatello

18. BURIAL, CREMATION, OR REMOVAL. Place Pocatello Date Dec 9, 1932

19. UNDERTAKER (Address): Thomas Trudt & Doc Pocatello Idaho

20. FILED Dec 9, 1932 D. Kall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 7 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1932 to 12/7, 1932

I last saw him alive on 12/7, 1932; death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Myocardial Failure	
Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Tanner M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81596

PLACE OF DEATH

County of Bannock

City of McCammon

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 280

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Carl Peter Larsen

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 14, 1884.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER

13. NAME Lars Peter Jensen

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Karren Marie Nelsen

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMENT (Address) John Larsen McCammon, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place McCammon, Idaho Date Dec. 10, 1932.

19. UNDERTAKER Arthur V. Hall
(Address) Pocatello, Idaho.

20. FILED Dec. 30, 1932. Mrs. G. G. Fit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 6, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932, to Dec 6, 1932.

I last saw him alive on Dec 6, 1932.; death is said to have occurred on the date stated above, at 10.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, Gangrene right hand and arm	

Other contributory causes of importance:

Crushing injury to right thumb Dec 1, 32	

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 12-1, 1932

Where did injury occur? McCammon
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury Contusion & Laceration

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify General farm work

(Signed) C. A. Rich, M. D.

(Address) Lava Hot Springs, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 81597

Local Registrar's No. 453

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Darrold Glen Spencer

(a) Residence. No. 1114 South Fifth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7, 1919.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Glen Spencer

14. BIRTHPLACE (city or town) (State or country) Centerville, Utah.

MOTHER

15. MAIDEN NAME Jessie Walker

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Penn.

17. INFORMENT (Address) Glen Spencer Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Dec. 18, 1932.

19. UNDERTAKER Arthur V. Hall
(Address) Pocatello, Idaho.

20. FILED Dec. 17, 1932. J. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 17, 1932

I last saw h[illegible] alive on Dec 16, 1932: death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Blood Stream Infection	
(Staphylococcic Bacteremia)	

Other contributory causes of importance:

Had a open wound on right elbow when the Infection started.

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? [illegible] Date of injury [illegible], 193[illegible]
Where did injury occur? Pocatello Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. F. Hall, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 193

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81598

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 443

(No. 923 East Lander.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Robert Leon Gumport.

(a) Residence. No. 923 East Lander. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 14. 1914.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

FATHER

13. NAME Ike Gumport.

14. BIRTHPLACE (city or town)
(State or country) Texas.

MOTHER

15. MAIDEN NAME Frances Davis.

16. BIRTHPLACE (city or town) Holden
(State or country) Mo.

17. INFORMENT Gertrude Gumport.
(Address) 923 East Lander

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida. Date Dec. 6., 193 2

19. UNDERTAKER A. W. Hall.
(Address) Pocatello, Idaho

20. FILED 12-7, 193 2 D. E. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 4. 193 2

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound on head.	
Self Inflicted (Suicide)	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury....., 193.

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.....

(Signed) Arthur W. Hall Coroner, M.D.

(Address) Pocatello

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JAN 9 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 81599

Registered No. 1

1. PLACE OF DEATH

County of Bannock

City of Downey

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 83

Primary Registration District No. 2160

(No. ....., ... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Gordon Bright Kiholm

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.):

6. DATE OF BIRTH: June (Month) - 7 (Day) - 1932 (Year)

7. AGE: Yrs. 6 Mos. 17 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Preston, Ida.

10. NAME OF FATHER: James Kiholm

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Alice Bright

13. BIRTHPLACE OF MOTHER (State or Country): Downey Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. P. Bright,

(Address) Downey Idaho

15. Filed Jan 5 - 1933 Mary E. Coffin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) - 24 (Day) - 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on ..... 19....., and that death occurred on the date stated above, at Sometime during night A M.

The CAUSE OF DEATH* was as follows: Probably accidently suffocated, child in bed with mother

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Hastings M. D.

12-24 1932 (Address) Downey, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Downey Idaho | DATE OF BURIAL ..... 19.....

20. UNDERTAKER: Morgans | ADDRESS Downey Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8600

PLACE OF DEATH

County of Bannock
City of Oxford Idaho

Registration District No. 83
Primary Registration District No. 2160

Local Registrar's No. 12

(No.) 71a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olef Regiel Olsen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Betty A. Olsen

6. DATE OF BIRTH (month, day and year) July 16 1858

7. AGE	Years	Months	Days	If LESS than 1 day,
	73	5	5	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER Olef Par.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Christena Larsen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant Angus Olsen son
(Address) Oxford Idaho

15. Filed Dec 27, 1932 Mary C. Coffin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-13, 1932, to 12-21, 1932, that I last saw h~~im~~ alive on 12-21, 1932, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cardio renal disease (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) A. P. Cattle M. D.
, 19 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Oxford Idaho	Dec 23 1932

20. Undertaker	Address
M. W. Hendricks	Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM V. S. No. 5-25 M-1-19

RECEIVED JAN 9 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bannock

City of Downey

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 83

Primary Registration District No. 2160

(No. ..... , ... St.)

File No. 81601

Registered No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Dean Christensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Single

6. DATE OF BIRTH: November - 13 - 1930 (Month) (Day) (Year)

7. AGE: 2 Yrs. 1 Mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Downey, Idaho.

10. NAME OF FATHER Wilford Christensen

11. BIRTHPLACE OF FATHER (State or Country) Downey, Idaho.

12. MAIDEN NAME OF MOTHER May Nalf

13. BIRTHPLACE OF MOTHER (State or Country) Downey, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pearl E. Byington

(Address) .....

15. Filed Dec. 20 - 1932 Mary C. Coffin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December - 17 - 1932. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on ..... 19.....

and that death occurred on the date stated above, at 2 - 30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

.....

.....

.....(Duration) ..... Yrs. ..... mos. 14 ds.

Contributory (Secondary) .....

.....(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. L. Hartwigsen M. D.

12-19-1932. (Address) Downey, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cambridge (Downey) Idaho	12-19-1932.

20. UNDERTAKER	ADDRESS
None	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED JAN 10 193

PLACE OF DEATH

County of Benewah

City of St Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 35

DO NOT WRITE IN THIS SPACE

State File No. 81602

(No.) 31

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Swan Henry Danielson

(a) Residence. No. 230 Fifth St St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 31, 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	1	21	7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Santa, Idaho

FATHER

13. NAME Henry Danielson

14. BIRTHPLACE (city or town) (State or country) Dalarna, Sweden

MOTHER

15. MAIDEN NAME Emma Anderson

16. BIRTHPLACE (city or town) (State or country) Dalarna, Sweden

17. INFORMENT (Address) Henry Danielson St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Emida Date Dec. 26, 1932

19. UNDERTAKER George Mitchell (Address) St. Maries, Idaho

20. FILED Jan. 9, 1933 Walter Bobeng Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1932 to Dec 22, 1932

I last saw him alive on Dec. 21, 1932: death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: acute Nephritis	
Cardiac Insufficiency	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Owen W Platt, M. D.

(Address) St. Maries Ida.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81603

PLACE OF DEATH
County of Benewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Ross MacDonald

(a) Residence. No. ..... St. Tenth
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jeanette MacDonald

6. DATE OF BIRTH (month, day, and year): Sept. 26 - 1871

7. AGE: Years 61 | Months 2 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner and homesteader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1912
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Brookland
(State or country) Nova Scotia

FATHER
13. NAME John MacDonald
14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER
15. MAIDEN NAME Isabel Ross
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMENT (Address) Jeanette McDonald St. Maries, Idaho

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Spokane Date Dec 13, 1932

19. UNDERTAKER (Address) Geo. Mitchell St. Maries, Idaho

20. FILED Dec. 13, 1932 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-11 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1930, to Dec 11, 1932
I last saw him alive on Dec 10, 1932: death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	

Other contributory causes of importance:
Anasarca. Cardiac weakness. Renal disturbance

Name of operation ✓ Date of ✓
What test confirmed diagnosis Gen. Sy. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....
(Signed) Owen D. Platt, M. D.
(Address) St. Maries, Ida

JAN 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81604

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 36
(No. 222 - 10th St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melissa A. Morrison
(a) Residence. No. ..... St. Malden, Wen.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 28, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London Co.
(State or country) Virginia

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Francis Shepherd
16. BIRTHPLACE (city or town) London Co
(State or country) Virgenia

17. INFORMENT Mrs. Jamie Nelson
(Address) St. Maries. Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St. Maries Date Dec. 30 1932

19. UNDERTAKER Geo. E. Mitchell
(Address) St. Maries. Ida

20. FILED Jan. 7, 1933 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from June. 6, 1924, to Dec. 28, 1932
I last saw her alive on Dec 27, 1932; death is said to have occurred on the date stated above, at 4:47 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1929
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) D. E. Cornwall, M. D.
(Address) St. Maries. Ida.

RECEIVED JAN 10 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81605

PLACE OF DEATH

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 37
(No. St Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Edgar Golladay.

(a) Residence. No. 116 College St St.
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 31 - 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denton
(State or country) Montana

FATHER

13. NAME Thomas J. Golladay.

14. BIRTHPLACE (city or town) Athens
(State or country) Ills

MOTHER

15. MAIDEN NAME Alma A. Traupman

16. BIRTHPLACE (city or town) Hamburg
(State or country) Minn.

17. INFORMENT E. Golladay.
(Address) St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Jan 2, 1933

19. UNDERTAKER Wade Mitchell
(Address) St Maries

20. FILED Jan. 9, 1933 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12 - 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 12- , 1932, to 12 - 30 , 1932

I last saw him alive on 12 - 30 , 1932; death is said to have occurred on the date stated above, at 7:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture (Causing accident)	12-30-32

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C A Robins, M. D.

(Address) St. Maries, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81606

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola Martha Johnson

(a) Residence. No. Cor. Jefferson & Ninth St. College & Ninth
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Bryant A. Johnson

6. DATE OF BIRTH (month, day, and year) Nov. 15-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oshkosh
(State or country) Wisconsin

FATHER

13. NAME Wm. Jones

14. BIRTHPLACE (~~city~~ or town) Winnebago Co
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Sarah E. James

16. BIRTHPLACE (city or town) Winnebago Co.
(State or country) Wisconsin

17. INFORMENT B. A. Johnson
(Address) St. Maries - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St. Maries Date Dec. 4, 1932

19. UNDERTAKER Geo. E. Mitchell
(Address) St. Maries

20. FILED Dec 6, 1932 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1931, to 12-1, 1932

I last saw her alive on 12-1, 1932; death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-30-32
Other contributory causes of importance: Malignant Hypertension	Sept 31 or Probably earlier

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) C A Robbins M. D.

(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81607

Registration District No. 32

Primary Registration District No. 2029

Local Registrar's No. 34

(No. 325 Main Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Callahan

(a) Residence. No. St Maries St. Main
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) C. G. Robins St. Maries, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St Maries Date Dec 21, 1932

19. UNDERTAKER Geo. W. Mitchell (Address) St Maries

20. FILED Jan. 9, 1933 Walter Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18 193?

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 193?, to 12-18, 193?

I last saw h— alive on 12-18, 193?; death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
Other contributory causes of importance: Myocarditis	1931

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C A Robins, M. D.

(Address) St Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81608

PLACE OF DEATH
County of Benawah
City of R 1 Plummer
Registration District No. 31
Primary Registration District No.
Local Registrar's No. 18
(No. R1 Plummer Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hayes Gaze

(a) Residence. No. R 1 Plummer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ########

6. DATE OF BIRTH (month, day, and year) April 21 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	###	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) No

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) (State or country) R 1 Plummer Idaho

FATHER

13. NAME Albert Gaze

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Lizzie Vincent

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Albert Gaze R 1 Plummer, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place De Smet Idaho Date Dec. 18, 1932

19. UNDERTAKER Kimball Funeral Home.
(Address) Tekoa, Washington.

20. FILED Dec 17, 1932 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown,	
(Saw only one time) Had no doctor	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Washington.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81609

PLACE OF DEATH

County of Benewah
City of St. Maries
Registration District No.
Primary Registration District No.
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 33

2. FULL NAME George Wilcoxen

(a) Residence. No. Midway Hotel St. St Maries Ida
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 4 1853

7. AGE: Years 79 | Months 7 | Days 11 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Woodsman-
(b) General nature of industry, business, or establishment in which employed (or employer): Retired-
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country):
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country):

14. Informant: C A Robins
(Address) St Maries

15. Filed Jan. 9, 1933 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1932, to Dec 15, 1932
that I last saw h~~im~~ alive on Dec 15, 1932
and that death occurred, on the date stated above, at 2 40 P. m.
The CAUSE OF DEATH* was as follows: Arteriosclerosis, generalized

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) C A Robins, M. D.
12-15, 1932 (Address) St. Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
St Maries	Dec 17 1932
20. Undertaker	Address
Geo E Mitchell	St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81610

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2192
Local Registrar's No. 180

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

156

2. FULL NAME HEBER ADAMS

(a) Residence. No. ..... St. IRWIN, BONNEVILLE COUNTY
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year): Nov. 8th, 1867

7. AGE: 65 Years | Months: 1 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: --
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
13. NAME: do not know
14. BIRTHPLACE (city or town) (State or country): do not know do not know

MOTHER
15. MAIDEN NAME: do not know
16. BIRTHPLACE (city or town) (State or country): do not know do not know

17. INFORMENT (Address): Records of State Hosp So. Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Idaho Falls - Date ....., 193

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: Dec. 14, 1932. Mrs. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12th, 1932, 193..., to Dec. 14th, 1932
I last saw him alive on Dec. 14th, 1932: death is said to have occurred on the date stated above, at 5:40 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTHRITIS DEFORMANS	20 years ago

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis: Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe M. D.
(Address) State Hosp. So. Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81613

PLACE OF DEATH

County of Ft. Hall Reservation
City of

Registration District No. 12I-R
Primary Registration District No. 2194-R
Local Registrar's No. I66

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daisy Lizzie Bell

(a) Residence. No. Ft. Hall Reservation, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Shoshone Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): Dec. I2, I9I9

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
I2	II	I	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Ft. Hall School
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 5 yr

12. BIRTHPLACE (city or town) (State or country): Ft. Hall Reservation

FATHER

13. NAME: Charley Bell
14. BIRTHPLACE (city or town) (State or country): Ft. Hall Reservation

MOTHER

15. MAIDEN NAME: Annie Pete
16. BIRTHPLACE (city or town) (State or country): Owyhee, Nevada

17. INFORMENT (Address): Charley Bell Ft. Hall Reservation

18. BURIAL, CREMATION, OR REMOVAL Place: Presby. Mission Date: Nov. 22, 1932

19. UNDERTAKER (Address): Agency Carpenter, Ft. Hall, Idaho

20. FILED Dec. I5, 1932 W. Walter E. Petrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. I9 1932

22. I HEREBY CERTIFY, That I attended deceased from - - - - - -, 193-, to - - - - - -, 193..
I last saw h-- alive on - - - - - -, 193..: death is said to have occurred on the date stated above, at 9:P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	I2/32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, spec
(Signed) C. F. Mittleman, M. D.
(Address) Ft. Hall, Idaho.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81614

PLACE OF DEATH

County of Ft. Hall
City of Reservation.

CERTIFICATE OF DEATH

Registration District No. I2I-R
Primary Registration District No. 2I94-R
(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. I72

2. FULL NAME Mable Paddy.

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Bannock Ind. 4/4
5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day and year): July 4, I929

7 AGE: Years 3 | Months 5 | Days IO | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Owyhee, Nevada

PARENTS
10 NAME OF FATHER: Joseph Paddy
11 BIRTHPLACE OF FATHER (city or town) (State or country): Owyhee, Nevada
12 MAIDEN NAME OF MOTHER: Bessie Dorsie
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Owyhee, Nevada

14 Informant: Joseph Paddy,
(Address) Ft. Hall, Idaho

15 Filed Jan. 2, 1932 Wm. Walter E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. I4, I932 (Month) (Day) 19__ (Year)

17 I HEREBY CERTIFY, That I attended deceased from - - - - - - -, 19__, to - - - - - -, 19__, that I last saw h-- alive on - - - - - - - - 19__, and that death occurred, on the date stated above, at IO P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestines.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Wittleman M. D.
19__ (Address) Ft. Hall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Sand Hill Cem.
Date of Burial: Dec. I6, 32 19

20. Undertaker: Agency Carpenter, Ft. Hall, Ida.
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81615

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 187

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME W. L. RORR

(a) Residence. No. ..... St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs 3 mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): DIVORCED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year): 1876

7. AGE: 56 Years | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Traveling
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: do not know

12. BIRTHPLACE (city or town) (State or country): Do not know

FATHER
13. NAME: do not know
14. BIRTHPLACE (city or town) (State or country): do not know

MOTHER
15. MAIDEN NAME: do not know
16. BIRTHPLACE (city or town) (State or country): do not know

17. INFORMENT (Address): Records of State Hosp So. Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Asylum Cem. Date: Dec 29 1932

19. UNDERTAKER (Address): Marion Clark

20. FILED: Dec 29, 1932 Mrs. Walter E. Patrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to Dec. 29th, 1932, 193..
I last saw him alive on Dec. 28th, 1932: death is said to have occurred on the date stated above, at 5:45 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY TUBERCULOSIS	12-16 1931

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116
Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE
State File No. 81616

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Lavern Giesbrecht

(a) Residence. No. ..... St. Aberdeen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Aberdeen Idaho

FATHER

13. NAME Henry C. Giesbrecht

14. BIRTHPLACE (city or town) (State or country) Paso Robles Calif.

MOTHER

15. MAIDEN NAME Erna K. Klassen

16. BIRTHPLACE (city or town) (State or country) Paso Robles Calif

17. INFORMENT (Address) Henry C. Giesbrecht Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Idaho Date Jan 1, 1933

19. UNDERTAKER Friends
(Address) Aberdeen Idaho

20. FILED Dec 31, 1932 M. C. Morrison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932, to Dec 30, 1932
I last saw him alive on Dec 30, 1932: death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 28
Pneumonia	Dec 30

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) M. C. Morrison, M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81617

County of Bannock
City of Blackfoot
Registration District No. 12
Primary Registration District No. 2194
Local Registrar's No. 176

(No. McMillan County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Eldon Jackson

(a) Residence. No. Thomas Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 16 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thomas Idaho
(State or country)

FATHER

13. NAME Chas. B. Jackson

14. BIRTHPLACE (city or town) Grayson Utah
(State or country)

MOTHER

15. MAIDEN NAME Mysel V Peterson

16. BIRTHPLACE (city or town) Fmp
(State or country)

17. INFORMENT Charles B Jackson
(Address) Pingree Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Thomas Cemetery Date Dec 11, 1932

19. UNDERTAKER E J Funk
(Address) Blackfoot

20. FILED Dec 9, 1932 Mc Walter E Parke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1932, to, 193.
I last saw him alive on 12-8, 1932: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	4 days
Other contributory causes of importance:	
Varicella	3 dw

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193.
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. D. Humphreys M. D.
(Address) Blackfoot Idaho

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81618

PLACE OF DEATH
County of Bingham
City of Springfield

Registration District No. ~~121~~ 116
Primary Registration District No. ~~2191~~ 2195 Local Registrar's No. ~~185~~ 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Doris Pauline Bradley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 1, 1932

7. AGE Years — Months 1 Days 26 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME Verl Bradley
14. BIRTHPLACE (city or town) (State or country) Alberta Canada

MOTHER
15. MAIDEN NAME Doris Gravatt
16. BIRTHPLACE (city or town) (State or country) Clinton Missouri

17. INFORMENT (Address) Verl Bradley Springfield Ida

18. BURIAL, CREMATION, OR REMOVAL Place Springfield Ida Date Dec. 28 1932

19. UNDERTAKER (Address) Acting Martha Bradley Springfield Idaho

20. FILED Dec 27, 1932 Mrs. Walter E. Pahl Registrar.
1-9-33 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Dec 7, 1932
I last saw her alive on Dec 24, 1932: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 21 1932

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81619

PLACE OF DEATH
County of Bingham
City of Sterling

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Levina May Chandler

(a) Residence. No. Sterling St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 3, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sterling Idaho

FATHER

13. NAME Eugene William Chandler

14. BIRTHPLACE (city or town) (State or country) Elba Idaho

MOTHER

15. MAIDEN NAME Emma May Underwood

16. BIRTHPLACE (city or town) (State or country) Sterling Idaho

17. INFORMENT (Address) Frank Underwood Sterling Ida

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen [illegible], Ida Date Dec 14 1932

19. UNDERTAKER Friends
(Address) Sterling Idaho

20. FILED Dec 14, 1932 M. C. Markman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932 to Dec 7, 1932
I last saw her alive on Dec 7, 1932: death is said to have occurred on the date stated above, at 2:30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 11, 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) M. C. Markman, M. D.
(Address) Aberdeen Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81620

PLACE OF DEATH
County of Bingham
City of Sterling

Registration District No. 116 2195
Primary Registration District No. 2195 Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby Corbridge

(a) Residence. No. Sterling St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 19, 1932

7. AGE Years | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sterling Idaho

FATHER
13. NAME Vernal James Corbridge
14. BIRTHPLACE (city or town) (State or country) Sterling Idaho

MOTHER
15. MAIDEN NAME Ella Jeanette Herr
16. BIRTHPLACE (city or town) (State or country) Baker Oregon

17. INFORMENT (Address) Vernal James Corbridge Sterling Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Springfield Idaho Date Dec 3, 1932

19. UNDERTAKER (Address) Friends Aberdeen Sterling Idaho

20. FILED Dec 3, 1932 M. C. MacKinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to ....., 193..
I last saw her alive on Dec 1, 1932: death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Nov 28, 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify M.
(Signed) M. C. MacKinnon M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81621

County of Aberdeen

City of Bingham

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helena Engelhard Kranzler

(a) Residence. No. St. Aberdeen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Kranzler

6. DATE OF BIRTH (month, day, and year) Apr. 17, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Hoffnungstal Basarabien Roumania

FATHER

13. NAME Wilhelm Engelhardt

14. BIRTHPLACE (city or town) (State or country) Roumania

MOTHER

15. MAIDEN NAME Rosina Scheck

16. BIRTHPLACE (city or town) (State or country) Roumania

17. INFORMENT (Address) H. J. Huether Aberdeen

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Valley Date Dec 22, 1932

19. UNDERTAKER H. I. Davis
(Address) American Falls, Idaho

20. FILED Dec 29, 1932 M. C. MacKinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from October, 1932 to December, 1932
I last saw her alive on Dec 3, 1932: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Colon	Aug 1932
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. C. MacKinnon, M. D.
(Address) Aberdeen Idaho

RECEIVED JAN 6 1932

PLACE OF DEATH

County of Ft. Hall Reservation

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81622

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 168

No Hospital
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Milton Phelps

(a) Residence. No. Ft. Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Shos. Ind. 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

FATHER

13. NAME Jonnie Phelps

14. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

MOTHER

15. MAIDEN NAME Mollie Dunn

16. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

17. INFORMENT (Address) Jonnie Phelps Ft. Hall Reservation.

18. BURIAL, CREMATION, OR REMOVAL Place Presby. Miss'n Date Nov. 29, 1932

19. UNDERTAKER Agency Carpenter. (Address) Ft. Hall, Idaho

20. FILED Dec. 15, 1932 Mrs Walter E Lee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from - - -

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81623

PLACE OF DEATH

County of Ft. Hall Reservation

City of Ft. Hall

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. I67

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Goody Hootchew

(a) Residence. No. Ft. Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shos. Ind. 4/4

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ren Hootchew

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years 49 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Home

10. Date deceased last worked at this occupation (month and year): Nov. 1, 1932

11. Total time (years) spent in this occupation: 20yr

12. BIRTHPLACE (city or town) (State or country): Grass Creek Utah

FATHER

13. NAME: Grass Creek Jack

14. BIRTHPLACE (city or town) (State or country): Grass Creek, Ut.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Ren Hootchew, Ft. Hall Res., Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Bannock Cem. Date: - - - , 193-

19. UNDERTAKER (Address): Unknown

20. FILED Dec. 15, 1932 Wm Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 2I 1932

22. I HEREBY CERTIFY, That I attended deceased from - - - - - - , 193 , to - - - - - - , 193

I last saw h - alive on - - - - - - , 193 - : death is said to have occurred on the date stated above, at 8:A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	II/I4
	I932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. J. Mittleman, M. D.

(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 193

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 81624

Local Registrar's No. 184

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME FREDA KNOBLOCK

(a) Residence. No. ..... St. Salmon, Lemhi County, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of do not know

6. DATE OF BIRTH (month, day, and year) Sept 8, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. hairdresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. beauty parlor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation do notknow

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country) -- Germany

MOTHER

15. MAIDEN NAME Freda Byers

16. BIRTHPLACE (city or town) (State or country) do not know Germany

17. INFORMENT (Address) Records of State Hosp So. Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Salmon Date Jan 2, 193-

19. UNDERTAKER Egbert
(Address) Blackfoot Ida

20. FILED Jan 27, 193- [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1932, to Dec. 25th, 1932

I last saw her alive on Dec. 24th, 1932; death is said to have occurred on the date stated above, at 6:30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
EPILEPSY	Apr. 1932

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ....., 193-

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---

If so, specify .....

(Signed) Chas. R. Lowe, M. D.

(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81625

PLACE OF DEATH
County of Bingham
City of Basalt

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 183

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

94a

2. FULL NAME John Lycurgus Johnson

(a) Residence. No. Basalt St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma V. Greer Johnson

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 56, Months 8, Days 9. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

PARENTS

10. NAME OF FATHER: Snellen Marion Johnson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Jasper County Georgia
12. MAIDEN NAME OF MOTHER: Sallie Hunt Greer Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Chambers County Aalabama

14. Informant: Newton D. Johnson
(Address): Basalt, Idaho

15. Filed Dec. 25, 1932 Mrs. Walter E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1932, to Dec. 24, 1932
that I last saw ~~him~~ alive on Dec. 24, 1932
and that death occurred, on the date stated above, at 4 m.
The CAUSE OF DEATH* was as follows:

Appoplexy
(duration) very sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. E. Robert, M. D.
Dec. 25, 1932 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~: West Firth Cemetery
Date of Burial: Dec 26 1932

20. Undertaker: Jack A. Wood
Address: Idaho Falls

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81626

PLACE OF DEATH
County of Ft. Hall
City of Reservation.
Registration District No. 121-R
Primary Registration District No. 2194-R
(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 169

2. FULL NAME Pimmee

(a) Residence. No. Ft. Hall Reservation, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Bannock Ind. 4/4	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Pennahge

6 DATE OF BIRTH (month, day and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	58	6	- - -	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Own farm
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Ft. Hall Agency Record,
(Address) Ft. Hall, Idaho.

15 Filed Jan. 2, 1933 Mrs. Nellie E. Patrie Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 10, 1932
(Month) (Day) 19 (Year)

17 I HEREBY CERTIFY, That I attended deceased from - - - - - -, 19____, to - - - - - -, 19____,
that I last saw h- - alive on - - - - - -, 19____,
and that death occurred, on the date stated above, at 12:a m.

The CAUSE OF DEATH* was as follows:

Rheumatic fever.
Endocarditis.
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) E. L. Whiteman M. D.
19____ (Address) Ft. Hall, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or ~~Removal~~: Sand Hill Cem?
Date of Burial: Dec. 14, 1932

20. Undertaker: Brown & Eldredge, Blackfoot, Ida.
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 6 1933

DO NOT WRITE IN THIS SPACE
State File No. 81627

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Bingham
City of Firth R D

Registration District No. 141
Primary Registration District No. 4194
Local Registrar's No. 174

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Baby Stoddart #2

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day,
	0	0	0	8 hrs. or 15 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Firth Idaho R D

PARENTS

10. NAME OF FATHER William Chas Stoddart
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho Falls, Ida
12. MAIDEN NAME OF MOTHER Mary Noame Stoddard
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Davis Utah

14. Informant Father - William Chas Stoddart
(Address)

15. Filed Dec 11, 1932 Mrs. Walter E. Petrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932, to Dec 9, 1932
that I last saw her alive on Dec 9, 1932
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Six month premature twin birth

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Same
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical Signs

(Signed) H B Tidwell M. D.
....., 19..... (Address) Shelley Ida

19. Place of Burial, Cremation, or Removal: Firth Idaho — Date of Burial: Dec 11 - 1932

20. Undertaker: Geo — Address: .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81628

PLACE OF DEATH
County of Bingham
City of Firth Rd

Registration District No. 2
Primary Registration District No. 2142 Local Registrar's No. 177
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Stoddart #1
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none
6. DATE OF BIRTH (month, day and year) Dec 9 1932
7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, one hrs. or 30 min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Firth Rd.

PARENTS
10. NAME OF FATHER William Chas Stoddart
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho Falls Idaho
12. MAIDEN NAME OF MOTHER Mary Roame Stoddard
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Oasis Utah

14. Informant (Address) Father William C Stoddart
15. Filed Dec-11, 1932 Mrs. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 9 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932, to Dec 9, 1932
that I last saw her alive on Dec 9, 1932
and that death occurred, on the date stated above, at 10:30 AM
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
6 month premature twin birth
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? Same
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Sign
(Signed) H E Gerrett M. D.
, 19 (Address) Shelley Ida

19. Place of Burial, Cremation, or Removal Firth Idaho. Date of Burial Dec 11 - 1932
20. Undertaker Address

RECEIVED JAN 6 1933

PLACE OF DEATH

County of Bingham

City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81629

Registration District No. 121

Primary Registration District No. 2191

Local Registrar's No. 182

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernice Ruth Adams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): X

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): May 7, 1929

7. AGE: Years 3 | Months 7 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: X

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blackfoot, Idaho Bingham

FATHER

13. NAME: Claude Adams

14. BIRTHPLACE (city or town) (State or country): Turner, Idaho

MOTHER

15. MAIDEN NAME: Melba Ann Cotterell

16. BIRTHPLACE (city or town) (State or country): Richmond, Utah

17. INFORMENT (Address): Claude Adams

18. BURIAL, CREMATION, OR REMOVAL Place: Moreland Date: Dec. 24 1932

19. UNDERTAKER (Address): Mr. Wm. Cotterell Moreland Ida

20. FILED: Dec. 24, 1932 Mrs. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932, to Dec 23, 1932

I last saw her alive on Dec. 23, 1932: death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Sore throat	48 Hour
Scarl	

Other contributory causes of importance:

Scarlet Fever	5 days

Name of operation: Microscopical Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. O. Hampton, M.D.

(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81630

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ft. Hall

City of Reservation.

Registration District No. 121-R

Primary Registration District No. 2194-R

(No. No Hospital.)

Local Registrar's No. 174

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Maude Hammer.

(a) Residence. No. Ft. Hall Reservation, Idaho. St.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Bannock Ind. 4/4

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day and year): June 27, 1929

7 AGE: Years 3 | Months 5 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ft. Hall Reservation, Idaho.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Clara Hammer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Salmon City, Idaho.

14 Informant: Clara Tahquats.

(Address) Ft. Hall Reservation, Idaho

15 Filed Jan. 2, 1933. Wm. Walter E. Patrick, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 20, 1932. 19__ (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from - - - - - - - , 19__, to - - - - - - , 19__, that I last saw h- alive on - - - - - - - - , 19__, and that death occurred, on the date stated above, at 12. N m.

The CAUSE OF DEATH* was as follows:

Measles & Bronch-Pneumonia
2 weeks

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. J. Mutterman, M. D.

19__ (Address) Ft. Hall, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Sand Hill cemetery, Dec. 22, 1932 19

Date of Burial

20. Undertaker: Agency Carpenter, Ft. Hall, Ida.

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81631

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 186

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME JACOB STREET

(a) Residence. No. ..... St. St Anthony; Fremont County
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): WIDOWED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Street

6. DATE OF BIRTH (month, day, and year): Oct 8th, 1849

7. AGE: Years 83 | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ---
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): SWITZERLAND

FATHER
13. NAME: Christian Street
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Mary Resin
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMENT (Address): Records of State Hosp So. Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Ayrton Cem Date: Dec 28, 1932

19. UNDERTAKER (Address): Murron Clark Blackfoot, Ida.

20. FILED: Dec 28 1932 Mrs Walter E Patrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23rd, 1932, to Dec. 27th, 1932
I last saw him alive on Dec 27th, 1932: death is said to have occurred on the date stated above, at 2:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	12-24 1932

Other contributory causes of importance:

EXHAUSTION due to SENILITY

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury: None
Nature of injury: ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: ---
(Signed) Chas. R. Lowe M. D.
(Address) Blackfoot, Idaho.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81632

PLACE OF DEATH
County of Ft. Hall
City of Reservation,

Registration District No. 12I-R
Primary Registration District No. 2194-R
(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 175

2. FULL NAME Lorenda Phelps.

(a) Residence. No. Ft. Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Shos. Ind.-	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day and year) Feb. 6, 1932

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	10	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation, Idaho.

PARENTS

10 NAME OF FATHER Abe Phelps.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ft. Hall, Idaho.

12 MAIDEN NAME OF MOTHER Jane Dunn,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ft. Hall, Idaho.

14 Informant Abe Phelps.
(Address) Ft. Hall, Idaho.

15 Filed Jan. 2, 1933 Mrs. Carter E. Vath Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 23, 1932
(Month) (Day) 19 (Year)

17 I HEREBY CERTIFY, That I attended deceased from - - - - - - -, 19____, to - - - - - -, 19____, that I last saw h- -alive on - - - - - - -, 19 A.A and that death occurred, on the date stated above, at 1:40 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, 1 week.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. J. Whitbeck M. D.
, 19 (Address) Ft. Hall, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal - - - - - -

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81633

PLACE OF DEATH

County of Ft. Hall
City of Reservation.

CERTIFICATE OF DEATH

Registration District No. 121-R
Primary Registration District No. 2194-R
(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 173

2. FULL NAME Millie Dunn.

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Shoshone Ind. - - -
5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day and year): Dec. 22, 1931

7 AGE: Years | Months: 11 | Days: 28 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ft. Hall Reservation, Idaho.

PARENTS
10 NAME OF FATHER: Willie Dunn
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ft. Hall Reservation, Idaho.
12 MAIDEN NAME OF MOTHER: Ethel Edwards,
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Salmon City, Idaho.

14 Informant: Willie Dunn,
(Address): Ft. Hall, Idaho.

15 Filed Jan. 2, 1933 Wm. Walter E. Pickel Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 19, 1932 (Month) (Day) 19__ (Year)

17 I HEREBY CERTIFY, That I attended deceased from - - - - - -, 19__, to - - - - -, 19__, that I last saw h- alive on - - - - - -, 19__, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, 1 week

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Mittleman, M. D.
19__ (Address) Ft. Hall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Portneuf Cem.
Date of Burial: Dec. 22, 32 19

20. Undertaker: Agency Carpenter, Ft. Hall, Ida.
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81634

PLACE OF DEATH

County of Ft. Hall
City of Reservation.

Registration District No. I2I-R
Primary Registration District No. 2I94-R
(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. I70

2. FULL NAME Smith Wahtomy.

(a) Residence. No. Fr. Hall Reservation, Idaho. St.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16/a

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Shoshone Ind. 4/4
5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day and year): Jan. I4, I93I

7 AGE: Years I; Months I0; Days 26; If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

PARENTS
10 NAME OF FATHER: Frank Wahtomy
11 BIRTHPLACE OF FATHER (city or town) (State or country): Salmon City, Idaho.
12 MAIDEN NAME OF MOTHER: Alma Bearskin
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ft. Hall, Idaho

14 Informant: Andrew Pohipe,
(Address) Ft. Hall, Idaho.

15 Filed Jan. 2, 1932 Wm. Walter E. Pohipe
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December II, I932 (Month) (Day) 19__ (Year)

17 I HEREBY CERTIFY, That I attended deceased from - - - - - -, 19__, to - - - - -, 19__, that I last saw h- - alive on - - - - - - -, 19__, and that death occurred, on the date stated above, at II:20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, 5 days.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Mittleman, M. D.
, 19__ (Address) Ft. Hall, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Sand Hill Cem. Dec. I3, I932
Date of Burial: 19

20. Undertaker: Agency Carpenter, Ft. Hall, Idaho.
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81635

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 181

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Deloris Irene Roberts

(a) Residence. No. ..... St. Blackfoot, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 31, 1932

7. AGE Years | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

FATHER
13. NAME Floyd Roberts
14. BIRTHPLACE (city or town) (State or country) .....

MOTHER
15. MAIDEN NAME Aulleen Hardcastle
16. BIRTHPLACE (city or town) (State or country) Kimball Ida

17. INFORMENT (Address) J. C. Hardcastle Moreland, Ida

18. BURIAL, CREMATION, OR REMOVAL Place T. C. Cem Date Dec 20 1932

19. UNDERTAKER (Address) Mrs Jane Walters Blackfoot Ida Box 514

20. FILED Dec 19, 1932 Mrs. Walter E. Lahie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1932, to Dec 18, 1932
I last saw her alive on Dec 18, 1932: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Dec 12, 1932
Other contributory causes of importance:	
Influenza	Dec 10, 32

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81636

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gail Jones

(a) Residence. No. Aberdeen St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 1/2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Nov. 30, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen Idaho

FATHER

13. NAME John Elmer Jones

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Roberta May Snow

16. BIRTHPLACE (city or town) (State or country) Price Utah

17. INFORMENT (Address) John Elmer Jones Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Idaho Date Dec 3, 1932

19. UNDERTAKER Friends
(Address) Aberdeen Idaho

20. FILED Dec 3, 1932 M. C. McMahon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932, to Dec 1, 1932.

I last saw him alive on Dec 1, 1932: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. C. McMahon, M. D.

(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81637

PLACE OF DEATH

County of Ft. Hall Reservation

City of Ft. Hall Agency Hospital

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Pocatello (Not named)

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone Ind. 4/4	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) ✓

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

FATHER

13. NAME La Salle Pocatello

14. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

MOTHER

15. MAIDEN NAME Luella Tetoby

16. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

17. INFORMENT (Address) Luella Pocatello, Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Butte Cem. Date Nov. 15, 1932

19. UNDERTAKER Agency Carpenter, (Address) Ft. Hall, Idaho.

20. FILED Dec. 15, 1932 Mrs. Mader E. Patrie. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from - - - - - -, 193..., to - - - - - -, 193...

I last saw her alive on Nov. 11, 1932; death is said to have occurred on the date stated above, at 6:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephlus	Nov. 11 1932
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Mittleman, M. D.

(Address) Ft. Hall, Idaho.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81638

PLACE OF DEATH
County of Bingham
City of Sterling
Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Augusta Neubauer

(a) Residence. No. St. Sterling Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 39 yrs. 9 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of August Neubauer

6. DATE OF BIRTH (month, day, and year) Jan 28, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) May 1927

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) Wilhemsort
(State or country) Germany

FATHER

13. NAME Koebick

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Schwartz

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMENT Gust Neubauer
(Address) Sterling Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Gibson City, Ill Date Dec 23, 1932

19. UNDERTAKER E/T. Peck
(Address) Blackfoot, Idaho

20. FILED Dec 22, 1932 M. C. MacKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932 to Dec 1, 1932

I last saw her alive on Dept, 1932: death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Obstructive Jaundice	1927
Stone in Common Duct	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. C. MacKinnon M.D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81639

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 5025
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Finley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) May 18 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J. E. McKay Hailey Idaho

18. BURIAL, CREMATION, OR REMOVAL Place County Plot Date Dec 10, 1932

19. UNDERTAKER L. G. Harris (Address) Hailey Idaho

20. FILED 1-6, 1933 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1, 1931, to Dec - 9, 1932
I last saw h[illegible] alive on Dec - 9, 1932; death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 yrs
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81640

PLACE OF DEATH
County of Blaine
City of Hailey
Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Yandley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Newtown
(State or country) Missouri

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT J. E. McKay Hailey Ida
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place County Plot Date Dec 14 1932

19. UNDERTAKER L. J. Hamm Hailey - Ida
(Address)

20. FILED 1-6, 1933 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov - 15, 1932, to Dec - 12, 1932
I last saw him alive on Dec - 12, 1932; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	5 yrs
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81641

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 26
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orson Parley Bates
(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Aug 4 1870
7. AGE 62 Years 4 Months 18 Days If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Toole City. Utah.

PARENTS
10. NAME OF FATHER Erin Bates
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York.
12. MAIDEN NAME OF MOTHER Victoria Brower.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant J. M. Woods — C. C. Myers — W. H. Woolley
(Address) Mrs. Ilda Dunn
15. Filed 1-6 1933 Twin Falls R. H. Wright Registrar

Stanley Ida

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 21 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 5 a m.
The CAUSE OF DEATH* was as follows:
Myocarditis
..... (duration) 1 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Exposure
..... (duration) ..... yrs. ..... mos. 1 ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) E. W. Fox, M. D.
12/24, 1932 (Address) Hailey, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls Ida. Date of Burial: Dec 26 1932
20. Undertaker: L. J. Harris Address: Hailey Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81642

PLACE OF DEATH

County of Boise

City of Horseshoe Bend Registration District No. 6

Primary Registration District No. 6 Local Registrar's No.

(No. Horseshoe Bend, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Mrs. Addie Smith

(a) Residence. No. Horseshoe Bend, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Sept. 30-1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tenn.
(State or country)

FATHER

13. NAME --------Everett.

14. BIRTHPLACE (city or town)
(State or country) Tenn.

MOTHER

15. MAIDEN NAME ------Allford.

16. BIRTHPLACE (city or town)
(State or country) Tenn.

17. INFORMENT Mrs. Martha Newell.
(Address) Horseshoe Bend, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Horseshoe Bend. Ida. Date 12/26/32

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 12-24, 193[illegible] [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/25/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Dec 24, 1932

I last saw h[illegible] alive on Dec 24, 1932; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right	
Eyeball & retina	1929
Exposure Starvation	

Other contributory causes of importance:

Old age

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Reynolds, M. D.

(Address) [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81644

PLACE OF DEATH
County of Boise
City of Near Dagget Creek
On Idaho City Road
Registration District No. 12
Primary Registration District No.
Local Registrar's No.
(No.) 1052
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herbert G. Wells

(a) Residence. No. 2309 Regan Ave. Boise Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of James Marie Wells

6. DATE OF BIRTH (month, day, and year) Oct. 22. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Point pleasent West Virginia

FATHER

13. NAME Hagan Elijah Wells

14. BIRTHPLACE (city or town) Wheeling
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Rachael V. Moore,

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMENT J. H. Wells
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Boise Date , 1933

19. UNDERTAKER Schrieber & McCann
(Address) Boise Idaho

20. FILED 1/1, 1933 Mrs E S Robson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown. but natural,	
died on the road to Boise	
in quest of medical service,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J E Shanahan Coroner, M. D.

(Address) Idaho City, Idaho

RECEIVED

PLACE OF DEATH

County of Boise

City of Pioneerville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81645

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Painich

(a) Residence. No. St. Pioneerville Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 14-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12-20-32

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Gurca Vas. Austria

FATHER

13. NAME Antone Painich

14. BIRTHPLACE (city or town) (State or country) Gurca Vas Austria

MOTHER

15. MAIDEN NAME Gariza Pakiz

16. BIRTHPLACE (city or town) (State or country) Gamostes Austria

17. INFORMENT (Address) Mary Painich Pioneerville Ida.

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem. Date 12-23, 1932

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 12/31, 1932 Mrs E S Robson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h....alive on ....., 193.....: death is said to have occurred on the date stated above, at 12.20 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound In The Left Breast. Inflicted By a 12 Gauge Shot Gun. In The Hands Of Joseph Zolger,	
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 12/20 1932

Where did injury occur? Pioneerville Ida,
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. Shanahan Coroner, M. D.

(Address) Idaho City Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81646

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 72
(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME William G. Philes

(a) Residence. No. St. Priest River Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Sadie Smith Philes.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: about 79 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Retired.
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: 50.

12. BIRTHPLACE (city or town) (State or country): Lowville N.Y.

FATHER
13. NAME: James Philes.
14. BIRTHPLACE (city or town) (State or country): Lowville N.Y.

MOTHER
15. MAIDEN NAME: Carrie Stephens
16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMENT (Address): Mrs. W. G. Philes Priest River Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Priest River Idaho Date: Dec. 19, 1932

19. UNDERTAKER (Address): Lee E. Moon Sandpoint, Idaho.

20. FILED Dec 16, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General paresis of insane	
Other contributory causes of importance:	
Lues	30 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Floyd G. Wendle, M. D.
(Address) Sandpoint, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81647

PLACE OF DEATH

County of Bonner
City of Cocolalla
Registration District No. 76
Primary Registration District No. 2155
Local Registrar's No. 76

(No. Cocolalla)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wesley Grannup James

(a) Residence. No. same St.
(Usual place of abode)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth F.

6. DATE OF BIRTH (month, day, and year) July 26, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Postmaster

9. Industry or business in which work was done, as silk mill, saw mill, bank etc at Cocolalla

10. Date deceased last worked at this occupation (month and year) Dec. 3, 1932

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME George T. James

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Romines

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs. Ruth F. James, Cocolalla, Idaho

18. BURIAL, CREMATION, OR REMOVAL Spokane
Place Riverside Park Date Dec. 23 1932

19. UNDERTAKER HAZEN & JAEGER
(Address) Spokane, Washington

20. FILED Dec 23, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1932 to December 20, 1932

I last saw him alive on Dec. 19, 1932 death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12-5-32
Other contributory causes of importance:	
Pneumonia	12-12-32

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. B. Graves M. D.
(Address) Sandpoint, Idaho

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81648

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 79

(No. 1009 Cedar St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice M. Schainstine

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Peter Schainstine

6. DATE OF BIRTH (month, day, and year) April 8,

7. AGE: Years 56 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Charles McKee

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Ann Sheean

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Peter Schainstine Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kathdrum Ida Date Dec. 29, 1932

19. UNDERTAKER (Address) L. D. Moon Sandpoint, Idaho.

20. FILED Dec 28, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 26 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1932 to Dec 26 3:05 P.M., 1932

I last saw her alive on Dec 16, 1932: death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Trouble	last month

Other contributory causes of importance:

Old Age	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) D. E. Alverson, M. D.

(Address) Sandpoint Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81649

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 82

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. G Tracy

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Indigent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Parnell Hospital Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pines * Cem. Date Jan. 2, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho

20. FILED Jan 3 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 27, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1931, to Dec. 27, 1932
I last saw him alive on Dec. 26, 1932: death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Floyd E Wenrich M.D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81650

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 69

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME A. J. Butts

(a) Residence. No. ..... St. Priest River, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Parnell Hospital Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place Sandpoint, Idaho. Date Dec. 5, 1932

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Dec 3, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1932, to Dec. 2, 1932
I last saw him alive on Dec 2, 1932; death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. valvular heart disease	5 yrs
Chr. interstitial nephritis	4
Arteriosclerosis	5

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Floyd G. Wendler, M. D.
(Address) Sandpoint, Idaho.

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81651

PLACE OF DEATH
County of Bonner
City of Clark Fork

Registration District No. 80
Primary Registration District No. 2157
Local Registrar's No. 7

(No.) 101a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Emma Johnson

(a) Residence. No. Clarkfork St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 10 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME John Cozart

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Mrs. Etta Umdack
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Clarkfork Date 12/23, 1932

19. UNDERTAKER Tolmgall Co
(Address) Sandpoint Idaho

20. FILED Dec 23, 1932 by John Larson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 1932, to Dec 21, 1932.
I last saw h[illegible] alive on Dec 19, 1932: death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-16-32
Left base.	

Other contributory causes of importance:
Senility

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. E. Stackhouse, M.D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81652

PLACE OF DEATH
County of Bonner
City of Clarkfork
Registration District No. 80
Primary Registration District No. 257
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susannah Meredith. 129

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Caleb P. Meredith

6. DATE OF BIRTH (month, day, and year): Mar. 24, 1854

7. AGE: Years 78; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dewitt Iowa.

FATHER
13. NAME: Unk
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Unk
16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMENT (Address): Grace Cemetery Clarkfork, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Clarkfork Cem. Date Dec. 2, 1932
19. UNDERTAKER (Address): L. E. Moon Sandpoint, Idaho.
20. FILED Dec 2nd, 1932 John Larsen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1932, to Nov. 29, 1932
I last saw h[illegible] alive on Nov. 28, 1932; death is said to have occurred on the date stated above, at 1.0.p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	
Valvular heart disease	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Sam'l E. Wendle, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81653

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas English

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 yrs.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT Hugh Thurlow
(Address) Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pinecrest Cem. Date Jan 2, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho

20. FILED Jan 31, 1932 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Chronic Myocarditis: History frequent Attacks.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. G. Moon Coroner

(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81654

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 78

(No. Cor Boyer & Popular)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Utley

(a) Residence. No. Cor. Boyer & Popular St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Robt. Utley

6. DATE OF BIRTH (month, day, and year): Oct. 13, 1866

7. AGE: Years 66 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utica Pa

FATHER

13. NAME: M. E. Anderson

14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): B. J. Lines, Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL: Lakeview Cemetery
Place Sandpoint, Ida Date Dec. 24 1932

19. UNDERTAKER (Address): L. G. Moon, Sandpoint, Idaho.

20. FILED Dec 24, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from December, 1932, to Dec 22, 1932

I last saw her alive on December 22, 1932: death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Inflammation of Muscle of Heart)

Date of onset: Not known

Other contributory causes of importance: Goiter (Exophthalmic)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Sandpoint, Idaho.

RECEIVED JAN 5 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81655

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 71
(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Tuttle

(a) Residence. No. ..... St. Lakeview, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
80	—	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Indigent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hillsdale Mich

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Parnell Hospital Sanapoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida Date Dec. 13, 193[illegible] Pinecrest Cemetery

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho.

20. FILED Dec 12, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932, to Dec 6, 1932
I last saw him alive on Dec 6, 1932, death is said to have occurred on the date stated above, at 7 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	5 days
Pneumonia	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify. .....

(Signed) Floyd G. Weadle, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81656

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 70
(No. 402 S. Boyer)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Vaillancourt

(a) Residence. No. 402 S. Boyer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Damase Vaillancourt

6. DATE OF BIRTH (month, day, and year): Jan. 12. 1875

7. AGE — Years: 57 | Months: 10 | Days: 24 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Own Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ontario Canada.

FATHER

13. NAME: Michael Duffy
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Laurence Vaillancourt. Sandpoint Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date Dec. 9, 1932: Pinecrest Cemetery
19. UNDERTAKER: L. G. Moon
(Address): Sandpoint, Idaho.
20. FILED 12-9, 1932 Floyd G. Wendle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1932, to Dec 6, 1932
I last saw h[illegible] alive on Dec 6, 1932: death is said to have occurred on the date stated above, at 10 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance: Primary anaemia	1930

Name of operation no Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter[illegible] causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81657

PLACE OF DEATH

County of Bonner

City of Ponderay

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 74

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillip Edward Carter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ponderay
(State or country) Idaho

FATHER

13. NAME Pete Carter

14. BIRTHPLACE (city or town) Colburn
(State or country) Idaho

MOTHER

15. MAIDEN NAME Hazel Hazelhuhn

16. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

17. INFORMENT Pete Carter Ponderay Idaho.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Pinecrest Cemetery Date Dec 15, 1932

19. UNDERTAKER L. E. Moon
(Address) Sandpoint Idaho.

20. FILED Dec 15, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes: Information From Family and Neighbors.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. E. Moon Coroner, M.D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81658

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 60

(No. 1885) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Catsirelis

(a) Residence. No. St. Cranbrook, B. C. Canada
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Retail Produce

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) Chigi
(State or country) Asia Minor

FATHER

13. NAME Aris Catsirelis

14. BIRTHPLACE (city or town) Chigi
(State or country) Asia Minor

MOTHER

15. MAIDEN NAME Joi Vasiliades

16. BIRTHPLACE (city or town) Chigi
(State or country) Asia Minor

17. INFORMENT Aris Catsirelis
(Address) Cranbrook, B. C. Canada.

18. BURIAL, CREMATION, OR REMOVAL
Place Cranbrook, B.C Date Dec. 31, 1932

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Dec. 30, 1932 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism: Chest crushed by auto truck. Truck went over bank 6 miles south Sandpoint, Idaho, Highway No. 95	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/29/32
Where did injury occur? Near Sandpoint, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Crushed Chest
Nature of injury Under Auto Truck

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Driving truck
(Signed) L. G. Moon Coroner.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81659

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 73
(No. 511 So. Florence Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peder Berntsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina M. Berntsen

6. DATE OF BIRTH (month, day, and year) March 12, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. AT Home

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. Wm Zinter 511 S. Florence Ave. Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Idaho Date Dec. 16 1932 Pinecrest Cemetery

19. UNDERTAKER L. E. Moon (Address) Sandpoint, Idaho

20. FILED Dec 16, 1932 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 13, 1932.

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1932, to December 13, 1932

I last saw him alive on Dec. 12, 1932; death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-10-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. D. Evans M.D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

PLACE OF DEATH

County of Bonner.

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155. Local Registrar's No. 75

DO NOT WRITE IN THIS SPACE

State File No. 81660

(No. 1102 Pine St)

(If death occurred in a hospital or institution, give its name instead of street and number.) 1102 P

2. FULL NAME Lois Gravelle.

(a) Residence. No. 1102 Pine St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 28, 1932

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sandpoint Idaho.

FATHER

13. NAME: Clarence Gravelle

14. BIRTHPLACE (city or town) (State or country): Little Falls Minn.

MOTHER

15. MAIDEN NAME: Gladys Fay Kearney

16. BIRTHPLACE (city or town) (State or country): Richmond Virginia

17. INFORMENT (Address): Clarence Gravelle Sandpoint Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Sandpoint Pinecrest Cemetery Date: Dec 22, 1932

19. UNDERTAKER (Address): L. A. Moon Sandpoint, Ida.

20. FILED: Dec 22, 1932 Viola Allen Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 20, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes.	
Probable Capillary Bronchitis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. A. Moon Coroner M. D.

(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81661

PLACE OF DEATH

County of Bonneville
City of Milo

Registration District No. 73
Primary Registration District No. 2170
(No. 1)
Local Registrar's No. 208

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Bates. 76

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of ~~XXX~~
(or) WIFE of Hyrum Bates.

6. DATE OF BIRTH (month, day and year) December 10 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	0	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England.

PARENTS

10. NAME OF FATHER Richard Russell.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Marie Underhill.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Mrs Hannah Palmer
(Address) Idaho Falls, Idaho, R. #1

15. Filed 1/2/33, 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 15, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

that I last saw her alive on 12/15, 1932

and that death occurred, on the date stated above, at 10-38 a.m.

The CAUSE OF DEATH* was as follows:

General Paralysis of insanity

(duration) about 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr B F Allen M.D.

12/16, 1932 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	12/18/32

20. Undertaker	Address
C E Eckersell.	Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81663

Registration District No. 73

Primary Registration District No. 2 1/2

Local Registrar's No. 2 1/2

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Nelson

(a) Residence. No. Lobby Rooms St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: About 60 Years | Months ✓ | Days ✓ | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Kristie Johnson Idaho Falls Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date 1/2, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida

20. FILED 1/3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932, to 12/31, 1932

I last saw him alive on Dec 31, 1932 ~~death is said~~ to have occurred on the date stated above, at 3:40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Idaho Falls

RECEIVED JAN 4 193[illegible]

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81664

Registration District No. 73

Primary Registration District No. 2 1 4-D

Local Registrar's No. 210

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora Jensen

(a) Residence. No. — St. Moore, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruben L. Jensen

6. DATE OF BIRTH (month, day, and year) July 22, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grace Idaho

FATHER

13. NAME James Willard

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Emma Pettigale

16. BIRTHPLACE (city or town) (State or country) Willard Utah

17. INFORMENT (Address) Ruben L. Jensen Moore Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Dec 30, 193 2

19. UNDERTAKER (Address) Dirk A. Wood Idaho Falls Idaho

20. FILED 12/29, 193 2 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 27 193 2

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 193 2, to Dec 27, 193 2

I last saw h[illegible] alive on Dec 27, 193 2; death is said to have occurred on the date stated above, at 11-55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gangrenous appendix and Peritonitis	
Other contributory causes of importance:	

Name of operation Appendectomy Date of Dec 22-32

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. P. Godsman, M. D.

(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81665

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2 10-0
Local Registrar's No. 2 2
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Darwin Keith Oakden

(a) Residence. No. 244 Lomax St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) May 8, 1932
7. AGE — Years | Months: 7 | Days: 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Robert Lewis Oakden
14. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

MOTHER
15. MAIDEN NAME: Maude Leavitt
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMENT (Address): Robt. L Oakden Ucolees
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Dec. 18, 1932
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho
20. FILED Dec 22, 1932 C. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 16 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 16, 1932
I last saw him alive on Dec 16, 1932. death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Dec 14 2 days
Other contributory causes of importance: Dysentery	Dec 8 6 days

Name of operation Intubation Date of 12/14/32
What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81666

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 201

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Carvel Harris Jacobs

(a) Residence. No. 216 - 15th Street St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 18, 1924

7. AGE Years 8 Months 2 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sugar City Idaho

FATHER
13. NAME Elmo F. Jacobs
14. BIRTHPLACE (city or town) (State or country) Tehi Utah

MOTHER
15. MAIDEN NAME Euphemia Harris
16. BIRTHPLACE (city or town) (State or country) Salem Idaho

17. INFORMENT (Address) Elmo F. Jacobs Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Idaho Date Dec 21, 1932

19. UNDERTAKER (Address) Jack G. Ward Idaho Falls, Idaho

20. FILED Dec 21, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 10:30 P.M. Dec 18th 1932, to [illegible] Dec 19th 1932
I last saw him alive on Dec 19th 1932: death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis in my opinion following a mild case of Scarlet fever

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Thomas C. Willson, M. D.
(Address) Idaho Falls Idaho

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81667

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 194
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Hilkins

(a) Residence. No. Idaho Falls Rt #5 St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah M. Hilkins

6. DATE OF BIRTH (month, day, and year) July 9 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murray, Utah

FATHER
13. NAME Charles Hilkins
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Welch
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Hannah M. Hilkins R. F. Rt. #5

18. BURIAL, CREMATION, OR REMOVAL Place Grant, Idaho Date Dec 11, 1932

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho.

20. FILED Dec 10, 1932 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1932 to Dec. 6, 1932
I last saw h alive on Dec. 6, 1932 death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and Angina pectoris	

Other contributory causes of importance:
Influenza

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John C. Millar M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81668

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 V-0 Local Registrar's No. 194

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henrietta Clay

(a) Residence. No. 293 N Water ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

8 ft

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: J. C. Clay

6. DATE OF BIRTH (month, day, and year): Aug 12 1853

7. AGE: Years 77 Months 3 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): St Joseph. Mo.

FATHER
13. NAME: Phillip Klippel.
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Margarette Mider
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs Margarette Balster Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 12/7, 1932

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida.

20. FILED: Dec 5, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from saw her about 15 minutes after death, 193..., to ....., 193...

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown

Other contributory causes of importance:

Influenza.	Nov. 20th

Name of operation: none. Date of .....

What test confirmed diagnosis: History only Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) N. L. Wilson, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81669

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 203

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Volmer

(a) Residence. No. Idaho Falls Rt #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 17, 1932

7. AGE: Years | Months | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon, Idaho

FATHER
13. NAME John Volmer
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Velma Goldman
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) John Volmer Idaho Falls Rt #3

18. BURIAL, CREMATION, OR REMOVAL Place Ammon Idaho Date Dec 18, 1932

19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho

20. FILED 12/22, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Dec 17, 1932
I last saw her alive on Dec 16, 1932: death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Inflamo 1 wk	Dec 9

Other contributory causes of importance:

Premature 8 mo at birth.	Dec 16

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] M.D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81670

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2100

Local Registrar's No. 191 —

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

149

2. FULL NAME Effee Chandler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ralph Chandler

6. DATE OF BIRTH (month, day, and year) Dec 28 1903

7. AGE Years 28 Months 11 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon Idaho

FATHER

13. NAME Theo. Barsee

14. BIRTHPLACE (city or town) (State or country) Ferran Utah

MOTHER

15. MAIDEN NAME Mary E Waters

16. BIRTHPLACE (city or town) (State or country) Salina Utah

17. INFORMENT (Address) Mr Ralph Chandler Pino Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pino Idaho Date Dec 10 1932

19. UNDERTAKER (Address) V. F. McHaney Idaho Falls Ida.

20. FILED Dec 9, 1932 Colly Kimmard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932, to Dec 7, 1932

I last saw her alive on Dec 7, 1932; death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis from Rupt Tubo Ovarian abscess	11/27/32
Other contributory causes of importance:	
Chronic Salpingitis	4 yrs

Name of operation Normal Childbirth Date of 11/27/32

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81671

Registration District No. 73

Primary Registration District No. 4150

Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily Elizabeth Cheney

(a) Residence. No. 80019 Q & Boyer St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Elam Cheney

6. DATE OF BIRTH (month, day, and year): July 6, 1857

7. AGE: Years 75 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pasquan County Utah

FATHER

13. NAME: Nelson Stoyell Hollinghead

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: M. Thronton

16. BIRTHPLACE (city or town) (State or country): United States

17. INFORMENT (Address): Mrs Warren Wadsworth 800 9th & Boyer, Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place: Emmatt, Idaho Date: Dec. 12, 1932

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: Dec 11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerkisson. No medical attendance	

Other contributory causes of importance:

Diabetes Mellitus

Name of operation: none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81672

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100 Local Registrar's No. 197

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William J Decker

(a) Residence. No. 309 So Ridge Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nettie Decker

6. DATE OF BIRTH (month, day, and year) April 24 1864

7. AGE Years 63 Months 7 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Laborer
10. Date deceased last worked at this occupation (month and year) 5/8/1932
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Weston Mo.

FATHER
13. NAME Martin Decker
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Christiana
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Nettie Decker

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date 12/12, 1932

19. UNDERTAKER (Address) V. F. M Hart Idaho Falls Ida.

20. FILED Dec 10, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/9 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to ....., 193..
I last saw him alive on Dec. 2, 1932; death is said to have occurred on the date stated above, at 940 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach.	7-31

Other contributory causes of importance: Gastric Ulcer

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Dr. B. J. Allen
(Address) Idaho Falls Ida.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JAN 4 1933

Dr Wm Kimmel

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Bonneville

City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73

Primary Registration District No. 2140

(No. ..... St.)

State File No. 81673

Local Registrar's No. 199

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Harold Holmes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

6. DATE OF BIRTH: Dec (Month) 7 (Day) 1932 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or 30 min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho Falls, Ida

10. NAME OF Father Harold H. Holmes

11. BIRTHPLACE OF FATHER (State or Country) Ogden, Utah

12. MAIDEN NAME OF MOTHER Audrey Muriel Berger

13. BIRTHPLACE OF MOTHER (State or Country) Pocatello, Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harold H Holmes
(Address) Victor Idaho

15. Filed Dec 1932 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH 160

16. DATE OF DEATH: Dec (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1932, to Dec 7 1932, that I last saw him alive on Dec 7 1932, and that death occurred on the date stated above, at 10 40 A. M.

The CAUSE OF DEATH* was as follows:

Ateleclasis

(Duration) ..... yrs. ..... mos. 30 Min ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

12/7 1932 (Signed) [signature] M. D.

(Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Victor Ida

DATE OF BURIAL: Dec 1932

20. UNDERTAKER: None

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JAN 4 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73
Primary Registration District No. 2170
(No. L. D. S. Hospital St.)

State File No. 81674
Local Registrar's No. 207

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Dorothy Ann Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	

6. DATE OF BIRTH: December 20 1932 (Month) (Day) (Year)

7. AGE: ....Yrs....Mos....ds.
IF LESS than 1 day how many 3 hrs. or 6 min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work X
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF Father Virgil L. Johnson

11. BIRTHPLACE OF FATHER (State or Country) Preston Idaho

12. MAIDEN NAME OF MOTHER Verna Keller

13. BIRTHPLACE OF MOTHER (State or Country) Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Adelmann M. D.
(Address) L. D. S. Hospital Idaho Falls

15. Filed 12/22 1932 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December 20 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1932 to Dec 20 1932 that I last saw h.r. alive on Dec 20 1932, and that death occurred on the date stated above, at 2-30 P.M.

The CAUSE OF DEATH* was as follows:
Prematurity 7 months
(Duration) ....yrs....mos....ds.

Contributory (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) W. Ray Kalch M. D.
Dec 1932 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....days. In the State....yrs....mos....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls, Idaho — DATE OF BURIAL: Dec 22 1932

20. UNDERTAKER: Jack A. Wood — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JAN 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81675

PLACE OF DEATH
County of Bonnville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100
Local Registrar's No. 204
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1a

2. FULL NAME James William Parks
(a) Residence. No. 495 Lomax St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hazel R. Parks.
6. DATE OF BIRTH (month, day, and year) July 14, 1887
7. AGE Years 45 Months 5 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laundry Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri St. Louis

FATHER
13. NAME Andrews Parks
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Fanny Fouchi
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs. Hazel R. Parks. 495 Lomax. Idaho Falls.
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Date Dec. 20 1932
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho.
20. FILED 12/22, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 16 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1932, to Dec 16, 1932
I last saw him alive on Dec 16, 1932; death is said to have occurred on the date stated above, at 10:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Oct. 22
Other contributory causes of importance:	
Phlebitis Left Leg	Dec 4 12 days
Acute Cholecystitis	Dec 12 4 days

Name of operation None Date of
What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Laundryman
(Signed) Jabez W. West, M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81676

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2 1 1 7
Local Registrar's No. 2 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred C Andrews.

(a) Residence. No. 366 - 8th St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Andrews.

6. DATE OF BIRTH (month, day, and year): July 30 1860

7. AGE: Years 72; Months 5; Days One.; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 1916.
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER
13. NAME: Unknown.
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mary Andrews. Idaho Falls. Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Idaho Falls. Date 1-2, 1933
19. UNDERTAKER (Address): V. F. McHan Idaho Falls. Idaho
20. FILED 1/3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 30 1932
22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932, to Nov 26, 1932
I last saw him alive on Nov 26, 1932; death is said to have occurred on the date stated above, at 7.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomachr	
Other contributory causes of importance:	
History of Gallstone attack	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. D. Spencer, M. D.
(Address) Idaho Falls Ida

RECEIVED DEC 4 1937

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2170

DO NOT WRITE IN THIS SPACE

State File No. 81677

Local Registrar's No. 193

(No. 1273 Lee Ave St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Ole Ellingston

(a) Residence. No. 1273 Lee Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine F. Ellingston

6. DATE OF BIRTH (month, day, and year) Sept 23 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lehi Utah

FATHER

13. NAME Ole Ellingston

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Abigail Evans

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) N. St. Anthony, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St. Anthony, Idaho Date Dec 7, 193 7

19. UNDERTAKER W. H. Hansen (Address) St. Anthony, Idaho

20. FILED Dec 4, 193 7 C. A. Emmett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 3 193 7

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 193 7, to Dec. 3, 193 7

I last saw him alive on Dec. 3, 193 7; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	unknown
Other contributory causes of importance: Starvation	about Sept. 20

Name of operation none Date of

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry L. Allison, M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81678

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 207

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Franklin Lufkin
(a) Residence. No. Lorenzo R F D #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Watson Kate Lufkin
6. DATE OF BIRTH (month, day, and year) Dec 20-1874
7. AGE Years 58 Months X Days 1. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Panaca Nevada

FATHER
13. NAME John Townsen Lufkin
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER
15. MAIDEN NAME Hanna S. Borren
16. BIRTHPLACE (city or town) (State or country) Fort Hamamon Utah

17. INFORMENT (Address) Mrs. J. F. Lufkin Lorenzo R F D #1

18. BURIAL, CREMATION, OR REMOVAL Place Pine Butte Date Dec. 24, 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 12/23, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec-21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-15, 1932, to Dec-21, 1932
I last saw him alive on Dec 21, 1932: death is said to have occurred on the date stated above, at 5:25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peri Carditis	Nov 15 32

Other contributory causes of importance:

Pneumonia Lobar	Nov-6 32

Name of operation ✓ Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓ ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. D. Spencer, M. D.
(Address) Idaho Falls Ida

RECEIVED JAN 4 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 23

Primary Registration District No. 2 1 N 7 0

DO NOT WRITE IN THIS SPACE
State File No. 81679

Local Registrar's No. 20 L

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Annie Madsen

(a) Residence. No. 530 13th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) NOV 5, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garfield Idaho

FATHER

13. NAME James Madsen

14. BIRTHPLACE (city or town) (State or country) Liverpool Utah

MOTHER

15. MAIDEN NAME Bertie Cummins

16. BIRTHPLACE (city or town) (State or country) Farmington Utah

17. INFORMENT (Address) James Madsen Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grant, Idaho Date Dec 22, 1932

19. UNDERTAKER (Address) Jack G. Ward Idaho Falls, Idaho

20. FILED 12/22, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1932, to Dec 20, 1932

I last saw her alive on Dec 19, 1932: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Dec 4

Other contributory causes of importance:

Influenzal Pneumonia	Nov 24

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

PLACE OF DEATH

County of Bonneville

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81680

Registration District No. 73

Primary Registration District No. I-1-0

Local Registrar's No. 209

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Helena Cook.

(a) Residence. No. Rigby Route #1. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of J William Cook.

6. DATE OF BIRTH (month, day, and year) Oct. 27-1904

7. AGE Years: 28 Months: 1 Days: 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ucon Idaho.

FATHER

13. NAME William Richey.

14. BIRTHPLACE (city or town) (State or country) Ogden Utah.

MOTHER

15. MAIDEN NAME Annie Kate Jones.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) J William Cook. Rigby Ida #1.

18. BURIAL, CREMATION, OR REMOVAL Place Ucon Idaho Date Dec. 29th 1932

19. UNDERTAKER (Address) Vern J Keller Ripleng Ida.

20. FILED 12/28, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1932, to Dec. 25, 1932

I last saw her alive on Dec 25, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza followed by nephritis.	Dec. 1
Other contributory causes of importance:	
Subacute nephritis	Indef.
Bronchopneumonia	Dec. 22

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) John O. Mellar M. D.

(Address) Idaho Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1931

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81681

Registration District No. 73

Primary Registration District No. 2 14-0

Local Registrar's No. 21 11 f

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vernon Joel Thorne

(a) Residence. No. ..... St. Iona, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 3, 1931

7. AGE: Years 1 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Lewis Thorne

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Eva Frandsen

16. BIRTHPLACE (city or town) (State or country) Iona Idaho

17. INFORMENT (Address) Lewis Thorne Iona, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Iona, Idaho Date Dec 24, 1932

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Dec 24, 1932 W Fernand Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1932, to Dec 22, 1932

I last saw him alive on Dec 22, 1932; death is said to have occurred on the date stated above, at 8-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 12
Adenitis Cervical	

Other contributory causes of importance:

Acute Myocarditis	Dec 20

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81682

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100 Local Registrar's No. 200
(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvin Sylvester Clegg
(a) Residence. No. St. Dubois, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug 3, 1922
7. AGE Years 10 Months 4 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dubois Idaho

MOTHER
13. NAME Joseph Clegg
14. BIRTHPLACE (city or town) (State or country) Springfield Utah
15. MAIDEN NAME Etta Mae Lougee
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Joseph Clegg Dubois Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Dubois Idaho Date Dec 18, 1932
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho
20. FILED Dec 17, 1932 C. Finnand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932, to Dec 15, 1932
I last saw him alive on Dec 15, 1932; death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphlococci	Oct 18
Bacteremia	

Other contributory causes of importance:

Metastatic abscess entire body	Nov 1

Name of operation Abscess opened Date of November Dec
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 16 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81684

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 141

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Willis Warner Rose

(a) Residence. No. Arthur St
(Usual place of abode) Caldwell Idaho
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 17 " 186

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ray county.
(State or country) Mo.

FATHER

13. NAME Mathew Rose.

14. BIRTHPLACE (city or town)
(State or country) Tenn

MOTHER

15. MAIDEN NAME Martha Folen.

16. BIRTHPLACE (city or town)
(State or country) Ireland.

17. INFORMENT Mrs Sallie Rose
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Lawns Date 12-21, 1932

19. UNDERTAKER C. W. Peckham
(Address) Caldwell Idaho

20. FILED 12-28, 1932 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18 " 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1932, to Dec 18, 1932

I last saw h— alive on Dec 18, 1932 death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/18/32

Other contributory causes of importance:
Had first attack 7 years ago. Has had 3 or 4 since

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. Wilson, M. D.
(Address) Caldwell, Idaho

RECEIVED JAN 16 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81685

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 9

Primary Registration District No. 2005

Local Registrar's No. 145

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Robert Terry

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT E. L. Babcock
(Address) Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 12-24, 1932

19. UNDERTAKER C. V. Buckingham
(Address) Caldwell Idaho

20. FILED 12-28, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	

Other contributory causes of importance:

old age	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. V. Buckingham Coroner

(Address) Caldwell Idaho

RECEIVED JAN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81686

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 147

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Hattie Crosiar

(a) Residence. No. Caldwell #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 4 - 1868

7. AGE Years 64 Months 3 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Asa Crosiar
14. BIRTHPLACE (city or town) (State or country) .....

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Ira Crosiar Caldwell #3

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 12-27, 1932

19. UNDERTAKER (Address) G. V. Peckham Caldwell Ida

20. FILED 12-28, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932, to Dec 23, 1932

I last saw he alive on Dec 22, 1932; death is said to have occurred on the date stated above, at 9-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial	
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) M Montgomery, M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81687

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 140
(No. 1604 Railroad Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Millard M. McGrew.

(a) Residence. No. 212- 19th. Ave. No St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 7th. 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cokeville
(State or country) Wyoming

FATHER
13. NAME John A. McGrew
14. BIRTHPLACE (city or town)
(State or country) Oklahoma

MOTHER
15. MAIDEN NAME Mary Skinner
16. BIRTHPLACE (city or town)
(State or country) Idaho.

17. INFORMENT John A. McGrew
(Address) Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Kohlerlawn-Nampa Date 12-8, 1932

19. UNDERTAKER Wm. D. Talley
(Address) Nampa, Idaho

20. FILED Dec 21, 1932 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-4-1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholic Poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. V. Peterson Coroner
(Address) Caldwell Ida.

RECEIVED JAN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81689

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles D Jarchow

(a) Residence. No. Caldwell 607 Cleve St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
81	90	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tobacco
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rush City
(State or country) Minn

FATHER
13. NAME James Jarchow
14. BIRTHPLACE (city or town) Germany
(State or country) ~~Not Known~~

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMENT Hester Jarchow
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 12-13, 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 12-17, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1932, to Dec 11, 1932
I last saw him alive on Dec 11, 1932: death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cronic myocardial degeneration. Exacerbation	June 1, 1932

Other contributory causes of importance:
Arteriosclerosis
Ten years.

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C R Whittenberger D.O. M.D.
(Address) Caldwell, Idaho

...INLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instruction on back of certificate.

RECEIVED JAN 16 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 147

DO NOT WRITE IN THIS SPACE

State File No. 81690

(No. 183)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Caldwell

(a) Residence. No. Caldwell R. 1 St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28" 1915

7. AGE: Years 17 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Midvale, Ida

FATHER

13. NAME Albert Caldwell

14. BIRTHPLACE (city or town) (State or country) Perry County, Missouri

MOTHER

15. MAIDEN NAME Julia E. Sipe

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Albert Caldwell

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date Dec 23 1932

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 12-28, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in head	
Puncture brain	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. V. Peckham Coroner, M.D.

(Address) C. V. Peckham Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 6 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81691

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 148

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lottie Alice Johnston 44

(a) Residence. No. Caldwell #4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Ross Johnston

6. DATE OF BIRTH (month, day, and year) Nov-21-1887

7. AGE Years 45 Months 1 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Dakota

FATHER

13. NAME Jacob Raymond

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Ellen Pratt

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Raymond Johnston Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Parma Cem Date 12-28, 1932

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 1-9, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 25 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-7, 1932, to Dec 22, 1932.

I last saw her alive on Dec 22, 1932: death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tomach	

Other contributory causes of importance:

Name of operation Exploratory yes Date of 11-11-32

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Thos E Mangan, M. D.

(Address) Nampa, Ida

RECEIVED JAN 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81692

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 142

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah Jane Bay 57

(a) Residence. No. ..... St. Parma
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Frank Bay

6. DATE OF BIRTH (month, day, and year) May 4" 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) DeMoines, Iowa

FATHER

13. NAME Joseph Bevington

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) E. A. Hartman Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date Dec 22 1932

19. UNDERTAKER E. V. Beachamp
(Address) Caldwell, Ida

20. FILED 12-28, 1932 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932, to Dec 20, 1932

I last saw her alive on Dec. 20, 1932.: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Hypertension	

Other contributory causes of importance:
Operation for Multiple fibroids of the uterus. Glandular carcinoma of the Fallopian Tube.

Name of operation Sub total Hysterectomy Date of Dec 17 '32

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thos. E. Mangum, M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 3 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81693

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 149

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank C. Manning

(a) Residence. No. Caldwell #1 St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Jennie Manning

6. DATE OF BIRTH (month, day, and year) May 19 1867

7. AGE Years 65 Months 7 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Olivee Manning

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs Luella Mower

18. BURIAL, CREMATION, OR REMOVAL Place Canyonhill Date 12-29, 1932

19. UNDERTAKER (Address) J. V. Peckham Caldwell Ida

20. FILED 12-28, 1932 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Dec 26, 1932

I last saw he alive on Dec 26, 1932 death is said to have occurred on the date stated above, at 10-10 a m.

The principal cause of death and related causes of importance were as follows:

Head injury. Fracture at base

Date of onset

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/24 1932

Where did injury occur? Caldwell, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Auto accident

Manner of injury: Car skidded into telephone pole

Nature of injury: Fracture base of brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Cole, M. D.

(Address) Caldwell Idaho

RECEIVED JAN 10 193

FORM V. S. 1. 3-29-PAM-1-19

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 81694
Local Registrar's No. 142

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2006
(No. State School & Colony St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ethel B. Wilburn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1897 (Year)

7. AGE: 35 Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF Father: Edward H Wilburn

11. BIRTHPLACE OF FATHER (State or Country): California

12. MAIDEN NAME OF MOTHER: Louise Tracey

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Claudie Austern
(Address) Nampa Idaho

15. Filed Dec 31 1932 Lyda Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH 18

16. DATE OF DEATH: December (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3 1920, to Dec 22 1932, that I last saw her alive on Dec 22 1932, and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Status Epilepticus
.....
.....
(Duration) 34 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.
19 ..... (Address) Nampa Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 12 yrs. 5 mos. 19 days. In the State 35 yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida. DATE OF BURIAL: 12-24 1932

20. UNDERTAKER: E. K. Robinson ADDRESS: Nampa Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 6 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 81696

Local Registrar's No. 143

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1 31

2. FULL NAME Mrs Elizabeth Jane Penrose

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of T B Penrose (Deceased)

6. DATE OF BIRTH (month, day, and year) 5-22-1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Madron
(State or country) England

FATHER

13. NAME Thomas Hall

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Hodge

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT Gabriela Fresneda
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa-Kohlerlawn Date Dec. 22 193 2

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 12-22, 193 2 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-21-32 193

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 193 2, to 12-21, 193 2

I last saw her alive on 12-19, 193 2; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Uremia
Complete anuria
urine for 2 days

Date of onset 12-17-32

Other contributory causes of importance: age

Name of operation — Date of —

What test confirmed diagnosis? Phy, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Yates, M. D.

(Address) Caldwell Ida

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81697

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 152
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Lena Shull

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H.R. Shull

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) ✓

PARENTS
10. NAME OF FATHER ✓
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ✓
12. MAIDEN NAME OF MOTHER ✓
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) ✓

14. Informant [illegible]
(Address) Nampa, Ida.

15. Filed Jan 6, 1933 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1932, to Dec. 23, 1932, that I last saw her alive on Dec, 1932, and that death occurred, on the date stated above, at 9:45 A. m.

The CAUSE OF DEATH* was as follows: Advanced Pulmonary & Cervix uteri

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Biopsy

(Signed) Jno E Mayfield, M. D.
1-6, 1933 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa, Ida.	12-24 1932
20. Undertaker F. K. Robinson	Address Nampa Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81698

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 146
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Florence May Robb

(a) Residence. No. 718 -12 Ave. S St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 7, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HouseWife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St Louis. Mo.

PARENTS
10. NAME OF FATHER Evans
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Knoff
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales

14. Informant Gladstone Robb
(Address) Nampa, Ida.

15. Filed Dec 31, 1932 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Dec 17, 1932
that I last saw her alive on Dec 17, 1932
and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Myxo Sarcoma of uterus with secondary involvement of liver
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Myxo Sarcoma in lumbar muscles - removed
(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of June - 1931
Was there an autopsy? No
What test confirmed diagnosis? Symptomatic & Pathological examination of tissues
(Signed) J F Robb M. D.
Dec 17, 1932 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rohlerdawn Cemetery	12-30 1932
20. Undertaker	Address
F.K. Robinson	Nampa Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

R.

RECEIVED JAN 16 19

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81699

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 146

(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME James Jordan

(a) Residence. No. 501 Blaine st St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1844

7. AGE Years 88 Months 11 Days 22 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Soldiers Home Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 12-25 1932

19. UNDERTAKER (Address) Paul L. Case Caldwell Idaho

20. FILED 12-27, 1932 J. S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22-32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Dec. 22, 1932
I last saw him alive on Dec. 22, 1932 death is said to have occurred on the date stated above, at 10 30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 18,

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) [signature] M. D.
(Address) Caldwell Idaho

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JAN 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2006
(No. ..... St.)

State File No. 81701
Local Registrar's No. 147
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Frank McConnell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: July (Month) 7 (Day) 1910 (Year)

7. AGE: 21 Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Emmett Ida Ho

10. NAME OF Father: Orville McConnell

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: May Patten

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Tom Rodgers
(Address): Nampa Ida Ho

15.
Filed Dec. 31 1932 Lyda Rodgers
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 12 (Month) 19— (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2 1924, to 12—19 1932, that I last saw h— alive on 12—19—1932, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Alcoholic Epileptiform
(Duration) since Birth yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Tom Rodgers M. D.
12-19-1932. (Address) Nampa Ida Ho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 8 yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Emmett Ida Ho
Former or usual residence Emmett Ida Ho

19. PLACE OF BURIAL OR REMOVAL: Emmett Ida — DATE OF BURIAL ..... 19....

20. UNDERTAKER: T. K. Robinson — ADDRESS Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81702

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 145
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1598

2. FULL NAME Patricia Anne Miller
(a) Residence. No. 915 - 12th Ave So. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 10th 1932

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER Geo. G. Miller
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Monmouth Illinois
12. MAIDEN NAME OF MOTHER Mildred E. Rudge
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penna.

14. Informant (Address) Geo. G. Miller Nampa, Ida.

15. Filed Dec 31, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 15, 1932
that I last saw him alive on Dec 15, 1932
and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Congenital perforation
Small bowel
Peritonitis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital perforation
bowel (duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) Horace P. Belknap, M. D.
12-16, 1932 (Address) Nampa

19. Place of Burial, Cremation, or Removal: Kohlerlawn — Date of Burial: Dec 16 1932

20. Undertaker: Mrs Nina M. Talley — Address: Nampa Idaho

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81703

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 138
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1a

2. FULL NAME William G. Brown
(a) Residence. No. 312 20th Ave. So St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Linnie Brown

6. DATE OF BIRTH (month, day and year) Jan. 9th 1874

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer retired

9. BIRTHPLACE (city or town) (State or country) Watsatka Illinois

PARENTS

10. NAME OF FATHER Alfred Brown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant (Address) Mrs. Linnie Brown Nampa, Idaho

15. Filed Dec 31, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 9 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Dec 9, 1932
that I last saw him alive on Dec 9, 1932
and that death occurred, on the date stated above, at 10 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Wind
(Signed) W. Clark, M. D.
2-10, 1932 (Address) Nampa

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa
Date of Burial: 12-11 1932

20. Undertaker: Wm D. Talley
Address: Nampa, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81704

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 141
(No. 2303 3rd St. So.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Vernon Woodfin

(a) Residence. No. 2303 3rd St. So. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 7th 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	6	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At school
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Boise Idaho

PARENTS

10. NAME OF FATHER Edward L. Woodfin

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Laura B. Dixon

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Arkansas

14. Informant (Address) Mrs. Laura Woodfin Nampa, Idaho.

15. Filed Jan 2, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-20, 1932, to 12-26, 1932
that I last saw h[illegible] alive on 12-26, 1932
and that death occurred, on the date stated above, at 1:55 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) An enlarged liver.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? ✓

(Signed) L. C. Horton M. D.
12-30, 1932 (Address) Nampa Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn-Nampa	12-30 1932
20. Undertaker	Address
Wm. D Talley	Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81705

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 141

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Robert E Mayfield

(a) Residence. No. 923-15th Ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, and year) 7-18-67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Wm Mayfield

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Hill

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Hope Mayfield

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 12-17, 1932

19. UNDERTAKER (Address) T. H. Robinson

20. FILED Dec 31, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1932 to 12-17, 1932

I last saw h alive on 3-24, 1932; death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12-17-32

Other contributory causes of importance:

High blood pressure.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. C. Horton M. D.

(Address) Nampa Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81706

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 148

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Frank Buchta 101b

(a) Residence. No. 612 - 15 ave. N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE O[redacted] (month, day, and year) Jan -29

7. AGE: Years 3 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Ida

FATHER
13. NAME Louis F. Butcha
14. BIRTHPLACE (city or town) (State or country) O. Dak

MOTHER
15. MAIDEN NAME Irene Young
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Frank Buchta Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Idaho Date , 193

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED Dec 31, 1932 Lyda Rodger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1932, to Dec 15, 1932

I last saw him alive on Dec 15, 1932: death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec. 12 '32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. O. VanDeGrift M.D.O.
(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81707

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 149

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Jamison

(a) Residence. No. 520 - 8 Ave S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W L Jamison.

6. DATE OF BIRTH (month, day, and year) January 14th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Joe Davis Co Illinois

FATHER
13. NAME John D. Brooks
14. BIRTHPLACE (city or town) (State or country) Joe Davis Co Illinois

MOTHER
15. MAIDEN NAME Mary Elizabeth Proctor
16. BIRTHPLACE (city or town) (State or country) Joe Davis Co Illinois

17. INFORMENT (Address) W. L. Jamison 612 - 8 Ave S

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 12-21, 193

19. UNDERTAKER F. L. Robison (Address) Nampa Ida

20. FILED Jan 2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1932, to 12-18, 1932
I last saw h[illegible] alive on Dec 17, 1932: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary odema due to decompensation of old valvular heart disease	Dec 7

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Geo. L. Proctor, M.D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81708

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 139
(No. Davis Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Duncan Robertson
(a) Residence. No. Halfway, Oregon St. Halfway Oregon
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Robertson

6. DATE OF BIRTH (month, day and year) July 8th 1864

7. AGE Years 68 Months 4 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS
10. NAME OF FATHER Robertson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown
12. MAIDEN NAME OF MOTHER Alice Plowman
13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown

14. Informant (Address) Mrs. Fred Wilson Nampa, Idaho

15. Filed Dec 31, 1932 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Dec 7, 1933
that I last saw him alive on Dec 7 1932
and that death occurred, on the date stated above, at 4:50 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Probably apoplexy
had [illegible] attack
cerebral hemorrhage
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arterio sclerosis
several
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) V C Beeswell M. D.
12-8-, 1932 (Address) Nampa

19. Place of Burial, Cremation, or Removal Halfway Oregon. Date of Burial 19

20. Undertaker Wm D. Falley Address Nampa, Ida

RECEIVED JAN 16 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81709

County of Canyon
City of Huston
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 139

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Priscilla Ann Hoadley

75

(a) Residence. No. Huston #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced — HUSBAND of (or) WIFE of: Calvin Hoadley

6. DATE OF BIRTH (month, day, and year): Feb 10 1851

7. AGE — Years: 81 — Months: 9 — Days: 22 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Waverly Illinois

FATHER

13. NAME: Hilery Marten
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Willard
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Mrs. Jno. Hoadley Huston #2

18. BURIAL, CREMATION, OR REMOVAL — Place: Canyon Hill Cem. Date: 12-5, 1932

19. UNDERTAKER: C. V. Peckham
(Address): Caldwell Idaho

20. FILED 12-28, 1932 John A. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 5-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	

Other contributory causes of importance:

Old age	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. V. Peckham Coroner

(Address) Caldwell, Idaho

MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81710

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 144
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Eliza Gum
(a) Residence. No. 224 - 17th Ave. No St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 3 yrs. 2 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Oct. 15th 1929
7. AGE Years 3 Months 2 Days 6 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Nampa Idaho

PARENTS
10. NAME OF FATHER Ed Gum
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Gunnison Colorado
12. MAIDEN NAME OF MOTHER Eliza E. Bennett
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Pierce Co. Georgia

14. Informant (Address) Mrs. Eliza E. Gum Nampa, Idaho

15. Filed Dec 31, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 21 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-15 1932, to 12-21 1932, that I last saw h alive on 12-21, 1932 and that death occurred, on the date stated above, at 7:10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Flu. complicated
Bronchopneumonia

(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Horace P. Nelson M. D.
Dec 22, 1932 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial Dec. 23. 1932
20. Undertaker Mrs. Nina M. Talley Address Nampa, Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81711

PLACE OF DEATH
County of Canyon
City of Rural
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 143
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine M. Cummins

(a) Residence. No. Melba, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H.H.Cumm ins

6. DATE OF BIRTH (month, day, and year) Dec. 2, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME John Matthews

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Huchel Cummins Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Melba, Ida. Date 11-13, 1932

19. UNDERTAKER F.K.Robinson (Address) Nampa, Ida.

20. FILED Dec 31, 1932 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-12-32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 16-, 193 1, to Nov 12, 193 2

I last saw her alive on May 27, 193 2: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic nephritis.	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel A Bunyard M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JAN 2 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Caribou

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. Caribou Hospital St.)

State File No. 81712

Local Registrar's No. 31

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Preston G. Saut.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: unknown (Month) (Day) 1885 (Year)

7. AGE: 47 Yrs. ? Mos. ? ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country)

10. NAME OF Father: George Saut.

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Annie Treasure

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [signature]

(Address) Cleveland Idaho

15. Filed 12-31- 1932 Dr. Russell Tigert Local Registrar

MEDICAL CERTIFICATE OF DEATH

31

16. DATE OF DEATH: Dec. (Month) 30- (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24 1932 to Dec 30 - 1932 that I last saw him alive on Dec 30 1932 and that death occurred on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:

T. B. Pulmonary

(Duration) 5 yrs. ..... mos. - ds.

Contributory (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

12/30 1932 (Signed) Eris Kackley M. D.

(Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 6 days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Cleveland, Ida

Former or usual residence Cleveland, Ida

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Cleveland Ida

DATE OF BURIAL: Jany 1st 1933

20. UNDERTAKER: C. L. Whitman

ADDRESS: Soda Springs Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JAN 2 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bonneville
City of Soda Springs
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 64
Primary Registration District No. 7159
(No. ..... St.)

State File No. 81713
Local Registrar's No. 20

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Nellie Lenore Weaver

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: June 4 1920 (Month) (Day) (Year)

7. AGE: 12 Yrs. 6 Mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): North Ogden Ut.

10. NAME OF Father: Budd Weaver

11. BIRTHPLACE OF FATHER (State or Country): Idaho Utah

12. MAIDEN NAME OF MOTHER: Josephine May Cooley

13. BIRTHPLACE OF MOTHER (State or Country): Colocton N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Budd Weaver
(Address): Soda Springs Ida

15. Filed 12-28- 1932 Dr Russell Tigert Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec-16- 1932, to Dec 25 1932, that I last saw her alive on Dec-25- 1932, and that death occurred on the date stated above, at 1:50 A.M.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) Impetigo

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Russell Tigert M. D.
12/25 1932 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Soda Springs Ida — DATE OF BURIAL 12-25 1932

20. UNDERTAKER: C L Whitman — ADDRESS: Soda Springs Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-35M. 1-19.

RECEIVED JAN 2 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 82
Primary Registration District No. 7159
State File No. 81714
Local Registrar's No. 28

1. PLACE OF DEATH
County of Caribou
City of Soda Springs Ida (No. Caribou Hospital St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bernard Latrille 10 1/2

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Feby. (Month) 21 (Day) 1889 (Year)

7. AGE: 43 Yrs. 9 Mos. 16 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer & Sheepman
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Clarine St Marie France

10. NAME OF Father: unknown

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs B. Latrille
(Address) Bancroft Ida.

15.
Filed Dec. 8 1932 Dr. Russell Tigert
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 7th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov-20- 1932 to Dec-7- 1932 that I last saw h unalive on Dec. 7- 1932 and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Right Lung

(Duration) ....yrs. mos. 6 ds.

Contributory (Secondary) Infected Gas Bladder

(Duration) ....yrs. mos. 14 ds.

(Signed) Russell Tigert M. D.

12/7 1932 (Address) Soda Springs, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....days. In the State....yrs....mos....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bancroft Idaho — DATE OF BURIAL: Dec-9- 1932

20. UNDERTAKER: O D Hilman — ADDRESS: Soda Springs Ida

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JAN 2 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 81715

Local Registrar's No. 29

1. PLACE OF DEATH

County of Caribou

City of near Soda Springs Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Carroll Ruth Grennell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: May (Month) - 23 (Day) - 1932 (Year)

7. AGE: ..... Yrs. 6 Mos. 19 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Alexander Ida

10. NAME OF Father: Thomas P. Grennell

11. BIRTHPLACE OF FATHER (State or Country): Wellsville Utah.

12. MAIDEN NAME OF MOTHER: Effie Eliason

13. BIRTHPLACE OF MOTHER (State or Country): Logan Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos P Grennell
(Address) Alexander Idaho

15. Filed Nov-13-1932 Dr. Russell Tigert
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 11th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10 - 1932 to Dec-11 1932, that I last saw her alive on Dec. 11th 1932, and that death occurred on the date stated above, at 2 a. M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia-Bilateral

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) name

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Russell Tigert M. D.

12-13 1932 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence Alexander Ida

19. PLACE OF BURIAL OR ~~REMOVAL~~: Soda Springs Ida

DATE OF BURIAL: Dec. 13 1932

20. UNDERTAKER: C. L. Whitman

ADDRESS: Soda Springs Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81716

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 927

(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Leah Maybell Gorton

(a) Residence. No. Soda Springs Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~or WIFE~~ of George W. Gorton

6. DATE OF BIRTH (month, day and year) Nov. 8 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	-	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

PARENTS

10. NAME OF FATHER William H. Wayatt
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Sarah Williams
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wales

14. Informant (Address) ~~Mrs. Maybell Gorton~~ Soda Springs Ida

15. Filed Nov 19 1932 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 20 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to Nov 19 1932 that I last saw her alive on Nov 19 1932 and that death occurred, on the date stated above, at 12 M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? No Date of -
Was there an autopsy? No
What test confirmed diagnosis? Practically

(Signed) Ellis Kaufman, M. D.
Nov 20 1932 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Soda Springs Ida.	Nov. 22 1932
20. Undertaker C D Whitmore	Address Sodaspring Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 2 1933

DO NOT WRITE IN THIS SPACE
State File No. 81717

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Caribou
City of Soda Springs
Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 26
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME George Albert Jacobsen
(a) Residence. No. Driggs Idaho St. Driggs, Idaho, R.I.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Jacobson

6. DATE OF BIRTH (month, day and year) Jan. 4, 1878

7. AGE Years 54 Months 10 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah

PARENTS
10. NAME OF FATHER Lauritz Jacobson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Matilda Neilsen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant (Address) Mrs. Geo. A. Jacobson Driggs Idaho

15. Filed 11-18-1932 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932, to Nov. 17, 1932
that I last saw him alive on Nov. 17, 1932
and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma Pelvis
Stomach
Pyloric End
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? yes Date of 11/4/32
Was there an autopsy? no
What test confirmed diagnosis? X-Ray
(Signed) Chris Kuckley, M. D.
11-18-1932 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal Dooley Cem Driggs R.F.D. No 1 Date of Burial 11-21 1932

20. Undertaker C. D. Whitman Address Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81718

PLACE OF DEATH
County of Cassia
City of Malta

Registration District No. 119
Primary Registration District No. 2198
Local Registrar's No.

(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leone Hepworth

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 25, 32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malta Idaho
(State or country)

FATHER

13. NAME John Alvin Hepworth

14. BIRTHPLACE (city or town) Springdale Utah
(State or country)

MOTHER

15. MAIDEN NAME Martha Floyd

16. BIRTHPLACE (city or town) Spanish Fork Utah
(State or country)

17. INFORMENT (Address) Martha Hepworth Malta, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Malta Idaho Date Dec 8, 1932

19. UNDERTAKER None
(Address)

20. FILED Jan 2, 1933 C. E. Slater
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Dec 8, 1932

I last saw he alive on Dec 7, 1932; death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	At birth

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) C. E. Slater, M. D.

(Address) Malta Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81719

RECEIVED JAN 12 19[illegible]

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Churchill
Registration District No. 117
Primary Registration District No. 21 96
Local Registrar's No. 370
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Elizabeth Crafton

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Reverdy Crafton

6. DATE OF BIRTH (month, day and year) Oct. 1 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10. NAME OF FATHER Thomas Robbins
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia
12. MAIDEN NAME OF MOTHER Mary Taylor
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Virginia

14. Informant Warren Crafton (Address) Churchill Ida.

15. Filed Jan 10, 1933 H. A. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 7:00 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Place of death
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? History
(Signed) Charles B. Haynes M. D.
Dec. 7, 1932 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal: Filer Idaho. Date of Burial: 12-12 1932
20. Undertaker D. E. Johnson Address Burley.

RECEIVED JAN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81720

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Oakley.

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 373
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** James Pearl Deboard

(a) Residence No. Oakley, Idaho St.
(Usual place of abode.)
(If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Ellen Deboard

6. DATE OF BIRTH (month, day and year) March 25-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	8	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer

9. BIRTHPLACE (city or town) Maddison County
(State or country) Missouri

PARENTS

10. NAME OF FATHER Frank Deboard

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Missouri

12. MAIDEN NAME OF MOTHER Francis Freman

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Missouri

14. Informant Mrs. Ellen Deward
(Address) Oakley, Idaho

15. Filed Jan 10, 1933 H H Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to Dec. 15, 1932
that I last saw him alive on Dec. 15, 1932
and that death occurred, on the date stated above, at 12 30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Bilateral)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Intestinies

(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Churchill - Idaho
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? X-Ray, Fluroscopy-Clinical

(Signed) Charles B. Raymer, M. D.
Dec. 17, 1932 (Address) Burley - Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Hayburn City Cemetery	12/18 1932
20. Undertaker H. C. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JAN [illegible] STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81722

PLACE OF DEATH
County of Clearwater
City of Ahsahka

Registration District No. 90
Primary Registration District No. 2197
Local Registrar's No. 88

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

77

2. FULL NAME Rachel C Weinman

(a) Residence. No. Ahsahka St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 25 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME John Stucker

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT A Weinman (Address) Ahsahka

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 12/13, 193

19. UNDERTAKER L A Shaw (Address) Orofino Ida

20. FILED 12/13, 1932 L A Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 10 193

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 193 2, to 12-10, 193 2

I last saw h[illegible] alive on , 193 2; death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mal nutrition	
Senile Dementia	

Other contributory causes of importance:
attributed to menopause and shock of her husbands death at Potlatch was killed in auto accident

Name of operation NW Date of ✓

What test confirmed diagnosis? Symptoms Was there an autopsy? NW

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NW If so, specify

(Signed) H H Patterson, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81723

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 89
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

70

2. FULL NAME Marguerite Hamilton

(a) Residence. No. ..... St. Moscow - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of ✓ (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) June 17, 1907

7. AGE: 25 Years | Months: 6 | Days: 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Johns, Washington.

FATHER
13. NAME Oscar C. Hamilton
14. BIRTHPLACE (city or town) (State or country) Waitsburg Washington.

MOTHER
15. MAIDEN NAME Addie Cummings
16. BIRTHPLACE (city or town) (State or country) Washington.

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Steptoe, Wash. Date 12/19, 1932

19. UNDERTAKER (Address) H. R. Short, Moscow, Idaho.

20. FILED 12/17, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1931, to Dec. 17th, 1932
I last saw her alive on Dec. 16, 1932: death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic encephalitis with paralysis agitans	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Thos Irvine McKelvey, M. D.
(Address) Orofino - Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81724

County of Clearwater
City of Orofino
Registration District No. 96
Primary Registration District No. 2187
Local Registrar's No. 86

(No. State Hospital North
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Griffith

(a) Residence. No. ..... St. Post Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? 31 yrs. 4 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Sept. 3, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Wales, England

FATHER

13. NAME James Griffith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Edmonds

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place State Hosp. Cemetery Date Nov. 30, 1932

19. UNDERTAKER F. A. Billberg, Hosp. Asst.
(Address) Orofino - Idaho.

20. FILED 12/2, 1932 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1931, to Nov. 28, 1932
I last saw him alive on Nov. 28, 1932: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	Nov. 28, 1932
Other contributory causes of importance: Psychosis with Cerebral arterio-sclerosis	

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 87

DO NOT WRITE IN THIS SPACE

State File No. 81725

(No.) 884

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. H. Bush

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Orofino Hospital Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date 12/10, 193

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 12/9, 193 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 193 2 to Dec. 9, 193 2

I last saw him alive on Dec. 8, 193 2; death is said to have occurred on the date stated above, at 9:9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. J. Hopkins, M. D.

(Address) Orofino, Idaho

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81726

PLACE OF DEATH
County of Clearwater
City of Ahsahka

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 90
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Agnis Miller

(a) Residence. No. (Usual place of abode.) Ahsahka Ida St.
(If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Miller

6. DATE OF BIRTH (month, day and year) Mar 10 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home Work
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Owen Devlin

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unascertained

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) Henry Miller Ahsahka Ida

15. Filed 12/26, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 11 1932, to 12-23, 1932, that I last saw her alive on 12-18, 1932 and that death occurred, on the date stated above, at 10:20 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Valvular Heart Disease
Chronic Nephritis.
Diabetes. (Dropsy)
(duration) 8 yrs. mos. ds.
CONTRIBUTORY (Secondary) Dropsy-Oedema
(duration) yrs. 3 mos. — ds.

18. Where was disease contracted if not at place of death? Peck Idaho
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Symptoms, Urine and Age
(Signed) W. W. Robinson, M. D.
12-26, 1932 (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewiston Ida	12-26 1932
20. [redacted] Orofino Mortuary	Address Orofino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN

PLACE OF DEATH

County of Custer

City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81727

Registration District No. 108

Primary Registration District No. 2586

Local Registrar's No. 149

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Henovich

(a) Residence. No. Mackay Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Austrian

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Henovich

6. DATE OF BIRTH (month, day, and year): 1880

7. AGE: Years ~~1880~~ 53 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): 3/15 - 32

11. Total time (years) spent in this occupation: Nearly all

12. BIRTHPLACE (city or town) (State or country): Pinusic Austria

FATHER

13. NAME: Marcus Henovich

14. BIRTHPLACE (city or town) (State or country): .....

MOTHER

15. MAIDEN NAME: Mary Henovich.

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMENT (Address): Steve Murgic

18. BURIAL, CREMATION, OR REMOVAL Place: Mackay Date: Dec 27, 1932

19. UNDERTAKER (Address): Doebler Salmon Idaho

20. FILED: Dec 30, 1932. Edna McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-25" 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/25, 193..., to 12/27, 193...

I last saw him alive on 12/25, 1932: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of lungs	

Other contributory causes of importance:

Tuberculosis of lungs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. L. Kirkley, M. D.

(Address) Challis Idaho

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81728

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 148

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ruth Young

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. N. Young

6. DATE OF BIRTH (month, day, and year) Nov. 20. 1859

7. AGE Years 73 Months Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hotel Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Benjamin Morning
14. BIRTHPLACE (city or town) (State or country) Louville Kentucky

MOTHER
15. MAIDEN NAME Nancy Tonk
16. BIRTHPLACE (city or town) (State or country) Danville Indiana

17. INFORMENT (Address) Amos Leeton Challis Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Challis, Ida Date Dec. 20, 1932

19. UNDERTAKER (Address) W M C Dackle Salmon, Ida

20. FILED Dec 20, 1932 E. Edwin Kenney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1932, to Dec 18, 1932
I last saw her alive on 12/18, 1932: death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930

Other contributory causes of importance:

Mitral regurgitation

Name of operation No Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) O. L. Kirtley, M. D.
(Address) O. L. Kirtley Challis Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81729

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 147

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arne Hamilton

(a) Residence. No. Challis Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 78 Months – Days – If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Quartz Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) United States
(State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER Mr C Doebler
(Address) Salmon, Ida.

20. FILED Dec 10, 1932 Elna McKinney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
no dates in attendance.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. S. Ebbert's Coroner M. D.
(Address) Challis Idaho

RECEIVED JAN 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81730

PLACE OF DEATH

County of Custer Registration District No. 76

City of Mackay Primary Registration District No. 2153 Local Registrar's No. 166

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

824

2. **FULL NAME** Hiram Smeldon Johnson

(a) Residence. No. Mackay St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jane Johnson.

6. DATE OF BIRTH (month, day and year) Dec 22 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Buffalo, New York.

PARENTS

10. NAME OF FATHER Hiram Griswold Johnson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Francis Gale.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland.

14. Informant (Address) Mary Jane Johnson Mackay Idaho

15. Filed Dec. 31, 192 Rose Nowack Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 15 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932, to Nov. 15, 1932

that I last saw him alive on Nov. 15, 1932

and that death occurred, on the date stated above, at 9.20 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Carson G Johnson M. D.

Nov. 17, 1932 (Address) Mackay, Idaho.

19. Place of Burial, Cremation, or Removal	Date of Burial
Houston Cemetary	Nov. 17 1932
20. Undertaker	**Address**
Gladys S Garner	Arco Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81731

PLACE OF DEATH
County of Elmore
City of Hammett
Registration District No. 36
Primary Registration District No. 2021
Local Registrar's No.
(No. Hammett, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Rohren

(a) Residence. No. Hammett, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F E Wilson home

10. Date deceased last worked at this occupation (month and year) 12/16/32

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) F.E.Wilson, Hemmett, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Glenns Ferry Ida Date 12/21/1932

19. UNDERTAKER (Address) G.C.Zacher Mt Home, Idaho.

20. FILED Dec 18, 1932 M Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/18/1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1932, to Dec. 18, 1932

I last saw h[illegible] alive on Dec. 15, 1932: death is said to have occurred on the date stated above, at 11.pl m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	12.14.32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. W. Davis, M. D.

(Address) Glenn's Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81732

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma Harding

(a) Residence. No. Glenns Ferry Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): April 4 1925
7. AGE: Years 7 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Belleforte Ark.

FATHER
13. NAME: Harry Harding
14. BIRTHPLACE (city or town) (State or country): Arkansas

MOTHER
15. MAIDEN NAME: Vera Stone
16. BIRTHPLACE (city or town) (State or country): Alamosa Colo.

17. INFORMENT (Address): Mrs Vera Harding
18. BURIAL, CREMATION OR REMOVAL Place Glenns Ferry Date Oct 26 1932
19. UNDERTAKER (Address): J. C. Hacker
20. FILED Oct 25, 1932 M. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 25 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932, to Oct 25, 1932
I last saw her alive on Oct 24, 1932; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Consent Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr J W Davis, M. D.
(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81733

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Frank Gilmore Black -

(a) Residence. No. Bruneau Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hattie Black -

6. DATE OF BIRTH (month, day, and year) 9-27-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	—	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman
10. Date deceased last worked at this occupation (month and year) Retired 1920
11. Total time (years) spent in this occupation 50 Years.

12. BIRTHPLACE (city or town) (State or country) Ohio -

FATHER
13. NAME James Black.
14. BIRTHPLACE (city or town) (State or country) Unknown -

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Hattie Black -

18. BURIAL, CREMATION, OR REMOVAL Place Bruneau Date 12 5 19, 1932

19. UNDERTAKER (Address) G. C. Zacher -

20. FILED Dec 27, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to Dec 16, 1932.
I last saw him alive on Dec 16, 1932: death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of brain	Unknown

Other contributory causes of importance:
Arterio sclerosis
Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Henry C. Rixford, M. D.
(Address) Mountain Home

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 3 1933

PLACE OF DEATH

County of Elmore

City of Atlanta

RECEIVED JAN 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81735

Registration District No. 34
Primary Registration District No. 2022
Local Registrar's No. 23
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

186

2. FULL NAME Harry Powell

(a) Residence. No. Atlanta Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 22 1895

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
37	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 12/7/32

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Tell City Indiana

FATHER

13. NAME Ephriam Powell

14. BIRTHPLACE (city or town) (State or country) Kentuckey

MOTHER

15. MAIDEN NAME Eliza Sheppart

16. BIRTHPLACE (city or town) (State or country) Tell City Indiana

17. INFORMENT (Address) Michael Schumacher Princeton Indiana,

18. BURIAL, CREMATION, REMOVAL Place Morris Hill Cem. Date Dec. 15 1932

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida.

20. FILED Jan. 2, 1933 A. L. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-7- 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h....alive on ....., 193.....: death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Chest crushed by falling slab of rock in mine	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/7 1932

Where did injury occur? Atlanta, Elmore Co. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Falling slab in mine

Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner

(Signed) [illegible] M. D.

(Address) Atlanta, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 01 1933

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81736

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Larson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Baby

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) 5/23/32

7. AGE Years | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mink Creek

FATHER

13. NAME Junius Larson

14. BIRTHPLACE (city or town) (State or country) Mink Creek

MOTHER

15. MAIDEN NAME Charity Rasmussen

16. BIRTHPLACE (city or town) (State or country) Mink Creek

17. INFORMENT (Address) Father

18. BURIAL, CREMATION, OR REMOVAL Place Mink Creek Date 12/28/, 1932

19. UNDERTAKER (Address)

20. FILED Jan 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932 to Dec 26, 1932

I last saw her alive on Dec 26, 1932 death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Broncho	12-20-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P. X Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) O. R. Cutler, M. D.

(Address) Preston, Idaho

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81737

PLACE OF DEATH

County of Franklin

City of Riverdale

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugo Samuel Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 13 1919

7. AGE	Years	Months	Days	If LESS than 1 day,
	13	8	11	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town Riverdale Idaho
(State or country)

PARENTS

10. NAME OF FATHER Samuel Smith

11. BIRTHPLACE OF FATHER (city or town) Riverdale Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Minnie M. Hansen

13. BIRTHPLACE OF MOTHER (city or town) Minkcreek Idaho
(State or Country)

14. Informant Samuel Smith
(Address) Riverdale Idaho

15. Filed Jan 6, 1933 G. W. Stites Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-16, 1932, to 12-24, 1932
that I last saw h[illegible] alive on 12-23, 1932
and that death occurred, on the date stated above, at 6 30 A m.
The CAUSE OF DEATH was as follows:
Lobar Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. R. Butler, M. D.

....., 19..... (Address) .....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Riverdale Idaho	Dec 25 1932

20. Undertaker M. W. Hendricks Address Preston Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81738

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 30
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mathew Henry Farnes
(a) Residence. No. Logan Ut St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh
5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann French

6. DATE OF BIRTH (month, day and year) May 17 1840

7. AGE Years 92 Months 7 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tinner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Dagnham England

PARENTS
10. NAME OF FATHER John Burnside Farnes
11. BIRTHPLACE OF FATHER (city or town) (State or Country) London England
12. MAIDEN NAME OF MOTHER Ann Isacke
13. BIRTHPLACE OF MOTHER (city or town) (State or County) London England

14. Informant (Address) Mrs J W Farnes Preston

15. Filed ....., 19.... G. W. Stales Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 26 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ no Physician in attendance, 19...., to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at 6:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
No physician in attendance - weakness, general debility so far as known -
..... (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) G. W. Stales, M. D.
Dec 28, 1932 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal Logan, Utah
Date of Burial Dec. 29 1932

20. Undertaker G. N. Lundquist
Address Logan, Ut.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

PLACE OF DEATH

County of Franklin

City of Dayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81739

Registration District No.
Primary Registration District No. Local Registrar's No. 27

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvin Ariel Allred

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 13 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Randolph Utah

FATHER

13. NAME Marvin Adelbert Allred

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Carolina Jensen

16. BIRTHPLACE (city or town) (State or country) St. Charles Idaho

17. INFORMENT (Address) Guy Allred Mapleton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date Dec. 8, 33

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Jan 7, 1933 [illegible] Registrar.
G. W. Stahle

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932 to Dec 5, 1932

I last saw h[illegible] alive on Dec 5, 1932; death is said to have occurred on the date stated above, at 5.31 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract of Cervical Vertebrae C	
Cord Compression	Dec 5, 1932
Death Instant.	

Other contributory causes of importance:

Automobile Accident	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Dec 5 1932

Where did injury occur? Preston & Franklin, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Automobile accident

Nature of injury Fract cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. R. Gurtler, M. D.

(Address) Preston Idaho

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81740

PLACE OF DEATH
County of Franklin
City of Dayton
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 31

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Archibald

(a) Residence. No. Dayton St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12-6-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			4 hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton Ida.

FATHER
13. NAME Mark Archibald
14. BIRTHPLACE (city or town) (State or country) Clarkston Ut.

MOTHER
15. MAIDEN NAME Leona McBride.
16. BIRTHPLACE (city or town) (State or country) Hyrum Ut.

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address)

20. FILED Jan 8, 1933 G. W. Yates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-7- 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1932 to 12-7, 1932
I last saw her alive on 12-7, 1932 death is said to have occurred on the date stated above, at 2 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Rx Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) O. R. Cutler, M.D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81741

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 52

(No. 6 E) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edson Frok

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ✓ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lillie Park Frok

6. DATE OF BIRTH (month, day, and year) Nov. 18 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waterville Iowa
(State or country)

FATHER
13. NAME Christian Frok
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMENT Mrs Lillie P Frok
(Address) St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Riverview Date Dec. 28, 1932

19. UNDERTAKER W. M. Pearsons
(Address) St. Anthony Idaho

20. FILED Dec 27, 1932 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25th 1932 to Dec. 25, 1932
I last saw him alive on Dec 23, 1932 and death is said to have occurred on the date stated above, at 12 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. M. Kelly, M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81742

PLACE OF DEATH
County of Fremont
City of Egin
Registration District No. 99
Primary Registration District No. 9199
Local Registrar's No. 98

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Adela Moon

(a) Residence. No. St. Anthony, Idaho Route # 3 St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
X ~~HUSBAND OF~~ (or) WIFE of Ben Moon

6. DATE OF BIRTH (month, day, and year) Dec. 11-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	xxx	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willard, Utah

FATHER
13. NAME James Whitaker
14. BIRTHPLACE (city or town) (State or country) America

MOTHER
15. MAIDEN NAME Nancy Woodland
16. BIRTHPLACE (city or town) (State or country) America

17. INFORMENT (Address) Wm. H. Call, Brigham, Utah
18. BURIAL, CREMATION, OR REMOVAL Place Brigham Date Dec. 17, 1932
19. UNDERTAKER (Address) W. M. Hansen, St. Anthony, Idaho
20. FILED Dec 15, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-14-1932
22. I HEREBY CERTIFY, That I attended deceased from 12-14-, 1932, to 12-14, 1932
I last saw her alive on 12-14, 1932; death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-0 32
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W Burk, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81743

PLACE OF DEATH
County of Fremont
City of St. Anthony
Registration District No. 99
Primary Registration District No. 9177 Local Registrar's No. HH
(No. St. Anthony General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Nelson Holt. 72

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
WIFE of Ingelia Holt

6. DATE OF BIRTH (month, day, and year) Aug. 23 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gaylesburg Ill

FATHER
13. NAME N.G.C. Holt
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs E. N. Holt St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place Riverview Date 12/7/32 193

19. UNDERTAKER (Address) H. M. Hansen St. Anthony Idaho

20. FILED Dec 7, 1932 Sarah Miesk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1932 to Dec 5, 1932
I last saw him alive on Dec 5, 1932; death is said to have occurred on the date stated above, at 6.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Symptoms for at least 2 wks.

Other contributory causes of importance: Acute Uremia

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Ellison, M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 3 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81744

County of Fremont
City of St. Anthony Idaho.
Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John R. Ault

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of xxxxxxxxxx Elizabeth B. Ault

6. DATE OF BIRTH (month, day, and year) Nov. 26th, 1870

7. AGE: Years 62 | Months 1 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Instructor at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Industrial School
10. Date deceased last worked at this occupation (month and year) .....
11. Total (time) (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Stuberville, Ohio

FATHER
13. NAME Carroll Ault
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary Robertson
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Elizabeth B. Ault St. Anthony, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Idaho Date Dec. 23rd, 1932

19. UNDERTAKER
(Address) St. Anthony, Idaho

20. FILED Dec 27, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1932, to Dec. 20, 1932
I last saw h alive on Dec 20 1932; death is said to have occurred on the date stated above, at 8:45 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	

Other contributory causes of importance:

Chronic Interstitial Nephritis	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) J. A. Allison, M.D.
(Address) St. Anthony Ida

RECEIVED JAN 9 1933

PLACE OF DEATH

County of Fremont

City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81745

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Edward Singleton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida M. Woodland

6. DATE OF BIRTH (month, day, and year) Aug. 28-1862

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Plain City Utah

FATHER

13. NAME Charles Singleton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Turner

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Alma W. Singleton St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Wilford Date ....., 193..

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED Dec 9, 1932 Sarah Meech Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6th, 1932, to Dec. 6th, 1932

I last saw him alive on Dec. 6th, 1932: death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
Chronic Brights

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) P. M. Kelly, M. D.

(Address) St Anthony, Idaho.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AN 9 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81746

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Reneloer Watts 164

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 1st. 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	x	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lee County Mo.

FATHER

13. NAME Robert Watts

14. BIRTHPLACE (city or town) (State or country) Vir.

MOTHER

15. MAIDEN NAME Lucy Heath

16. BIRTHPLACE (city or town) (State or country) Miss.

17. INFORMENT (Address) John Austin Watts Rexburg, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Berton Idaho Date 21st, 1932

19. UNDERTAKER (Address) W. M. Hansen St. Anthony, Idaho.

20. FILED Dec 19, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-19-1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to 12 19th, 1932

I last saw h..... alive on 12 18, 1932; death is said to have occurred on the date stated above, at 2 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Wyl, M. D.

(Address) St Anthony Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81747

PLACE OF DEATH

County of Freemont
City of Ashton

CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 102 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Oliver Wood
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Wood

6. DATE OF BIRTH (month, day and year) Aug-3-1874

7. AGE: Years 58 Months 2 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) — Indiana

PARENTS

10. NAME OF FATHER James S. Wood
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pennsylvania
12. MAIDEN NAME OF MOTHER Orpeus S Osborne
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ok Ok

14. Informant (Address) Ben Wood Ashton, Idaho

15. Filed 10/22, 1932 Lewis F Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 21st (Day) 1932, 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-20-'32, 19, to 11-21-'32, 19
that I last saw him alive on 11-20'32, 19
and that death occurred, on the date stated above, at 11:15AM

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcimoma of stomach
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic inanition
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? x-ray
(Signed) H. W. Daty, M. D., M. D.
11-25-'32, 19 (Address) Ashton, Idaho

19. Place of Burial, Cremation, or Removal: Ashton, Ida. Date of Burial: 10/23 1932

20. Undertaker: Lewis F Kiser Address: Ashton Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81748

PLACE OF DEATH

County of Fremont

City of Parker

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Clarance E. Daily

(a) Residence. No. Parker, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 26th, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grantsville, Utah.

FATHER

13. NAME Enoch R. Daily

14. BIRTHPLACE (city or town) (State or country) Grantsville Utah

MOTHER

15. MAIDEN NAME Annie Elizabeth Severe

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Enoch R. Daily Parker, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Date Jan. 4 - 1933

19. UNDERTAKER (Address) St. Anthony, Idaho.

20. FILED Jan 7, 1933 J. Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932, to ....., 1932

I last saw h[illegible] alive on Oct, 1932 death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
"The Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. B. Rigby, M. D.

(Address) Rupert

RECEIVED JAN 1933

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81749

Registration District No. 29

Primary Registration District No. 2177 Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Mary Jenkins

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5-1922

7. AGE: Years 10 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho

FATHER

13. NAME John Jenkins

14. BIRTHPLACE (city or town) (State or country) Egin Idaho,

MOTHER

15. MAIDEN NAME Mary Cherry

16. BIRTHPLACE (city or town) (State or country) Malad Idaho

17. INFORMENT (Address) Mary Elliott

18. BURIAL, CREMATION, OR REMOVAL Place Parker Idaho Date Dec. 19, 1932

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Dec 19, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932, to ——, 193..

I last saw her alive on Dec 15, 1932 death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Influenza Pneumonia	

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. A. Ellison M. D.

(Address) St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81750

PLACE OF DEATH
County of Fremont
City of Chester

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 51

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Campbell 112

(a) Residence. No. Chester Idaho St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 14-1852

7. AGE: Years 80 | Months — | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Ogden Utah

FATHER
13. NAME Thomas Brown
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Remington
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Joseph Campbell Chester

18. BURIAL, CREMATION, OR REMOVAL Place Annis Idaho Date Dec. 28 1932

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED Dec 27, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25th, 1932, to Dec. 26, 1932

I last saw her alive on Dec. 25th, 1932: death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec. 22

Other contributory causes of importance: Influenza

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) P. M. Kelly, M. D.
(Address) St. Anthony, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED AN 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81751

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Fremont
City of Ashton
Registration District No. 102
Primary Registration District No. 6
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ARLO OSBORNE

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
MALE	WHITE	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 11/21/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
--	-	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) ASHTON IDAHO

PARENTS

10. NAME OF FATHER ROY OSBORNE
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ASHTON IDAHO
12. MAIDEN NAME OF MOTHER MYRL WILDE
13. BIRTHPLACE OF MOTHER (city or town) (State or County) MINK CREEK IDAHO

14. Informant ROY OSBORNE
(Address) ASHTON IDAHO

15. Filed 12/17th 1932 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 6 (Day) '32 19 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
12-21-'32, 19..., to 12-6-'32, 19...
that I last saw h im alive on 12-5-'32, 19...
and that death occurred, on the date stated above, at 1:22AM

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

1. Hemorrhagic disease of New Born.
2. Intracranial hemorrhage.
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Acute bronchio-pneumonia
(duration) ..... yrs. ..... mos. 2 ds.

18. Where was disease contracted if not at place of death? At home.
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Blood coagulation
(Signed) H.W. Dotyn M.D., M. D.
....., 19... (Address) Ashton, Idaho

19. Place of Burial, Cremation, or Removal: ASHTON IDAHO — Date of Burial: 12/8/32 19
20. Undertaker Lewis Kiser Address Ashton Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 4 1933

DO NOT WRITE IN THIS SPACE
State File No. 81752

PLACE OF DEATH
County of Elmore
City of Emmett
Registration District No. 4
Primary Registration District No.
Local Registrar's No.
(No. 48)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry A. Fishback

(a) Residence. No. Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 11 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) " "
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) " "

14. Informant Mrs. Nora Nichols
(Address) Emmett Idaho

15. Filed 12/28, 1932 J. K. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Carcinoma of face
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. K. Reynolds, M. D.
12/28, 1932 (Address) Emmett Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Ida	19

20. Undertaker D. Buckman Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 4 1933

DO NOT WRITE IN THIS SPACE
State File No. 81753

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joanna Wilmers

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Wilmers

6. DATE OF BIRTH (month, day and year) Mar 20 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Aurora Mo.

PARENTS

10. NAME OF FATHER Stephenson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo.

12. MAIDEN NAME OF MOTHER Mary Jane Berry

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant Mrs N L Mulligan
(Address) Emmett Idaho

15. Filed 12/16, 1932 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
1928, 19..., to Dec. 15, 1932
that I last saw he alive on Dec - 15 - 1932
and that death occurred, on the date stated above, at 2 5 a m. m.

The CAUSE OF DEATH* was as follows:
Uremia Chronic Nephritis
Hypo tension
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis
(duration) ~~Seven~~ yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) J L Reynolds, M. D.
12/16, 1932 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	12/18 1932

20. Undertaker O Buckmann — Address Emmett Idaho

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81754

PLACE OF DEATH
County of Ada
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

74a

2. FULL NAME David Frederick Bott
(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 6 - 1851

7. AGE Years: 81 Months: 1 Days: 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Mansfield Ohio

PARENTS
10. NAME OF FATHER: Geo. W. Bott
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Penn
12. MAIDEN NAME OF MOTHER: Sophia Heaston
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14. Informant: E H Bott
(Address) Emmett Idaho

15. Filed 11/26, 1932 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 25 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932, to Nov 25, 1932
that I last saw him alive on Nov 25, 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Arterio sclerosis
(duration) several yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) R. R. Cummings, M. D.
11/26, 1932 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Ida
Date of Burial: 11/27 1932

20. Undertaker: C. D. Buckmann
Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1933

PLACE OF DEATH

County of Gooding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. 12

DO NOT WRITE IN THIS SPACE

State File No. 81755

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Calvin Smith

(a) Residence. No. St Valentine Hospital Jerome Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Birdie Smith Dec 15 1932

6. DATE OF BIRTH (month, day, and year) Feb 23 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Competition Mo

FATHER

13. NAME ~~—~~ Smith

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Birdie Smith

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER D. L. Herrenson
(Address) Jerome Ida

20. FILED 12/21, 1932 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 15, 1932

I last saw him alive on Dec 15, 1932; death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	Dec 10 32

Other contributory causes of importance:

Mitral insufficiency

Name of operation none Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Schmershall, M. D.

(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 9 1933

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81756

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 205

(No. Jerome Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel L. Jones.

(a) Residence. No. Shoshone, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Zona Jones

6. DATE OF BIRTH (month, day, and year) Mar. 19 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dairy man

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) Dec 15-1932

11. Total time (years) spent in this occupation 11 Yrs.

12. BIRTHPLACE (city or town) (State or country) near Cincinnati Ohio

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Daniel Jones Shoshone Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Gooding Date 12-26, 1932

19. UNDERTAKER A. C. Thompson
(Address) Gooding, Ida

20. FILED 12/31, 1932 J. H. Cranmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 23, 1932

I last saw h alive on Dec 23, 1932: death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia	12/19/32
Tuberculosis	12/16/32
Chronic Endocarditis	

Other contributory causes of importance:
Chronic Myocarditis
Decubitus Ulcer
Hypostatic Congestion
Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. E. Barrett, M. D.

(Address) Shoshone Ida

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81757

Local Registrar's No. 207

PLACE OF DEATH

County of Gooding

City of Gooding

Registration District No. 24

Primary Registration District No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Corine Reed Watts

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: L. J. Watts

6. DATE OF BIRTH (month, day, and year): Dec. 4, 1896

7. AGE: Years 36; Months; Days 27; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Metz, Missouri

FATHER

13. NAME: A. G. Reed
14. BIRTHPLACE (city or town) (State or country): Leavenworth Kansas

MOTHER

15. MAIDEN NAME: Addie McGaughey
16. BIRTHPLACE (city or town) (State or country): Springfield Missouri

17. INFORMENT (Address): A G Reed Gooding Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Gooding Date: Jan 3, 1933

19. UNDERTAKER (Address): Thompson Furn. Co. Gooding Idaho.

20. FILED 12-31-, 1932 J. H. Greenwood Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-31 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1933, to 12-31, 1933

I last saw her alive on 12-21, 1933: death is said to have occurred on the date stated above, at 8:PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Houston & Snyder, M. D.

(Address) Gooding.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81758

PLACE OF DEATH
County of ~~Jerome~~ Gooding
City of Wendell
Registration District No. 18
Primary Registration District No.
Local Registrar's No. 18
(No. St. Valentines Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jerry Dean Thomas
(a) Residence. No. Jerome Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 4-1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wendell
(State or country) Idaho

FATHER
13. NAME Dale Thomas
14. BIRTHPLACE (city or town) Prairie View
(State or country) Kansas

MOTHER
15. MAIDEN NAME Ida Miller
16. BIRTHPLACE (city or town)
(State or country) Portland

17. INFORMENT Dale Thomas
(Address) Jerome Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Ida. Date 12/16, 1932

19. UNDERTAKER O. L. Heisser
(Address) Jerome Idaho

20. FILED 12/16, 1932 C. T. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/15 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 15, 1932
I last saw him alive on Dec 15, 1932, death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Haemorrage from Eclamptic childbirth	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Chas. R. Zeller, M. D.
(Address) Jerome, Idaho

FORM V. S. No. 5-25. M. 1-19.

RECEIVED JAN 5 1938

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 21

Primary Registration District No. 21

File No. 81759

Registered No. 21

1. PLACE OF DEATH

County of Gooding

City of Hagerman

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Leurid Jackson Lynch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Apr 14 1859 (Month) (Day) (Year)

7. AGE: 73 Yrs. 4 Mos. 16 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Arkansas

10. NAME OF FATHER: David Lynch

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Nancy Lynch

13. BIRTHPLACE OF MOTHER (State or Country): Kentuckey

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse W. Lynch

(Address) Hansen

15. Filed Oct 8 1932 R H Greene Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 8 (Month) — 30 (Day) 19 32 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on ..... 19.....

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Drowned accidental

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R H Greene M. D.

19..... (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: ~~Twin Falls~~ Filer, Ida.

DATE OF BURIAL: 9/9 1932

20. UNDERTAKER: Evans & Johnson L D Johnson

ADDRESS: Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81760

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 202

(No. Idaho School for Deaf & Blind (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma May McGarvey

(a) Residence. No. Emmett Ida St. 11th (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 4 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Nov 10 1921

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
11	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho School Deaf & Blind

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Genesee Ida

FATHER

13. NAME Elmer McGarvey

14. BIRTHPLACE (city or town) (State or country) Ontario Canada

MOTHER

15. MAIDEN NAME Lillian Soper

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) Mrs Elmer McGarvey Emmett Ida

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Ida Date 12-29, 1932

19. UNDERTAKER (Address) A. E. Thompson Gooding Ida

20. FILED 12/31, 1932 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1932, to 12-22, 1932

I last saw her alive on 12-22, 1932 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza a	12-16
Bloos-Pneumonia	12-18
glomerular Nephritis	12 20

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. H. Cromwell, M. D.

(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

PLACE OF DEATH
County of Goodings
City of Goodings

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81761

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 204

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Diana O. Fenn

(a) Residence. No. Goodings (Usual place of abode) Ida St. ....
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Fenn

6. DATE OF BIRTH (month, day, and year) Apr. 11 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Franklyn Co. Idaho

FATHER
13. NAME E. Hopkins
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Frances Hendricks
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) J. Fenn Goodings Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Goodings Ida Date 12-31-, 1932

19. UNDERTAKER (Address) A. E. Thompson Goodings Ida

20. FILED 1/2/29-, 1932 J. A. Crawford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-29- 1932

22. I HEREBY CERTIFY, That I attended deceased from 1929-, 193..., to 12-29-, 1932
I last saw her alive on 12-24-, 1932: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12-20
Bronchial pneumonia	12-26
Other contributory causes of importance:	
Myocarditis	1929
Nephritis	1931

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) J. H. Crawford, M. D.
(Address) Goodings Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81762

PLACE OF DEATH
County of Goodwing
City of Goodwing

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 206

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Huss

(a) Residence. No. Goodwing - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Chas C. Huss

6. DATE OF BIRTH (month, day, and year) July 22 1849

7. AGE: 83 Years | Months: 5 | Days: 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erie, Penn

FATHER
13. NAME Benjamin Johnson
14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER
15. MAIDEN NAME Julia Schulty
16. BIRTHPLACE (city or town) (State or country) Corry Penn

17. INFORMENT (Address) Charles B Huss

18. BURIAL, CREMATION, OR REMOVAL
Place Goodwing Date Jan 3, 1932

19. UNDERTAKER (Address) A E Thompson

20. FILED 12-31, 1932 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-31- 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, 1932, to Dec 31, 1932
I last saw her alive on Dec 31, 1932; death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12-27-32

Other contributory causes of importance:
Pneumonia Bronchial

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. Russell Weaver M.D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81763

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 203

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Warden C Mills

(a) Residence. No. Bliss, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Verdia C. Milla

6. DATE OF BIRTH (month, day, and year) Feb. 16-1890

7. AGE Years 42 Months 10 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Store clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Mdse.
10. Date deceased last worked at this occupation (month and year) Dec. 24
11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) Cameron, Ill.
(State or country)

FATHER
13. NAME Mary Milla
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Mary Milla
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) L. C. Christopherson Garland Utah

18. BURIAL, CREMATION, OR REMOVAL
Place Gooding Date 12/29, 1932

19. UNDERTAKER (Address) C. E. Thompson

20. FILED 12/31, 1932 J. H. Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1932, to 12-26, 1932
I last saw him alive on 12-26, 1932: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation CS Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Houston E. Snyder, M. D.
(Address)

FORM V. S. No. 5-26 M. 1-19.

RECEIVED JAN 16 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. Registration District No. 2 11

Primary Registration District No. 2015

File No. 81764

County of Gooding

City of Wendell (No. ..... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): S

6. DATE OF BIRTH: Aug (Month) 20 (Day) 1922 (Year)

7. AGE: 9 Yrs. 10 Mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wendell Idaho

10. NAME OF FATHER: Jas James Loring

11. BIRTHPLACE OF FATHER (State or Country): Ark

12. MAIDEN NAME OF MOTHER: Francis Cora Lipsan

13. BIRTHPLACE OF MOTHER (State or Country): Ala

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X .....
(Address) .....

15. Filed July 18 1932 C. L. Simonton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 17 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to July 17 1932 that I last saw he was alive on July 15 1932 and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:
Endocarditis, myocarditis, Pericarditis

(Duration) ..... Yrs. 5 mos. ..... ds.

Contributory (Secondary) Scarlet Fever 5 mos ago. Received by azuel poly

(Duration) Yrs. 4 mos. ..... ds.

(Signed) C. L. Berry M. D.

July 17 32 (Address) Wendell

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wendell Cemetery — DATE OF BURIAL: 7/18 1932

20. UNDERTAKER: D. A. Efferson — ADDRESS: Jerome

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STAR-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1933

PLACE OF DEATH
County of Fremont
City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81765

Registration District No. 21
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marian Thomas Otis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 8-1860

7. AGE Years 59 72 Months 10 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stone
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mason
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME L. W. Archer
14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER
15. MAIDEN NAME Celia Lee
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Walter Otis Hagerman

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hagerman Date 10/27, 1932

19. UNDERTAKER (Address) Evans & Johnson Burt Sea L. J. Johnson

20. FILED Oct 27, 1932 R H Greene M O Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 10, 1932, to Oct 22, 1932

I last saw h. alive on Oct 22, 1932: death is said to have occurred on the date stated above, at ..... m. Oct 26-32

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	1929

Other contributory causes of importance: age

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) R H Greene M O, M. D.

(Address) Hagerman

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JAN 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH — Registration District No. 21
County of Gooding — Primary Registration District No.
City of Hagerman — (No. ..... St.)
File No. 81767
Registered No.
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Helen Julia Grogan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: [redacted] (Month) 21 (Day) 1914 (Year)

7. AGE: ..... Yrs. 18-3 Mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Chicago

10. NAME OF FATHER: Jas Joseph Grogan

11. BIRTHPLACE OF FATHER (State or Country): Chicago

12. MAIDEN NAME OF MOTHER: Christianna F Bark

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Christianna J Woodhead
(Address) Hagerman

15. Filed Nov 28 1932 — R H Greene — Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH 127

16. DATE OF DEATH: Nov 25 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1932, to Nov 11 1932, that I last saw h[illegible] alive on Nov 11 1932 and that death occurred on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
Elephantiasis Chronic

(Duration) [illegible] Yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) 7 yrs. ..... mos. ..... ds.

(Signed) Attended by J N Cromwell M. D.
Nov 28 1932 (Address) Gooding

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. 4 mos. ..... days
Where was disease contracted if not at place of death? I saw just after she passed away
Former or usual residence R H Greene M D

19. PLACE OF BURIAL OR REMOVAL: Hagerman — DATE OF BURIAL: Nov 29 1932

20. UNDERTAKER: Evans & Johnson — ADDRESS: Buhl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 16 1933

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81768

PLACE OF DEATH
County of Gooding
City of Wendell

Registration District No. 18
Primary Registration District No.
Local Registrar's No. 18

(No. Wendell Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

116

2. FULL NAME Samuel Knight

(a) Residence. No. ~~St. Valentine Hospital~~ St. Jerome Ida
(Usual place of abode) ~~Wendell Idaho~~ (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Late Emma Knight

6. DATE OF BIRTH (month, day, and year) Apr. 7 1855 12 16 1932

7. AGE Years 77 Months 8 Days 9 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Lucie Cutts Kimberly Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Idaho Date 12/19, 1932

19. UNDERTAKER (Address) D. A. L'Herisson Jerome Idaho

20. FILED Dec 18, 1932 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Dec 16, 1932

I last saw him alive on Dec 16, 1932; death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute ileo colitis	Nov 15/32

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Schmershall, M. D.
(Address) Jerome Idaho

FORM V. S. No. 5-[illegible] 1-19

RECEIVED JAN 6 1933

RECEIVED JAN 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

City of Hagerman

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21

Primary Registration District No. 21

(No. ..... St.)

File No. 81771

Registered No. 21

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles Daniel Jenkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed

6. DATE OF BIRTH: June (Month) 5 (Day) 1862 (Year)

7. AGE: 70 Yrs. 2 Mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Hardware Merchant

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Dayton, Ohio.

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or Country): Dont Know

12. MAIDEN NAME OF MOTHER: Sarah A. Woodland

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Keith Jenkins

(Address) Buhl Ida.

15. Filed Oct 8 1932 R H Greene M D Local Registrar

MEDICAL CERTIFICATE OF DEATH 182

16. DATE OF DEATH: Sept (Month) 8 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h[illegible] alive on Never saw him alive 19.....

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R H Greene M. D.

Oct 8 1932 (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF [illegible] OR REMOVAL: Independence Kan

DATE OF BURIAL: Oct 5 1933

20. UNDERTAKER: Evans & Johnson

ADDRESS: L. J. Johnson Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 5-25 M. 1-29

RECEIVED JAN 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

City of Hagerman

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21

Primary Registration District No. —

(No. ....., ... St.)

File No. 81772

Registered No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Daniel Ward Collett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)

6. DATE OF BIRTH: July (Month) 4 (Day) 1866 (Year)

7. AGE: 66 Yrs. 24 Mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION: Farmer

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Daniel Collett

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Elizabeth Ward

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ralph T. Collett

(Address) Hagerman

15. Filed Sept 28 1932 R H Greene Local Registrar

MEDICAL CERTIFICATE OF DEATH

111a

16. DATE OF DEATH: Sept (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17 1932 to Sept 28 1932 that I last saw him alive on Sept 28 1932, and that death occurred on the date stated above, at 3:45 P. M.

The CAUSE OF DEATH* was as follows:

Stomach Ulcer

..... (Duration) 12 Yrs. ..... mos. ..... ds.

Contributory (Secondary) Severe Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R H Greene M D M. D.

..... 19..... (Address) .....

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Dayton Ida

DATE OF BURIAL: Sept 30 1932

20. UNDERTAKER: Evans & Johnston

ADDRESS: Buhl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 5-A--25 M. 1-19

RECEIVED JAN 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

City of Hospital, Wendell Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21

Primary Registration District No.

(No. ..... St.)

File No. 81773

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Cassie Beltz

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married (Write the word.)

6. DATE OF BIRTH May 26 1884 (Month) (Day) (Year)

7. AGE 48 Yrs. 5 Mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Ill.

10. NAME OF FATHER John Arnold

11. BIRTHPLACE OF FATHER (State or Country) Ill.

12. MAIDEN NAME OF MOTHER Sarah Barney

13. BIRTHPLACE OF MOTHER (State or Country) Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fleur Beltz

(Address) Hagerman, Ida.

15. Filed Nov 14 1932

R H Greene
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 5 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932, to ..... 19..., that I last saw her alive on Nov 5 1932, and that death occurred on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Operated Oct 20 obstructed bowel

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) Operation 2 yrs ago ruptured appendix

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Greene Simonton & Alexander M. D.

19..... (Address) Hagerman Wendell & Twin Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~ Hagerman Ida. DATE OF BURIAL Nov. 8 1932

20. UNDERTAKER Evans & Johnson J. Johnson ADDRESS Buhl Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JAN 1 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 105

Primary Registration District No. 2183

File No. 81774

County of Idaho

City of ~~Ferdinand~~ Cottonwood Our Lady of Consolation Hosp.

Registered No. 30

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rosana Martina Schaffer

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F	White	✓

6. DATE OF BIRTH July 23 — 31
(Month) (Day) (Year)

7. AGE One Yrs. 4 Mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ferdinand Ida.

10. NAME OF FATHER Henry J. Schaffer

11. BIRTHPLACE OF FATHER (State or Country) St Anthony Indiana

12. MAIDEN NAME OF MOTHER Mary Lehring

13. BIRTHPLACE OF MOTHER (State or Country) Huntsville Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry J. Schaffer
(Address) Ferdinand Ida.

15. Filed Dec 30 1932 W. F. Orr Local Registrar
Jan 9. 13.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 21 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1932 to Dec. 21 1932 that I last saw her alive on Dec. 21 1932, and that death occurred on the date stated above, at 1:20 P.M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(Duration) ..... Yrs. ..... mos. 9 ds.

Contributory (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.

12/22 1932 (Address) Cottonwood Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? —

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ferdinand	12/23 1932

20. UNDERTAKER	ADDRESS
A-H. Van Cottonwood Idaho	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-[illegible] Rev. 1930

RECEIVED JAN 4 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 49
Primary Registration District No. 2127
File No. 81775
Registered No.

1. PLACE OF DEATH
County of Idaho
City of Glenwood
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Geo. W. Jones.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word.)
Male	white	widowed

6. DATE OF BIRTH
November 22 1856
(Month) (Day) (Year)

7. AGE
75 Yrs. 10 Mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Hancock Co. Indiana

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER
(State or Country) Jones.

12. MAIDEN NAME OF MOTHER Miss Stringer.

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eld. A. Jones.
(Address) Glenwood Idaho.

15.
Filed 1-2 1933
Nell Robertson
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH 16/a

16. DATE OF DEATH
10 (Month) 2 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 24th 1932 to Above 19....
that I last saw him alive on 10/1/32 19....,
and that death occurred on the date stated above, at 8.33½ M.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... Yrs. ..... mos. 9 ds.
Contributory (Secondary) Fractured hip.
(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) [signature] M. D.
10/2 1932 (Address) Kamiah-Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Kamiah, Ida.	10-4 1932

20. UNDERTAKER	ADDRESS
Kamiah Funeral Home	Kamiah Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM V. S. No. 5-A--25 M. 1-19.

RECEIVED JAN 4 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Idaho
City of Kamiah Rt.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49
Primary Registration District No. 2127
(No. ..... St.)

File No. 81776
Registered No. .....
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Delphina Michals

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	white	Married

6. DATE OF BIRTH
2 (Month) 11 (Day) 1860 (Year)

7. AGE
72 Yrs. 9 Mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country) Missouri

10. NAME OF FATHER
Thomas Warren

11. BIRTHPLACE OF FATHER
(State or Country) Indiana

12. MAIDEN NAME OF MOTHER
Mary Wheeler

13. BIRTHPLACE OF MOTHER
(State or Country) Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William B. Michals
(Address) Kamiah Idaho.

15.
Filed 1-2 1933 Nell Robertson
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
11 (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/24- 1932, to Above 19.....
that I last saw h..er.. alive on 11/24/32 19....,
and that death occurred on the date stated above, at 11:45 A.M.
The CAUSE OF DEATH* was as follows:

Apoplexy

.....(Duration) .....Yrs. .....mos. 5 ds.
Contributory (Secondary) Chronic Int. Nephritis.
.....(Duration) ?.....yrs. .....mos. .....ds.

(Signed) [signature] M. D.
1/25 1933 (Address) Kamiah-Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Winona	11-27 1932
20. UNDERTAKER	**ADDRESS**
Kamiah Funeral Home	Kamiah Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81777

PLACE OF DEATH
County of Idaho
City of Chamberlin Basin

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME William Allen Stonebraker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Golda Stonebraker

6. DATE OF BIRTH (month, day, and year): June 26, 18

7. AGE: Years 58 Months 2 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): 1932, Sep 10
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Calfa

FATHER
13. NAME: George Stonebaker
14. BIRTHPLACE (city or town) (State or country): California

MOTHER
15. MAIDEN NAME: Minnie Bertnett
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMENT (Address): Geo E Stonebraker Cascade Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Livingston Date: 13, 1932

19. UNDERTAKER (Address): C A Hancock Grangeville Idaho

20. FILED 12-1-, 1932 E B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9-10 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
High Blood Pressure	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Ad

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C A Hancock Coroner, ~~M.D.~~
(Address) Grangeville Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1933

PLACE OF DEATH

County of Idaho

City of ~~Ferdinand~~ Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81778

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline Theresia Umecht

(a) Residence. No. Our Lady of Consolation Hosp. St. Ferdinand Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White.

5. Single, ~~Married, Widowed, or Divorced (write the word)~~ Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-18-20

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greencreek Idaho.

FATHER

13. NAME Louis Umecht.

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany.

MOTHER

15. MAIDEN NAME Katherine Reidhaar.

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Louis Umecht.

18. BURIAL, CREMATION, OR REMOVAL Place Ferdinand Date 12-16, 1932

19. UNDERTAKER (Address) A. H. Hall Cottonwood Idaho

20. FILED 12-16, 1932 W. F. Orr per I. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14-, 1932, to 12-15-, 1932

I last saw her alive on 12-15-, 1932: death is said to have occurred on the date stated above, at 4 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental Burns (Destruction of skin on 3/4 of the surface of body)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) G. A. Woodcock, M. D.

(Address) Cottonwood Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81779

PLACE OF DEATH
County of Idaho
City of Greencreek
Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 31
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barney J Stubbers
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Oct 11 - 1861
7. AGE Years 71 Months 2 Days 14 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Greencreek
(c) Name of employer Ill
9. BIRTHPLACE (city or town) (State or country) Ill

PARENTS
10. NAME OF FATHER Herman H Stubbers
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Barnhurst
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Francis G. Nuxoll Green Creek Idaho
15. Filed Dec. 30, 1932 W. F. Orr for I. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 25 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932, to Dec. 24, 1932
that I last saw him alive on Dec 24, 1932
and that death occurred, on the date stated above, at 11 10 A. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of the small intestine
(duration) 1 yrs. 0 mos. 0 ds.
CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? at place of death
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) J D Slunnick, M. D.
Dec 28, 1932 (Address) Grangeville, Ida.

19. Place of Burial, Cremation, or Removal Greencreek Ida
Date of Burial 12 - 27 1932
20. Undertaker W H Nau
Address Cottonwood Ida

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81780

PLACE OF DEATH
County of Idaho
City of Kusterville

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 28
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Bell Williams

(a) Residence. No. Kusterville, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. J. Williams

6. DATE OF BIRTH (month, day and year) Feb 14-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10. NAME OF FATHER Joseph Blackburn
11. BIRTHPLACE OF FATHER (city or town) (State or Country) North Carolina
12. MAIDEN NAME OF MOTHER Rhoda Fouts
13. BIRTHPLACE OF MOTHER (city or town) (State or County) North Carolina

14. Informant (Address) N. L. F. Williams Kusterville, Idaho

15. Filed Dec 13, 1932 W. F. Orr per D.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 11 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Dec 11, 1932 that I last saw h[illegible] alive on Dec 5, 1932 and that death occurred, on the date stated above, at 7:35 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. D. Shumack, M. D.
Dec 13, 1932 (Address) Grangeville Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Cottonwood, Idaho	Dec. 13 1932
20. Undertaker	Address
A. H. Nau	Cottonwood

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
81781
State File No. .....

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 27
(No. Our Lady of Consolation Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. **FULL NAME** Bernard Arnzen

(a) Residence. No. ..... St. Cottonwood
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 27 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 14 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	---	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Greencreek Ida

PARENTS

10. NAME OF FATHER Joseph Arnzen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Cincinnatie Ohio
12. MAIDEN NAME OF MOTHER Kathrine Doetman
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Greencreek Ida.

14. Informant Clara Arnzen
(Address) Cottonwood, Idaho

15. Filed Dec 11, 1932. W. F. Orr
Deputy Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 10 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov - 17, 1932, to Dec - 10, 1932
that I last saw h... alive on Dec - 10, 1932
and that death occurred, on the date stated above, at 7 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Peritonitis following Rupture of Gall Bladder.
(duration) ... yrs. ... mos. 35 ds.
CONTRIBUTORY (Secondary) Many Gall Stones
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of Nov - 23 - 32
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) W. F. Orr, M. D.
12 - 11, 1932 (Address) Cottonwood

19. Place of Burial, Cremation, or Removal	Date of Burial
Cottonwood	12-12 1932

20. Undertaker Ailor Address Grangeville, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81782

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 63

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Ross Brown

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) (State or country) Sima, Montana

PARENTS

10. NAME OF FATHER Roscoe Brown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Alabama Idaho

12. MAIDEN NAME OF MOTHER Elsa Potter

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Jeneton Idaho.

14. Informant Lee Digley

(Address)

15. Filed 12-26, 1932 A. B. Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓, 19, to ✓, 19

that I last saw h ✓ alive on 19

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia,

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Hood M. D.

12/26, 1932 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Ferryton Idaho.	Dec 26 1932
20. Undertaker	Address
None.	—

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81783

PLACE OF DEATH
County of Jefferson
City of Grant

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 60

(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Ellen Sargent

(a) Residence. No. Idaho Falls Rt. #5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of J. H. Sargent

6. DATE OF BIRTH (month, day, and year) August 12 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Summit, Utah

FATHER

13. NAME Richard Birch

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Hale

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) J. H. Sargent Rt. 5

18. BURIAL, CREMATION, OR REMOVAL
Place Grant Date Dec. 9, 1932

19. UNDERTAKER Jack A. Hoopes
(Address) Idaho Falls, Idaho.

20. FILED 12-10, 1932 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to Dec 6, 1932
I last saw her alive on Nov 22, 1932: death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) W. Van Hatch, M.D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JAN 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81784

Local Registrar's No. 61

178

PLACE OF DEATH

County of Jefferson

City of Lorenzo

Registration District No. 98

Primary Registration District No. 2176

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arma Mable Morgan.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 23, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	1	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lorenzo, Idaho.

PARENTS

10. NAME OF FATHER Floyd Morgan.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.

12. MAIDEN NAME OF MOTHER Mable Cordellia Billman.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho.

14. Informant Floyd Morgan
(Address) Lorenzo, Idaho.

15. Filed Dec 18, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 18 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 17, 1932
that I last saw her alive on Dec 17, 1932
and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Second & third degree Fire Burns legs, thighs, back and both arms & forearms.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cans of oil from car exploded on stove and set fire to house & Patient
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A B Eckersell, M. D.

Dec 19, 1932 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	12/20/32

20. Undertaker A B Eckersell Address Rigby

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81785

PLACE OF DEATH

County of Jefferson

City of Ririe

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME George Porter Henderson.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Unknown.

7. AGE: About 65 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sheep Hearder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Not Employed.

9. BIRTHPLACE (city or town) (State or country): Unknown.

PARENTS

10. NAME OF FATHER: Unknown.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown.
12. MAIDEN NAME OF MOTHER: Unknown.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown.

14. Informant: A B Eckersell
(Address) Rigby, Idaho.

15. Filed 12-29, 1932 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 24 (Day) 1932 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Flu - Pneumonia

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary): Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. R. West, M. D.
12/31, 1932 (Address) Health Officer

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby Ida. | Date of Burial: 12-30 1932

20. Undertaker: A B Eckersell | Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81786

PLACE OF DEATH

County of Jefferson.

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

(No. ....)

Local Registrar's No. 65

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Blane Keith Palmer.

(a) Residence. No. .... St. 101 F

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. .... mos. 10 ds. .... How long in U. S., if of foreign birth? yrs. .... mos. .... ds. ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 21, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	0	0	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho.

PARENTS

10. NAME OF FATHER Henry Edmond Palmer.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.

12. MAIDEN NAME OF MOTHER Pearl Bird.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant W. A. Bird

(Address) Rigby, Idaho. R. #2

15. Filed 12-16, 1932 E. B. Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 15 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1932, to Dec. 15, 1932
that I last saw him alive on Dec. 15, 1932
and that death occurred, on the date stated above, at 3:40 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

.... (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) ....

.... (duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? ....

(Signed) C. J. Call M. D.

Dec. 15 1932 (Address) Rigby, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Milo, Idaho.	12/16/32
20. Undertaker —	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81787

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 69
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glen Leonard

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 22, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Rigby (State or country) Idaho

PARENTS

10. NAME OF FATHER Ralph Leonard
11. BIRTHPLACE OF FATHER (city or town) Manti (State or Country) Utah
12. MAIDEN NAME OF MOTHER Mable Williams
13. BIRTHPLACE OF MOTHER (city or town) Coltman (State or Country) Idaho

14. Informant Ralph Leonard
(Address) Rigby, Ida.

15. Filed DEC 30 1932, 19 A. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 28 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1932, to Dec. 28, 1932, that I last saw h[illegible] alive on Dec. 28, 1932, and that death occurred, on the date stated above, at P. m.
The CAUSE OF DEATH* was as follows:
Premature. 5 mon.

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) R. R. West M. D.
12/31, 1932 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Grant, Idaho	Dec. 30 19 32
20. Undertaker None	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81788

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johnathan Platt Ostler

(a) Residence (Usual place of abode) No. St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Alice Ostler

6. DATE OF BIRTH (month, day, and year) June 6 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mona Utah

FATHER

13. NAME Wm MC Ostler

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Altheria Platt

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Carl Ostler Jerome Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Jerome Cem Date Dec 15 193 2

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED Dec 13, 193 2 C B Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 12 193 2

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 193 2 to Dec 12, 193 2

I last saw him alive on Dec 12, 193 2 death is said to have occurred on the date stated above, at 1100 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. B. Zeller, M. D.

(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81789

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. 44

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Thomas White

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Emeline M White

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years: 70 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): N. Ogden Utah

FATHER

13. NAME: Henry White
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Alia Burt
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): .....

18. BURIAL, ~~CREMATION,~~ OR ~~REMOVAL~~ Place: Jerome, Ida. Date: Nov. 4, 1932

19. UNDERTAKER: D A LaVanier
(Address): Jerome Idaho

20. FILED 11/2, 1932 Chas F Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1932, to Nov. 1, 1932
I last saw him alive on Oct. 31, 1932 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance are as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. F. Zeller, M. D.
(Address) Jerome, Ida.

RECEIVED DEC 19 1932

RECEIVED DEC 27 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81790

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 A

2. FULL NAME Della Mae Fry.

(a) Residence. No. 5 mi South Jerome St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of A L Fry.

6. DATE OF BIRTH (month, day, and year) July 5 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
67	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME J C Hough

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Mary Frazier

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) A L Fry. Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 9/10, 1932 Chas F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/6 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1932 to Sept 6, 1932
I last saw h alive on Sept. 5, 1932; death is said to have occurred on the date stated above, at 2:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Zeller, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 16 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81791

PLACE OF DEATH
County of Jerome
City of

Registration District No. 18
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank W. Chote

(a) Residence. No. 11 Mi N E Jerome St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Stella Chote

6. DATE OF BIRTH (month, day, and year) ~~Dec 28 - 1932~~ 1888

7. AGE Years 44 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austin Texas

FATHER
13. NAME F W. Chote
14. BIRTHPLACE (city or town) (State or country) Mt Known

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs Stella Chote

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Austin Texas Date , 193

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED Dec. 30, 1932 C. J. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, to , 193
I last saw him alive on —, 193 : death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental discharge of a rifle	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury shot through head
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W E Sinclair Coroner, M. D.
(Address) Jerome County

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Eden

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81792

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Eden, Idaho R.F.D #1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Nancy Jane McClain

(a) Residence. No. Eden, Ida. R.F.D. 3 #1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 10 Th 1843

7. AGE 89 Years | 9 Months | 14 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMENT (Address) Robert McClain, Eden Ida, R.F.D. #1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Dec. 27 Th 1932

19. UNDERTAKER (Address) S. C. Phillips Twin Falls, Ida.

20. FILED 1-1, 1933 S Hopper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 24 Th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Dec 24, 1932

I last saw he alive on Dec 24, 1932 death is said to have occurred on the date stated above, at 9 pM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 18-1932

Other contributory causes of importance:

General senility

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) Hugo Claudek, M. D.

(Address) Twin Falls, Idaho

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED JAN 2 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2017
File No. 81794
Registered No.

1. PLACE OF DEATH
County of Jerome
City of Hazelton
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Norma Jean Marshall
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: single (Write the word.)

6. DATE OF BIRTH: Oct (Month) 18 (Day) 1932 (Year)

7. AGE: Yrs. 2 Mos. ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Eden Ida

10. NAME OF FATHER Geo H Marshall

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Mary L Beebe

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G H Marshall
(Address)

15. Filed 1-1 1933 S Hopper Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932 to Dec 16 1932 that I last saw her alive on Dec 16 1932 and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia
(Duration) yrs. mos. 4 ds.
Contributory (Secondary) Influenza
(Duration) yrs. mos. ds.

(Signed) S Hopper M. D.
12-18-1932 (Address) Hazelton

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hazelton
DATE OF BURIAL: Dec 18 1932

20. UNDERTAKER: None
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Springston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81795

Registration District No. 30 32
Primary Registration District No. 1050
Local Registrar's No. ~~162~~ 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dominico Scali

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Scali

6. DATE OF BIRTH (month, day, and year) 1855 12-21

7. AGE Years 76 Months 11 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 1924 as S. E. & farmed
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Philip Scali
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Nick Scali

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Ida. Date 12-17, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Harrison Ida

20. FILED 12-29, 1932 H. J. Sturges Registrar.

Jan 9-1932 Walter Boberg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/15 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1932, to 12/15, 1932
I last saw ~~him~~ alive on 11/20, 1932; death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Gonorrhea Senility
arteria Sclerosis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Owen D Platt, M. D.
(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81796

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 158

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert M. Armstrong

(a) Residence. No. 709 - Front - St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Caroline Armstrong

6. DATE OF BIRTH (month, day, and year) 1853 - Oct - 21

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Canton. Minn.

FATHER

13. NAME Robert Armstrong

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliza Denhming

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) R. D. Armstrong R.S. Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Faulkton S. D. Date 12-13, 1932

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED 12-10, 1932 A. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/6, 1932, to Dec 9, 1932

I last saw him alive on Dec 5, 1932; death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/1/32

Other contributory causes of importance:

Arteria sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. M. Kustel M. D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81797

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 171

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred L. Knapp

(a) Residence. No. 927 Empire St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mabel Knapp.

6. DATE OF BIRTH (month, day, and year) 1876-1-31

7. AGE Years 56 Months 10 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 1932-12-8
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cass. Co. (State or country) Mich.

FATHER
13. NAME Allison Knapp.
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Mary Karnes
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Glenn C Knapp

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. Cd'Alene Date 12-11, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Cd'Alene, Idaho

20. FILED ....., 193.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1932, to December 9, 1932

I last saw him alive on Dec 9, 1932: death is said to have occurred on the date stated above, at 10 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/8/32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O M Hurst, M. D.
(Address) Coeur d'Alene Id.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81798

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 174

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Harry McCrite

(a) Residence. No. 721 Indiana St. Saint Maries Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rena McCrite

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Automobile
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic
10. Date deceased last worked at this occupation (month and year) Oct, 1932
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME McCrite

14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Lunsford

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. J. Fowler Ella

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Cem. Date 12-22, 1932

19. UNDERTAKER Mooney Mortuary
(Address)

20. FILED 12-29, 1932 W. J. Sturgen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-19 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 19, 1932
I last saw h alive on Dec 19, 1932: death is said to have occurred on the date stated above, at 3:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Botulismus Poisoning	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. H. Teed, M.D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 81799

Local Registrar's No. 161

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W = Wells

(a) Residence. No. 1613 Park St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Elissa Rozeen Wells

6. DATE OF BIRTH (month, day, and year) 1853 - 6 - 22

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Geo. Wells.

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Hannah Green

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Amy Browning

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem CdA Date 12 - 27, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address) CdAlene Ida

20. FILED 12 - 29, 1932 A. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12 - 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932, to Dec 23 -, 1932

I last saw him alive on Dec 20, 1932: death is said to have occurred on the date stated above, at 2 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. H. Teed, M. D.

(Address) Coeur d'Alene Ida.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81800

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 30-32
Primary Registration District No. 1050 2049
Local Registrar's No. ~~173~~ 31
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John McEllen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Dont Know -

6. DATE OF BIRTH (month, day, and year) about-1842

7. AGE Years about 90 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) 1916
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME John McEllen
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Ruth Connolly Harrison Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Ida Date 12-17, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home Harrison Idaho

20. FILED 12-29, 1932 H. J. Sturges Registrar.
Jan. 9-32 Walter Boberg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to ....., 193..
I last saw ~~him~~ alive on on Dec 10, 1932; death is said to have occurred on the date stated above, at 7 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Senility	

Other contributory causes of importance:
fractured femur
May 15 - 1932
gradually growing weaker
last death

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓
(Signed) Owen W. Platt, M. D.
(Address) St. Maries, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN [illegible] 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 81801

Local Registrar's No. 175

(No. The Homes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence I. Sanner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W

6. DATE OF BIRTH (month, day, and year) Feb. 29, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own home

10. Date deceased last worked at this occupation (month and year) Dec. 1928

11. Total time (years) spent in this occupation 55 Years

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Joseph Wiley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unobtainable

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Fred Syverson, Orchard Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Riverside Park Date Jan. 3, 1933

19. UNDERTAKER HAZEN & JAEGER (Address) Spokane, Washington

20. FILED 12-31, 1932 W. F. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Dec 31, 1932

I last saw h[illegible] alive on Dec 15, 1932; death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Broncho	Dec 12-32

Other contributory causes of importance:

Influenza	Dec 1-32
Myocarditis Arteriosclerosis	(?)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Lusk, M. D.

(Address) R. F. D. 5 - Spokane Wash.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81803

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 168

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Conrad Lindgren

(a) Residence. No. City Limits St.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Esther

6. DATE OF BIRTH (month, day, and year) 6-24-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 12-15-32

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Conrad Lindgren

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Esther Lindgren Coeur d'Alene

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 12-16 1932

19. UNDERTAKER (Address) F. Morris Mortuary Coeur d'Alene

20. FILED 12-29, 1932 A. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1932 to 12/14, 1932
I last saw him alive on 12/13, 1932: death is said to have occurred on the date stated above, at 5:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	Not known.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) O. M. Husted, M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81804

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 166

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Verl Rayment

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1928 6-2

7. AGE: Years 4 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Ida

FATHER

13. NAME Earl Rayment

14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Pearl Pettis

16. BIRTHPLACE (city or town) (State or country) Eau Clair Wis

17. INFORMENT (Address) Earl Rayment

18. BURIAL, CREMATION, OR REMOVAL Place Forest - CD Alene Date 12-13, 1932

19. UNDERTAKER (Address) Cassedy Funeral Home CD Alene Ida.

20. FILED 12-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7th, 1932, to Dec. 11th, 1932

I last saw him alive on Dec. 8th, 1932: death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (Pulmonary)	1930
Tubercular Meningitis	12/6/32

Other contributory causes of importance:

Pott's disease	1930
Pneumonia	1930

Name of operation — Date of —

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ked T Henson, M. D.

(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81805

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 172

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rena McCrite.

(a) Residence. No. 721 Indiana St. Los Angeles Calif.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William H.

6. DATE OF BIRTH (month, day, and year) 7-23-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Joseph Fenton
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Pamela Bellefleur
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs J. Fenton Chic.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place ~~St Thomas~~ Date 12-22, 1932

19. UNDERTAKER Mooney Mortuary
(Address) Chic.

20. FILED 12-29, 1932 A. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-17 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 17, 1932
I last saw her alive on Dec 17, 1932: death is said to have occurred on the date stated above, at 10 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Botulinus Poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. H. Reed, M. D.
(Address) Coeur d'Alene Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

PLACE OF DEATH

County of Kootenai

City of Gibbs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81807

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 160

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rozetta Elsie Tucker

(a) Residence. No. 1000 - Mill St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1929 4-13-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	5 -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Ida

FATHER

13. NAME W. Earl Tucker

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Rose Singer

16. BIRTHPLACE (city or town) Mt. Vernon
(State or country) Wash.

17. INFORMENT Ada Singer.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Cem. Dalene Date 12-22 193 2

19. UNDERTAKER Casady Funeral Home
(Address) CDalene Ida.

20. FILED 12-29, 1932 A. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-20 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1932, to Dec. 20, 1932.
I last saw her alive on Dec. 20, 1932: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture skull, basal + Vertex.	Dec. 20. 32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Fall from auto Date of injury Dec. 20 1932
Where did injury occur? Coeur d'Alene. Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On street.
Manner of injury Fall from auto.
Nature of injury Fracture skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John O'Read M. D.
(Address) Coeur d'Alene. Ida.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81808

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 167

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patricia Lacey

(a) Residence. No. Hayden Lake Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1932-11-10

7. AGE Years 0 Months 1 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Hayden Lake Idaho

FATHER
13. NAME Boyd Lacey
14. BIRTHPLACE (city or town) (State or country) Chumlah Wn.

MOTHER
15. MAIDEN NAME Emma Blanchar
16. BIRTHPLACE (city or town) (State or country) Wash.

17. INFORMENT (Address) Boyd Lacey CDA.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 12-11, 1932

19. UNDERTAKER (Address) Mooney Monterey CDA

20. FILED 12-29, 1932 A. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-10 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1932, to Dec, 1932
I last saw her alive on Dec 1, 1932: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-spinal Meningitis	

Other contributory causes of importance:

Spina bifida

Name of operation None Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Harold J Sturges, M. D.
(Address) CDA Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REGISTERED JAN 7 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81809

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 163

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allen J. Fisher

(a) Residence. No. 903 - 8th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma Fisher

6. DATE OF BIRTH (month, day, and year) 1868-5-29

7. AGE Years 64 Months 6 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Apple Tow Wis.

FATHER

13. NAME Allen Fisher

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Dont-Know

16. BIRTHPLACE (city or town) (State or country) Dont-Know.

17. INFORMENT (Address) Emma Fisher, 903-8th St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem Date 12-28, 1932

19. UNDERTAKER (Address) Cassedy Funeral H. C. D. A.

20. FILED 12-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1928, to Dec 23, 1932

I last saw ~~h~~ alive on Dec 23, 1932: death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and Valvular Heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. H. Reed, M. D.

(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AN 7 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81810

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Ridenour Bailey

(a) Residence. No. 702 – Foster ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Leslie H Bailey

6. DATE OF BIRTH (month, day, and year) 1862 – Feb. 23

7. AGE Years 70 Months 10 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tipton Iowa.

FATHER
13. NAME John A. Ridenour
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Cornelia Kester
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Hugo Schaff Coeur d'Alene

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Remitti Mum Date 12-27, 1932

19. UNDERTAKER (Address) Moony Montgomery Coeur d'Alene.

20. FILED 12-27, 1932 H J Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-26 1932

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1932, to Dec 26, 1932

I last saw her alive on Dec 26, 1932: death is said to have occurred on the date stated above, at 13:04 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (with sudden death (Probably due to Heart Block)	?

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Coeur d'Alene Id.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81811

PLACE OF DEATH
County of ~~Albert~~ Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 165

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Bro

(a) Residence. No. 802 Bancroft St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Armina Bro.

6. DATE OF BIRTH (month, day, and year) 2-14-1850

7. AGE Years 82 Months 9 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation 65 yrs.

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER
13. NAME John Bro
14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Olsie Bro Spokane

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St Thomas Cdl. Date 12-13, 1932

19. UNDERTAKER (Address) Mooney Mortuary Cdl.

20. FILED 12-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-10 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1932, to Dec, 1932
I last saw him alive on Dec. 9, 1932; death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Spinal meningitis~~	
Chronic Myocarditis	

Other contributory causes of importance:
~~Spinal lifida~~
Bronchial Asthma
Senility

Name of operation none Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J Sturges, M. D.
(Address) CDA Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81813

RECEIVED JAN 7 1933

PLACE OF DEATH

County of Kootenai
City of Post Falls
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 176
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Hugo E. Ullright

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) Dec. 24-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Sgaow
(State or country) Germany

PARENTS

10. NAME OF FATHER Ernest Ullright
11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)
12. MAIDEN NAME OF MOTHER Molly Caren
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Germany

14. Informant Ernest Ullright
(Address) Post Falls, Ida. Hayden Lake Route

15. Filed 12-31, 1932 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 31, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Dec. 28, 1932 to Dec. 31, 1932
that I last saw him alive on Dec. 28, 1932
and that death occurred, on the date stated above, at 5:00 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chr. Myocarditis, senility complicated by an acute Bronchites of 3 days duration
(duration) many yrs. mos. ds.
CONTRIBUTORY (Secondary) acute bronchitis
(duration) 0 yrs. 0 mos. 3 ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination
(Signed) F. H. Horning M. D.
Dec. 31, 1933 (Address) Rathdrum Ida

19. Place of Burial, Cremation, or Removal Evergreen Cemetery Post Falls — Date of Burial 1-3 1933

20. Undertaker Cassels Funeral Home — Address Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81814

PLACE OF DEATH
County of Kootenai
City of Coeur d'alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 170

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Armina Bro

(a) Residence. No. 802 Bancroft St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Albert Bro.

6. DATE OF BIRTH (month, day, and year) 22 October 1845

7. AGE Years 87 Months 1 Days 4 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME George Basley
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Margaret —
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Olee Bro. Spokane

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St Thomas Cem. Date 11-29 1932

19. UNDERTAKER (Address) Morney Mortuary CDA.

20. FILED 12-29, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Nov, 1932
I last saw her alive on Nov. 25, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ——— Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Harold J. Sturges, M. D.
(Address) CDA Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1933

PLACE OF DEATH

County of Kootenai

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81815

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 159

(No. ½ mile West of Post Falls)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel Jessie Geisler

(a) Residence. No. 227 West 7th, Spokane, Wash St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jack

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Hotel Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year) Nov. 1931

11. Total time (years) spent in this occupation 15 yr

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Charles Best

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Carrie Sandluskie

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) John Aukett, 227 West 27th Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Date 12-1, 1932

19. UNDERTAKER HAZEN & JAEGER (Address) Spokane, Washington

20. FILED 12-24, 1932 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1932 to 1932

I last saw her alive on Nov. 28, 1932: death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto accident. Accidently killed by automobile.	
She was brought to me in a dying state.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Examination Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury Nov. 28, 1932

Where did injury occur? West of Post Falls, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury Fractured skull, striking truck

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) F. L. McCauley, M. D.

(Address) Post Falls, Idaho

RECEIVED JAN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81816

PLACE OF DEATH
County of Latah
City of ~~#~~ Genesee

Registration District No. 62
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Luttie Kinzey Vandenburg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Vandenburg

6. DATE OF BIRTH (month, day, and year): Aug. 15, 1861

7. AGE: Years 71, Months 3, Days 8, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ~~Ill.~~ Penn.

FATHER
13. NAME: Simpson Kinzey
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Wilemina Chase
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): Jack Vandenburg, Genesee, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Genesee, Idaho Date: 11/26, 1932

19. UNDERTAKER (Address): H.R. Short, Moscow, Idaho

20. FILED Jan. 8, 1933 E. H. Field Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1932, to Nov. 23, 1932
I last saw her alive on Nov. 22, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation None. Date of
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. V. Armstrong, M. D.
(Address) Moscow Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIV[illegible] N 12 1933

PLACE OF DEATH

County of Latah

City of Genesee (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81817

Registration District No. 62

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sherm Leon Wahl

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Wahl

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	62	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wheat Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3/32

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Petaluma Calif.

FATHER

13. NAME Christian Wahl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Churchman

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Tom Wahl Genesee, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Genesee Date 10/5, 1932

19. UNDERTAKER (Address) H.R. Short Moscow Ida.

20. FILED Jan. 8, 1933 E. H. Field Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/3/32 193

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1932, to 10/3, 1932

I last saw him alive on 10/1, 1932: death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931 ?

Other contributory causes of importance:

Secondary Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy Ex Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Walter A. Burg, M. D.

(Address) Uniontown Wn

RECEIVED DEC 12 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81818

PLACE OF DEATH

County of Latah

City of Troy

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME John Wesley Atkison

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lydia Atkison

6. DATE OF BIRTH (month, day, and year) Oct. 20, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Rob't Atkison

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Phoebe Pittinger

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Chas. Atkison Neppel, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Garfield, Wn. Date 12/9, 1932

19. UNDERTAKER (Address) H. R. Short Moscow Ida.

20. FILED Dec. 9th, 1932. J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/7/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 —, 193 2, to Dec 7 —, 193 2

I last saw h[illegible] alive on Dec 4 —, 193 2, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Nov. 28-1932

Other contributory causes of importance:

Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Fulton, M. D.

(Address) Potlatch Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81819

PLACE OF DEATH

County of Latah

City of Deary

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No. 7) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Azgah Baker

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Edward Baker

6. DATE OF BIRTH (month, day, and year) Feb 14-1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Berry Justice

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Avery

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Henry Baker Deary Ida

18. BURIAL, CREMATION, OR REMOVAL Place Deary Date Dec 13 1932

19. UNDERTAKER (Address) John J. Pickerill Troy Idaho

20. FILED Dec 31, 1932 Lucy M Pickerill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 13 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1928, ~~193~~, to Dec 13, 1932

I last saw h~~im~~er alive on Dec 13, 1932, death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Fracture of Femur.	1928.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. L. Magee, M. D.

(Address) Troy Idaho

RECEIVED DEC 29 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81820

PLACE OF DEATH
County of Latah
City of Near Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

742

2. FULL NAME Nancy Mirandy Hall

(a) Residence. No. Near Potlatch St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James John Hall

6. DATE OF BIRTH (month, day, and year) May 22 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 1916

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Herring

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Isaac Hibbard Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Idaho Date 12/19, 1932

19. UNDERTAKER (Address) Harold E. Kimball Palouse, Wash.

20. FILED Dec. 19th, 1932 J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1932, to Dec. 16th, 1932

I last saw her alive on Dec 16th, 1932: death is said to have occurred on the date stated above, at 9:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Dec. 13th
Other contributory causes of importance:	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Thompson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81821

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Latah
City of Kendrick
Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John Calvin Hamil
(a) Residence. No. Kendrick, Ida St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Neben Hamil

6. DATE OF BIRTH (month, day and year) Nov 12, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gardner, Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER David Hamil
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Carolyn Duncan
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Joseph Davis Kendrick, Idaho.

15. Filed Dec 26, 1932 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 22 (Day), 1932 (Year) (Month)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 22, 1932, that I last saw him alive on Dec 18, 1932, and that death occurred, on the date stated above, at 12:20 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral thrombosis
Hypostatic pneumonia
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
..... (duration) 20 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) D. H. Christensen M. D.
Dec 26, 1932 (Address) Kendrick

19. Place of Burial, Cremation, or Removal	Date of Burial
Mountain View Cemetery Genesee Ida	Dec 27 1932

20. Undertaker John J Packard Address Troy Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81822

PLACE OF DEATH

County of Lemhi Co

City of Baker

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruben McKay Moore

(a) Residence. No. Ranch Home St. Baker Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of (or) WIFE of~~ Olive M. Gorham

6. DATE OF BIRTH (month, day, and year) May 10, 1857

7. AGE Years 75 Months 4 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Missouri

FATHER

13. NAME Ruben Moore

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Mary McKay

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) Lora J. Cockrell Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Jan 3, Salmon Date Jan 3, 1933

19. UNDERTAKER (Address) Wm C. Doebler Salmon

20. FILED 1/5, 1933 Clio E. Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Dec 30, 1932

I last saw him alive on Dec 28, 1932; death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	Dec 30 - 1932

Other contributory causes of importance:

Influenza	12/27/32

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F Hammer, M. D.

(Address) Salmon, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81823

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Perry Olinger

(a) Residence. No. Baker Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. aproximately How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Minnie May Agee

6. DATE OF BIRTH (month, day, and year): Sept 10 1874

7. AGE: 58 Years | Months: 3 | Days: 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ranch
10. Date deceased last worked at this occupation (month and year): Nov 1932
11. Total time (years) spent in this occupation: about 40

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: John Olinger
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: — Wood
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Emma Olinger, Salmon Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Salmon Cemetary Date: Dec 21, 1932

19. UNDERTAKER (Address): Wm Doebler, Salmon Idaho

20. FILED: 1/5, 1933 Chas C Bellamy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec-18" 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 18, 1932

I last saw him alive on Dec 18, 1932; death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	
Several [illegible]	

Other contributory causes of importance:
Influenza

Name of operation: None Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) Chas F Hammer, M. D.
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN

PLACE OF DEATH

County of Lemhi

City of Leadore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 216

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 81824

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leonard Whittaker

(a) Residence. No. Leadore Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 25-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stock Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah
(State or country)

FATHER

13. NAME John Whittaker

14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Rozolia Pettersson

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMENT F. J. Whittaker
(Address) Leadore Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date 12-22", 1932

19. UNDERTAKER Jno C Doebler
(Address) Salmon Idaho

20. FILED 1/5, 1933 Chas E Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 3-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound in head Inflicted by his own hand.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jno C Doebler Coroner

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81825

PLACE OF DEATH
County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 8116
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles F. Snyder

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa C. Snyder

6. DATE OF BIRTH (month, day and year) July 20th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. City Marshall

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12/8/32

11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (city or town) (State or country) OHIO - INDIANA

FATHER

13. NAME William F. Snyder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Bogert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Harry C. Snyder.

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 12/11, 1932

19. UNDERTAKER Frye Hackler
(Address) Salmon, Idaho

20. FILED 1/5, 1933 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 1-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound in head inflicted by his own hand	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) William C. Hackler M.D.

(Address) Salmon Lemhi Co. Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81826

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Ostrander
(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 3-1846
7. AGE: Years 86 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER
13. NAME: John Ostrander
14. BIRTHPLACE (city or town) (State or country): Holand

MOTHER
15. MAIDEN NAME: Mary J. Fuller
16. BIRTHPLACE (city or town) (State or country): Canvisaw

17. INFORMENT (Address): H. B. King Salmon Ida
18. BURIAL, ~~CREMATION, OR~~ REMOVAL Place Salmon Date 1-2", 1933
19. UNDERTAKER (Address): Wm C Hoebler Salmon Ida
20. FILED 1/5, 1933 Chas E Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-30th 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....; death is said to have occurred on the date stated above, at 5-15P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmity of old age	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F S Wright, M. D.
(Address) Salmon

RECEIVED JAN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81827

PLACE OF DEATH
County of Lewis
City of Craigmont

Registration District No. 50 ~~2129~~
Primary Registration District No.
Local Registrar's No. 16

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily Nancy Lockridge

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Leander Jackson Lockridge

6. DATE OF BIRTH (month, day, and year) July 6 1863

7. AGE: Years 69 | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME George King
14. BIRTHPLACE (city or town) (State or country) Louisville Kentucky

MOTHER
15. MAIDEN NAME Jane Reed
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT. (Address) Mrs M. R. Lockridge

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date 12/31, 1932

19. UNDERTAKER (Address) J. E. Clover Craigmont.

20. FILED 12/31, 1932 R. E. Dunlop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 28 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1932, to Dec. 28 1932, 193
I last saw her alive on Dec. 28 1932, 193 : death is said to have occurred on the date stated above, at 3:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	July 32

Other contributory causes of importance: Chronic Interstitial nephritis Chronic myocarditis — some years

Name of operation — Date of —
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) R. E. Dunlop M.D.
(Address) Craigmont Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 3 1933

PLACE OF DEATH

County of Lewis

City of Culdesac R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81828

Registration District No. 50

Primary Registration District No. 2129

Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alphonso Peer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary Margaret Peer

6. DATE OF BIRTH (month, day, and year) Jan 4 1870

7. AGE Years 62 Months 11 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Ohio

FATHER

13. NAME G. G. Peer ~~Deffenbaugh~~

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Jane Deffenbaugh. ~~Jane Peer~~

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Thos. M. Peer Longview Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Coldspring Cem Date 12-24, 1932 Reubens

19. UNDERTAKER (Address) C. E. Clovis Craigmont

20. FILED 12/28, 1932 R. E. Durkle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1932, to Dec. 23, 1932

I last saw him alive on Dec. 20, 1932 death is said to have occurred on the date stated above, at 6:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Coronary Thrombosis	Dec 15 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. H. Collins, M. D.

(Address) Craigmont - Idaho

See instruction on back of certificate.

FORM V. S. No. 5-A--25 M. 1-19.

RECEIVED JAN 4 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Lewis
City of Kamiah
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. , St.)

File No.
Registered No. 81829

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. Alice J. Wood.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	white	widowed

6. DATE OF BIRTH: Oct (Month) 12 (Day) 1863 (Year)

7. AGE: 69 Yrs. 1 Mos. 4 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): The Dalles Oregon

10. NAME OF FATHER: A. W. Hall

11. BIRTHPLACE OF FATHER (State or Country): Willowcreek Oregon

12. MAIDEN NAME OF MOTHER: Fanny Ensler

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nettie Brown
(Address) Kamiah Idaho.

15. Filed 1-2 1933 Nev Robertson Local Registrar

MEDICAL CERTIFICATE OF DEATH 129

16. DATE OF DEATH: 11 (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 15 1932, to above 19..... that I last saw her alive on 11/16 1932, and that death occurred on the date stated above, at 1135A M.

The CAUSE OF DEATH* was as follows:
Cardio-Renal.
(Mitral Ins-Nephritis-chronic)

(Duration) ? Yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
11/16 1932. (Address) Kamiah-Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodland	11-18 1932

20. UNDERTAKER	ADDRESS
Kamiah Funeral Home	Kamiah Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81831
State File No.

County of Lincoln
City of Shoshone
Registration District No. 16
Primary Registration District No.
Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sandy Reid (Alexander Reid)

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	Unknown	Unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Mason

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Jack Leighton

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date 8-24, 1932

19. UNDERTAKER C. E. Hickok
(Address) Shoshone, Ida.

20. FILED 8/22, 1932 J. L. Fuller Registrar
By [illegible] Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 V —, 193 V, to Aug. V V —, 193 V
I last saw him alive on Aug. V V, 193 V: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	

Other contributory causes of importance:

Prostatitis with retention of urine	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —
(Signed) G. W. Bausch, M. D.
(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81832

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

95

2. FULL NAME Mary Elizabeth Laughter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 3 1932

7. AGE: Years | Months | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Shoshone Idaho

FATHER
13. NAME James L Laughter
14. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

MOTHER
15. MAIDEN NAME Leala Williams
16. BIRTHPLACE (city or town) (State or country) Salina Utah

17. INFORMENT (Address) Jas L Laughter

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Ida Date Dec 5, 1932

19. UNDERTAKER (Address) B E Hickok Shoshone Ida

20. FILED 12/5, 1932 J L Fuller Registrar.
By A M Mahan Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932, to Dec 4, 1932
I last saw her alive on Dec 4, 1932: death is said to have occurred on the date stated above, at 11:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagica Neonatorum	12/4/32

Other contributory causes of importance:
Icterus Neonatorum

Name of operation no Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) F. E. Barrett, M. D.
(Address) Shoshone Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 2 1933

Form V. S. No. 5. 10M. 6-20-11. **CERTIFICATE OF DEATH** 156

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. **PLACE OF DEATH.** Registration District No. 16
County of Lincoln Primary Registration District No.
City of Shoshone (No. , St.)
File No. 1833
Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

2. **FULL NAME** Rena L. Stockton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** Female

4. **COLOR OR RACE** White

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED.** (Write the word.) Widowed

6. **DATE OF BIRTH** February (Month) 12 (Day) 1866 (Year)

7. **AGE** 66 yrs. 5 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. **OCCUPATION**
(a) Trade, profession or particular kind of work —
(b) General nature of industry business or establishment in which employed (or employer) —

9. **BIRTHPLACE** (State or Country) New York

10. **NAME OF FATHER** Henry N. Benton

11. **BIRTHPLACE OF FATHER** (State or Country) New York

12. **MAIDEN NAME OF MOTHER** Alice A. Robinson

13. **BIRTHPLACE OF MOTHER** (State or Country) New York

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) Sadie Stockton McFall
(Address) Shoshone, Idaho

15.
Filed Aug 11 1932 J. L. Fuller Local Registrar
By A. M. Mahon Dep

MEDICAL CERTIFICATE OF DEATH

16. **DATE OF DEATH** Aug. (Month) 11 (Day) 1932 (Year)

17. **I HEREBY CERTIFY,** That I attended deceased from Aug 9 32 1932 to Aug. 11 1932 that I last saw her alive on Aug. 9 1932 and that death occurred on the date stated above, at 1.15 a M. Aug. 11-1932

The **CAUSE OF DEATH*** was as follows:
Arthritis (chronic) and
Arteria — Sclerosis

(Duration) 4 yrs. 6 mos. 29 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. H. Barnes M. D.
8-11- 1932 (Address) Shoshone Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 1 yrs. 2 mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? San Diego, Calif.
Former or usual residence Grangeville, Idaho

19. **PLACE OF BURIAL OR REMOVAL** Spokane, Wash. **DATE OF BURIAL** 191

20. **UNDERTAKER** D. L. Stinson **ADDRESS** Jerome Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 2 1933

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81834

Registration District No. 16

Primary Registration District No.

Local Registrar's No. 15

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Terry

88b

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wm J. Terry

6. DATE OF BIRTH (month, day, and year): Feby 2-1868

7. AGE: Years 73 | Months 9 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Draper Utah

FATHER

13. NAME: Ebenezer Brown

14. BIRTHPLACE (city or town) (State or country): Kirkland Ills.

MOTHER

15. MAIDEN NAME: Amanchy Paulifer

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Ivan Terry Shoshone

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place: Draper Utah Date: Nov 27, 1932

19. UNDERTAKER (Address): S E Hickok Shoshone

20. FILED 11/26, 1932 J. L. Fuller Registrar.
By A M Mahony Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Dead when Farrived, 193 to 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 1.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	—

Other contributory causes of importance: Age

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. E. Burrett, M. D.

(Address) Shoshone Ida

RECEIVED JAN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81835

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura May Holmes 88

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: J E I Holmes

6. DATE OF BIRTH (month, day, and year): April 11-1878

7. AGE: Years 54 | Months 7 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Lowell Mass

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown Batchelder
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): W J Holmes Owinza Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Shoshone Date: 11-25, 1932

19. UNDERTAKER (Address): C E Hickok Shoshone Idaho

20. FILED 11/26, 1932 J. L. Fuller Registrar.
By A M Mahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11/23 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/10, 1932, to 11/23, 1932
I last saw he alive on 11/22, 1932; death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows: Myo Conditus — Date of onset Sept 10/32

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Shoshone Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81836

Registration District No. 100

Primary Registration District No. 2175 Local Registrar's No. 63

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Lawrence Smith 1012

(a) Residence. No. Rexburg St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): June 30/1929

7. AGE: Years 3 Months 5 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rexburg

FATHER

13. NAME: James E. Smith

14. BIRTHPLACE (city or town) (State or country): Texas. U.S.A.

MOTHER

15. MAIDEN NAME: Agness (Farnsworth)

16. BIRTHPLACE (city or town) (State or country): Rexburg Idaho

17. INFORMENT (Address): Agness Smith Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Rexburg Date: 12/31, 1932

19. UNDERTAKER (Address): A. B. Eckersell Rigby, Idaho.

20. FILED Jan 3, 1933 J. Ryanny Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1932, to Dec. 28, 1932

I last saw him alive on Dec. 28, 1932: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec. 20 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Hutchinson M. D.

(Address) Rexburg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81837

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2175

Local Registrar's No. 59

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert J. Rock

(a) Residence. No. Rexburg Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eggerts Elizabeth Rock.

6. DATE OF BIRTH (month, day, and year) Jan 29th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53.	10	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Henry Rock.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Leana Robensen

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Mrs. Albert Rock Rexburg Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date Dec 19, 1932

19. UNDERTAKER Nelson & Keller (Address) Rexburg Ida.

20. FILED Jan 3, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 193 2 to Dec 16, 193 2

I last saw him alive on Dec 16, 193 2 death is said to have occurred on the date stated above, at 3:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
	Sudden

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 8 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81838

Registration District No. 20

Primary Registration District No. 225

Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah B. Wood.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: George B. Wood
6. DATE OF BIRTH (month, day, and year): Aug. 22, 1878
7. AGE: Years 54; Months 5; Days 9; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wellsville Utah.

FATHER
13. NAME: John Wyatt.
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Sarah Jane Barnes
16. BIRTHPLACE (city or town) (State or country): Wellsville Utah.

17. INFORMENT (Address): George H. Wood Rexburg Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Wellsville, Utah. Date: Jan. 4, 1933
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Ida.
20. FILED Jan 3, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 31 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to Dec. 30, 1932
I last saw her alive on Dec 30, 1932: death is said to have occurred on the date stated above, at 5:A1 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma Rt Kidney (Carcinoma)	about June 1932

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81841

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2128 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Axel I. Widsteen 112

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. ~~If married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, and year) Feb 1 1891

7. AGE Years 41 Months 10 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Johanson A Widsteen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Elane Willardson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) G E Widsteen

18. BURIAL, CREMATION, OR REMOVAL Place Palatto Cal. Date 12/20, 1932

19. UNDERTAKER (Address) A P Eckersell Rigby Idaho.

20. FILED Jan 3, 1933 A J Kyoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Dec 19, 1932

I last saw him alive on Dec 18, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance:

Influenza

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 8 1933

PLACE OF DEATH

County of Madison

City of Rexburg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81842

Registration District No. 1-22

Primary Registration District No. 2178

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Laird Winmill

(a) Residence. No. Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
~~(or)~~ WIFE of Richard Winmill

6. DATE OF BIRTH (month, day, and year) March 12-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77.	8	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME James Laird.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Mary Rainey.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT Richard Winmill
(Address) Blackfoot Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place ~~Salt Lake~~ Utah Date Dec. 14, 1932

19. UNDERTAKER Wm. J. Keller
(Address) Rexburg Idaho.

20. FILED Jan 3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-11 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1932 to Dec 11, 1932

I last saw her alive on Dec. 10, 1932 death is said to have occurred on the date stated above, at 4:9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Hypertension	
(2) Arteriosclerosis	Aug 1932
(3) Pneumonia	
(4) Chronic Nephritis	
(5) Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81843

PLACE OF DEATH
County of Madison
City of Plano, Idaho

Registration District No. 100
Primary Registration District No. 2,75 Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Clark Jackson 45

(a) Residence. No. Rexburg, Idaho R F D #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charlottie Agnes Housley Jackson

6. DATE OF BIRTH (month, day, and year) Aug, 31st-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
73	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming For Himself
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Henry Clark Jackson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Ann Oades
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs J C Jackson Rexburg, R F D #3 Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Parker, Idaho Date Dec, 28th 1932

19. UNDERTAKER (Address) Vern J. Keller Rexburg, Idaho.

20. FILED Jan 3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Dec. 24, 1932
I last saw him alive on Dec 24, 1932: death is said to have occurred on the date stated above, at 20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

RECEIVED JAN 9 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81844

County of Madison

City of Rexburg, Idaho Registration District No. 200

Primary Registration District No. 2126 Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Skelton Hunt

(a) Residence. No. Rexburg, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Dec, 6th-1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Potsville Pennsylvania

FATHER

13. NAME Stephen Skelton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Glover

16. BIRTHPLACE (city or town) (State or country) Nova Schoca British Columbia

17. INFORMENT (Address) Mrs Fred Johnson Rexburg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ogden Utah Date Dec 9th. 1932

19. UNDERTAKER (Address) Nay J. Kelly Rexburg Idaho

20. FILED Jan 3, 1933 J. R. Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd, 1932, to Dec 6, 1932

I last saw her alive on Dec 6, 1932 death is said to have occurred on the date stated above, at 9:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance: Nasal Hemorrhage Dec 2nd

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Carley Nelson M. D.

(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81845

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annabelle Wheelwright

(a) Residence. No. Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? . yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 11/1920

7. AGE Years 12 Months 6 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rexburg

PARENTS

10. NAME OF FATHER Wm H Wheelwright

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ogden Utah

12. MAIDEN NAME OF MOTHER Susan Morgan

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Brigham City Utah

14. Informant W H Wheelwright
(Address) Rexburg Idaho

15. Filed Jan 3, 1933 J Kyoung Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December (Month) 16 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932, to Dec 16, 1932

that I last saw her alive on Dec 16, 1932

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tonsilitis

..... (duration) ..... yrs. 1 mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) R B Rigby, M. D.

Dec 17, 1932 (Address) Rexburg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Sugar City

Date of Burial 12/18/32 1932

20. Undertaker A B Edwards

Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

PLACE OF DEATH

County of Madison

City of Rexburg #3.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81846

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Drucilla Parker Willmore. 74a

(a) Residence. No. Rexburg #3. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 12:15 p.m.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of ~~(or)~~ WIFE of Herbert J. Willmore

6. DATE OF BIRTH (month, day, and year) Aug. 18-1885

7. AGE: Years 47 Months 4 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rexburg, Ida.

FATHER

13. NAME Fredrick A. Parker.

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Whales England.

17. INFORMENT (Address) H. J. Willmore. Rex #3.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Ida. Date Jan. 3, 1933

19. UNDERTAKER (Address) Vern J. Keller. Rexburg, Idaho.

20. FILED Jan 5, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1932, to Dec 31st, 1932

I last saw her alive on Dec 7, 1932: death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-1-32

Other contributory causes of importance:

Flu 1918.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

RECEIVED JAN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81847

County of Madison
City of Rexburg #1
Registration District No. 20
Primary Registration District No. 2178
Local Registrar's No. 56

(No.) 113
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald Wesley Hansen

(a) Residence. No. Rxt #1, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
X.	6	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg #1
(State or country) Idaho.

FATHER

13. NAME Andrew Wesley Hansen.

14. BIRTHPLACE (city or town) Rexburg #1,
(State or country) Ida.

MOTHER

15. MAIDEN NAME Erma A. Anderson.

16. BIRTHPLACE (city or town) Thornton
(State or country) Ida.

17. INFORMENT (Address) Andrew W. Hansen. Rexburg #1.

18. BURIAL, CREMATION, OR REMOVAL
Place Campus Date Dec 7, 1932

19. UNDERTAKER Hugh D. Keller
(Address) Rexburg Ida.

20. FILED Jan 3, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1932, to Dec 5, 1932
I last saw him alive on Dec 5, 1932: death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro enteritis	Oct. 1932

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) [signature], M.D.
(Address) Rexburg Idaho

RECEIVED JAN 6 1933

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81849

PLACE OF DEATH

County of Minidoka

City of Rupert Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William F Patton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Walter F Patton

14. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho

MOTHER

15. MAIDEN NAME Ella Noe

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Walter F Patton Rupert

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Cem Date Jan 1, 1933

19. UNDERTAKER (Address) W A Goodman Rupert

20. FILED 1-3, 1933 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 31, 1932.

I last saw him alive on Dec 31, 1932: death is said to have occurred on the date stated above, at 5:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J B Kenagy, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 193[illegible]

E

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81850

PLACE OF DEATH

County of Minidoka

City of Paul

Registration District No. 19

Primary Registration District No. 2013

Local Registrar's No. 56

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

98

2. FULL NAME. Earnest Wheeler Mc Gill

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 27 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc**

9. Industry or business in which work was done, as **silk mill, saw mill, bank** etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paul Idaho

FATHER

13. NAME Wheeler Mc Gill

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Ada Vickers

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Wheeler Mc Gill Paul Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paul Cemetery Date Oct 29 1932 Burial

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED Nov 3, 1932 E M Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1932, to Oct 26, 1932

I last saw him alive on Oct 26, 1932. death is said to have occurred on the date stated above, at 4½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Laryngitis	Oct 25-32

Other contributory causes of importance:

Over Exposure and exposure to cold

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E M Elmore, M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

STATE OF IDAHO Kel
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81851

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No.
Primary Registration District No.
Local Registrar's No. 58

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Mc Kivett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Nora McKivett

6. DATE OF BIRTH (month, day, and year): May 28 1856

7. AGE: Years 76 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Butcher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: Owen McKivett
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Nora McKivett

18. BURIAL, CREMATION, OR REMOVAL
Place: Catholic Cem Date , 193

19. UNDERTAKER (Address): W. A. Goodman, Rupert, Idaho

20. FILED 1-4, 1933 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1932, to Dec 14, 1932
I last saw him alive on Dec. 14, 1932; death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral hemorrhage)	

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. M. Kelly, M. D.
(Address) Rupert, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO R

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81852

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pamla B. Little

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Chas Little

6. DATE OF BIRTH (month, day, and year): Oct 18 1878

7. AGE: Years 54 | Months 1 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Hwf
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: Thomas H Bullock
14. BIRTHPLACE (city or town) (State or country): Dont Know

MOTHER
15. MAIDEN NAME: Mary A. Wagstaff
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Chas Little, Rupert Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Rupert Cem Date ....., 193

19. UNDERTAKER (Address): W. A. Goodman, Rupert Idaho

20. FILED 1—3, 1933 E W Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH ~~Dec 15~~

21. DATE OF DEATH (month, day, and year): Dec 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Dec 14, 1932
I last saw her alive on Dec 14, 1932: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:
chronic hypertrophic arthritis of years standing

Date of onset

Other contributory causes of importance:
inanition

Name of operation: None Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Fayre H. Kenagy, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81853

PLACE OF DEATH
County of Minidaka
City of Rupert

Registration District No. 19
Primary Registration District No. 2013
Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Broadhead

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen A Broadhead

6. DATE OF BIRTH (month, day, and year) July 3 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Robert Broadhead

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alice Clett

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Helen A Broadhead Rupert R-2 Rupert Ida

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date Oct 27, 1932

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED 1-3, 1933 E. B. Edmonds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Oct. 24, 1932
I last saw him alive on Oct. 21, 1932 death is said to have occurred on the date stated above, at 4 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease and cardiac dilatation	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. B. Edmonds, M. D.
(Address) Rupert, Ida

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81854

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 54

(No. 11a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Martsch

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 7 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert
(State or country)

FATHER

13. NAME John Martsch

14. BIRTHPLACE (city or town) Colorado
(State or country)

MOTHER

15. MAIDEN NAME Ella Gunst

16. BIRTHPLACE (city or town) North Dakotah
(State or country)

17. INFORMENT John Martsch
(Address) Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL Paul Cem
Place Date , 193

19. UNDERTAKER W. A. Goodyman
(Address) Rupert Idaho

20. FILED 1-9, 1933 E. V. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Dec 23, 1932

I last saw him alive on Dec 22, 1932, death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza - Pneumonia	12-17-32

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. V. Elmore, M. D.

(Address) Rupert Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81855

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 17
Primary Registration District No. 2015
Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Penner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 20 1853

7. AGE Years 79 Months 2 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Edward Knodel Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Cemetery Date Dec 16, 1932

19. UNDERTAKER (Address) W. A. Goodman Rupert Idaho

20. FILED 1-3, 1933 E W Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH Dec 12

21. DATE OF DEATH (month, day, and year) Dec. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Dec 12, 1932
I last saw him alive on Dec. 11, 1932: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J B Kenagy, M. D.
(Address) Rupert Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO K
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81856

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Lyda Martin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Homer Martin

6. DATE OF BIRTH (month, day, and year): Apr 15 1854

7. AGE: Years 78 | Months 7 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Celina Ohio Mercer

FATHER
13. NAME: ~~Lyda~~ Enos Hayes
14. BIRTHPLACE (city or town) (State or country): ~~Celina~~ Vermont ~~Ohio~~

MOTHER
15. MAIDEN NAME: Amanda Smith
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMENT (Address): Dr Horace F Martin Freemont Nebraska

18. BURIAL, CREMATION, OR REMOVAL Place: Rupert Com Date: Dec 8, 1932

19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho

20. FILED 1-3, 1933 E W Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1932, to Dec. 5, 1932

I last saw her alive on Dec 5, 1932: death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J B Kenagy, M. D.
(Address) Rupert Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81858

PLACE OF DEATH
County of Minidoka
City of Heyburn

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 49
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Carl Ludvig Erickson
(a) Residence. No. Heyburn Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. C. L. Erickson

6. DATE OF BIRTH (month, day and year)

7. AGE Years 60 Months 6 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) High School
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Mrs. Carl L. Erickson Heyburn

15. Filed 12-16, 1932 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 7 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-1-32, 19..., to 12-7, 1932
that I last saw him alive on 12-5, 1932
and that death occurred, on the date stated above, at 8 25 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cancer of bladder

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) G. Gespe, M. D.
12-8, 1932 (Address) .....

19. Place of Burial, Cremation, or Removal Heyburn City Cemetery
Date of Burial Dec. 11 1932
20. Undertaker D. E. Johnson
Address Burley

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81859

PLACE OF DEATH
County of Nez Perce
City of Leland

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marcus Lafayette Robison

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Wilson Robison

6. DATE OF BIRTH (month, day, and year) Sept 14/57

7. AGE Years 81 Months 3 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandy Mach N.C.

FATHER
13. NAME Anthony Carter Robison
14. BIRTHPLACE (city or town) (State or country) Sandy Mach N.C.

MOTHER
15. MAIDEN NAME Elizabeth Duckett
16. BIRTHPLACE (city or town) (State or country) Sandy Mach N.C.

17. INFORMENT (Address) Mrs A. W. Robison Leland

18. BURIAL, CREMATION, OR REMOVAL Place Leland Date Dec 30 1932

19. UNDERTAKER (Address) John J Packard Troy Idaho

20. FILED Dec 30, 1932 E. P. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, to Dec 28, 1932
I last saw him alive on Dead on arrival, 193 : death is said to have occurred on the date stated above, at 9:20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
Old age

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) D A Christensen, M. D.
(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81860

PLACE OF DEATH

County of Ney Perce

City of Southwick

Registration District No. 63

Primary Registration District No. 2143

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Charles Benjamin McCoy

(a) Residence. No. St. X

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. 11 mos. X ds. X How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lena Leona McCoy

6. DATE OF BIRTH (month, day and year) August 2, 1860

7. AGE: ~~75~~ Years 72 Months 4 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Corridon, Iowa

PARENTS

10. NAME OF FATHER: Aaron McCoy

11. BIRTHPLACE OF FATHER (city or town) (State or Country): not known

12. MAIDEN NAME OF MOTHER: Elizabeth Funkhouser

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): not known

14. Informant: John J. Pickerd

(Address)

15. Filed Dec 12, 1932 B. F. Nesbit Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 10th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1931, 1931, to Dec 10th, 1932

that I last saw him alive on Dec 10th, 1932

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of the Heart. With Angina Pectoralis

(duration) One yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Candiac Asthma

(duration) Several yrs. mos. ds.

18. Where was disease contracted if not at place of death? At Place of Death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) Russell Truitt, M. D.

Dec 10, 1932 (Address) Southwick Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Southwick

Date of Burial: Dec 12 1932

20. Undertaker: John J. Pickerd

Address: Troy Ida

RECEIVED JAN 5 1933

Form V. S. No. 3—20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 26
Primary Registration District No. 2069
File No. 81861
Registered No. 33

1. PLACE OF DEATH.
County of Oncida
City of Malad (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Thomas Jenkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 2 (Day) 1848 (Year)

7. AGE: 84 yrs. 4 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer (Retired)
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): LLanelley Wales

10. NAME OF FATHER: John Jenkins

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER: Elizabeth Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Laura Jenkins
(Address) Malad Idaho

15. Filed 1/7/33 1933 J.M. Kerns Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 13 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9 1932 to Dec 13 1932 that I last saw him alive on Dec 13 1932 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Apoplexy

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J.B. Mallory M. D.
12/16 1932 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho | DATE OF BURIAL: Dec 17 1932

20. UNDERTAKER: J. Guy Benson | ADDRESS: Malad City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED JAN 5 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 26

County of Oneida

Primary Registration District No. 2064

City of Malad (No. ....., ... St.)

File No. 81862

Registered No. 38

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Katherine Shirlene Reynolds

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH: January 9 1932
(Month) (Day) (Year)

7. AGE: ..... yrs. 11 mos. 8 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE
(State or Country) Malad Idaho

10. NAME OF FATHER: William E Reynolds

11. BIRTHPLACE OF FATHER
(State or Country) Malad Idaho

12. MAIDEN NAME OF MOTHER: Elizabeth Goddard

13. BIRTHPLACE OF MOTHER
(State or Country) Malad Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. E. Reynolds
(Address) Malad Ida.

15. Filed 12/31 1932 J. M. Kerns
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec. 17 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932, to Dec 17 1932, that I last saw her alive on Dec 17 1932, and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(Duration) ..... yrs. ..... mos. 6 ds. ?

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

12/20 1932 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho

DATE OF BURIAL: Dec. 20 1932

20. UNDERTAKER: J Guy Kenna

ADDRESS: Malad Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81863

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 16

Primary Registration District No. 2069

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvin Uriah Kent

(a) Residence. No. [illegible] St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marguerite Roope

6. DATE OF BIRTH (month, day, and year) Feb 5 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Active Life

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Dan W Kent

14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER

15. MAIDEN NAME Martha Dennings

16. BIRTHPLACE (city or town) Logan
(State or country) Utah

17. INFORMENT Mrs Melvin Kent
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place St John Idaho Date Jan 30, 193 2

19. UNDERTAKER J. Sam Keenan
(Address) Malad Idaho

20. FILED 1/31, 193 2 J. W. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 27 193 2

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 193 2, to Jan 27, 193 2

I last saw him alive on Jan 24, 193 2, death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
influenza	
and	
Broncho pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) [illegible], M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 29M-1-16-12 RECEIVED JAN 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 26

County of Oneida

Primary Registration District No. 2064

File No. 81864

City of Daniels

(No. ....., ... St.)

Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Thomas Reed

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb 18 (Month) 1872 (Day) (Year)

7. AGE: 60 yrs. 9 mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Willard Utah

10. NAME OF FATHER: Thomas Reed

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Jones

13. BIRTHPLACE OF MOTHER (State or Country): South Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William J. Reed

(Address) Daniels Ida

15. Filed 17/31 1932 J. M. Kerns Local Registrar

MEDICAL CERTIFICATE OF DEATH. 131

16. DATE OF DEATH: Dec (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1932 to only 191 ,

that I last saw him alive on Dec 11 1932

and that death occurred on the date stated above, at 5 a M.

The CAUSE OF DEATH* was as follows:

Dropsy Poselly
chronic Bright and
Hearth rubble

(Duration) ? yrs. ..... mos. ..... ds.

Contributory (Secondary) no

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

12/19 1932 (Address) Malad Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St John Ida

DATE OF BURIAL: Dec 15 1932

20. UNDERTAKER: J. Gary Benson

ADDRESS: Malad Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81865

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2064
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Thomas Jenkins 135

(a) Residence. No. [illegible] St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Jane Glover

6. DATE OF BIRTH (month, day, and year): May 16 1852

7. AGE: Years 80, Months 7, Days 11. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: Active Life

12. BIRTHPLACE (city or town) (State or country): Council Bluffs Iowa

FATHER
13. NAME: Evan Jenkins
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Ann Davis
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): Margaret I Jenkins Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: St Hohn Idaho Date: Dec 31 1932

19. UNDERTAKER (Address): J Guy Benson Malad Idaho

20. FILED 12/31, 1932 J. McKerrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932 to Dec 27, 1932
I last saw him alive on Dec 26, 1932 death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
the Enlarged Prostate	
Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible] M. D.
(Address) Malad Idaho

RECEIVED JAN 5 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH 2/6

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 81866

Registered No. 32

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No.

County of Oneida

Primary Registration District No. 2069

City of Malad (No., St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Norma Lawrence

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH: August 11 (Month) (Day) 1932 (Year)

7. AGE: yrs. 3 mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Malad Idaho

10. NAME OF FATHER: Harold W Lawrence

11. BIRTHPLACE OF FATHER (State or Country): Brisbane Australia

12. MAIDEN NAME OF MOTHER: Thelma Crowther

13. BIRTHPLACE OF MOTHER (State or Country): Logan Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [illegible]

(Address) Malad Idaho

15. Filed 1/7/61 1933 J. M. Huras Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 6th (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6 191..., to Jan 6 1932, that I last saw her alive on Jan 5 1932 and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 2 ds.

Contributory (Secondary) Premature infant

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

1/6 1933 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho — DATE OF BURIAL: Dec 7 1932

20. UNDERTAKER: J. Guy Kenan — ADDRESS: Malad Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 1976O

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 36

DO NOT WRITE IN THIS SPACE

State File No. 81867

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susanna Price Peck

(a) Residence. No. [illegible] St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 40 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lorin L. Peck

6. DATE OF BIRTH (month, day, and year): October 26 1892

7. AGE: Years 40 | Months 1 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Malad Idaho

FATHER

13. NAME: Samuel W Price

14. BIRTHPLACE (city or town) (State or country): Malad Idaho

MOTHER

15. MAIDEN NAME: Matilda Gleed

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): Loren L. Peck Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Malad Idaho Date: Dec 27 1932

19. UNDERTAKER (Address): J. Guy Kerns Malad Idaho

20. FILED 12/31, 1932 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1926, to Jan 22, 1932

I last saw her alive on Jan 22, 1932 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Mitral Regurg &	
Stenosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [illegible] M.D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

PLACE OF DEATH

County of Payette

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81869

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 52

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Loren Francis Shaw

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Darema R Shaw

6. DATE OF BIRTH (month, day, and year) July 31 1857

7. AGE Years 75 Months 4 Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Joseph Shaw

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Nancy Hill Clay

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Frank Shaw 2710 Grove St. Bellingham Wn.

18. BURIAL, CREMATION, OR REMOVAL Place Payette Ida Date Dec 2, 1932

19. UNDERTAKER (Address) Glenn Chandon Payette Ida

20. FILED Nov 30, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1932, to Nov 30, 1932

I last saw him alive on Nov. 30, 1932: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	Nov. 26, 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Merrill Box, M. D.

(Address) Payette Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81870

PLACE OF DEATH
County of Gayette
City of Mew Plymouth
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alonzo S. Bean.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie Hall Bean.

6. DATE OF BIRTH (month, day, and year) May 15 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bedford (State or country) Ohio.

FATHER
13. NAME Joseph Bean.
14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER
15. MAIDEN NAME Diantha Cross.
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT Adelia M Bains (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mew Plymouth Date 1-17, 1939.

19. UNDERTAKER Glenn C Sanders (Address) Payette Idaho.

20. FILED Nov 16, 1939 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 15 - 1939.

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw him alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed.	
Cause unknown.	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 193
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edith Sanders, Coroner M. D.
(Address) Payette, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81871

PLACE OF DEATH
County of Layette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 53

(No.) 41
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Henry Dufur

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edna Dufur

6. DATE OF BIRTH (month, day, and year) Jan 21 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. H.

FATHER
13. NAME Wm T. Dufur
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Phoebe Harris
16. BIRTHPLACE (city or town) (State or country) V V

17. INFORMENT (Address) Edna Dufur, Fruitland Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Cem Date Dec 5, 1932
J. H. Hobbs G. C. Landon

19. UNDERTAKER (Address) Payette Ida

20. FILED Dec 10, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 — 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 —, 1932, to Dec 2 —, 1932
I last saw h[illegible] alive on Dec 2, 1932: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Infection	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Paxton M. D.
(Address) Fruitland Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1933

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81872

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 50

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Whalen

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katherine Whalen (Deceased)

6. DATE OF BIRTH (month, day, and year) June 14 1851

7. AGE Years 81 Months 5 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Section Foreman & Pumper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER
13. NAME Thos Whalen
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary A Holand
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) J. I. Whalen

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date Nov 25 1932

19. UNDERTAKER (Address) J. H. Adam Landon Funeral Parlors Payette Ida

20. FILED Nov 26, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1932, to 11-23, 1932
I last saw him alive on 11-22, 1932: death is said to have occurred on the date stated above, at 8.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-20-32
Other contributory causes of importance:	
Valvular heart disease	7-1-32

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. B. Catron D.O., M. D.
(Address) Payette - Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81873

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Elizabeth Howard

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Howard

6. DATE OF BIRTH (month, day, and year) May 19-1869

7. AGE Years 63 Months 5 Days 13 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Henry Hayes
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Jane Wallace
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) John Howard Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Money Creek Ck Date 11-4-1932

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Nov 6, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932, to Nov. 6, 1932
I last saw her alive on Nov 6, 1932; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	unknown
Other contributory causes of importance:	
Diabetes mellitus	1930

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Merrill R. Jr., M. D.
(Address) Cycthe Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE
State File No. 81874

Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.) 1002

2. FULL NAME Eliza J. May.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow.

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John May.

6. DATE OF BIRTH (month, day, and year) Aug 17-1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Athensville Ill.

FATHER
13. NAME Alford Ruyle
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Mary Blackstone
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Mrs. Mary Payette Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Ida. Date 12-22, 1932

19. UNDERTAKER Glenn C. Sanders
(Address) Payette Ida.

20. FILED Dec 20 1932 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1932 193..., to Dec 18 1932 193...
I last saw h alive on Dec 18 1932 193...; death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	
Senility.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Woodward, M. D.
(Address) Payette Ida.

RECEIVED JAN 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81875

PLACE OF DEATH
County of Payette
City of New Plymouth
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 37

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Baker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Newton Baker deceased

6. DATE OF BIRTH (month, day, and year): Nov 15 1852

7. AGE: Years 80 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER
13. NAME: William Post
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Rebecca Maria Kinney
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMENT (Address): Earl Boney New Plymouth Ida

18. BURIAL, CREMATION, OR REMOVAL. Place: New Plymouth Ida Date: Nov 29 1932

19. UNDERTAKER: J. Hadan Glenn C. Landon
(Address): Payette Ida

20. FILED Nov. 30, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27- 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 5.15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death was very sudden only lasted a few minutes	
probably Apoplexy	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. C. Paxton M. D.
(Address) Fruitland Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81876

PLACE OF DEATH
County of Payette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret S Taylor 92

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of L J Taylor

6. DATE OF BIRTH (month, day, and year) Sept 11 1856

7. AGE Years 76. Months 2 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas City Mo

FATHER
13. NAME Simmons
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) J. H. Adair from Record

18. BURIAL, CREMATION, OR REMOVAL Place Pine Plymouth Date 11/22, 1932

19. UNDERTAKER (Address) Glenn Grandon By J. Adair Payette Ida

20. FILED Nov 26, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1932 to Nov 18, 1932
I last saw her alive on Oct 25, 1932; death is said to have occurred on the date stated above, at 10a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?

Other contributory causes of importance:
Arterio Sclerosis
Chronic Myocarditis

Name of operation none Date of ✓
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide ..... Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. J. Weese, M. D.
(Address) Ontario, Ore.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AN 4 1933

PLACE OF DEATH

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81877

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Cummings

(a) Residence. No. ..... St. New Plymouth Ida.
(Usual place of abode) Emmett Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Ada Branson Cummings

6. DATE OF BIRTH (month, day, and year) June 6 1881

7. AGE: Years 51 | Months 4 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Joe. Missouri

FATHER

13. NAME Wm Alber Cummings

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Rachel Mathews

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Ada B. Cummings New Plymouth Ida

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Ida. Date ....., 193

19. UNDERTAKER (Address) Glenn C. Landon Payette Idaho

20. FILED Nov 5, 1932 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 2 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 -, 1932, to Nov 2 -, 1932

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Suicide
Despondent over ill health and financial losses

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 11-2-1932

Where did injury occur? New Plymouth Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Packing house on ranch

Manner of injury gun shot, tearing

Nature of injury the face away.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edith Landon Corner, M.D.

(Address) Payette

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81878

PLACE OF DEATH

County of Power

City of American Falls

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Barbara Hornbecker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F-Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Gottleb. Hornbecker

6. DATE OF BIRTH (month, day, and year): 1932 1849

7. AGE: Years 83 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER
13. NAME: Wagner
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): A Haak

18. BURIAL, CREMATION, OR REMOVAL
Place: American Falls Date: 12-15 1932

19. UNDERTAKER (Address): H. Davis Am. Falls Ida.

20. FILED 12-15, 1932 Genevieve Nolt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1932, to 12-13, 1932
I last saw her alive on 12-13, 1932 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) V. G. Fagan, M. D.
(Address) Am. Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81879

PLACE OF DEATH
County of Power
City of American Falls
Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James O'Donnel

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 17, 1860

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Ed W Cronkhite

18. BURIAL, CREMATION, OR REMOVAL
Place American Falls Date Dec. 12, 1932

19. UNDERTAKER H. L. Davis
(Address) American Falls, Ida.

20. FILED 12-12, 1932 Genevieve Nolte
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1932, to 12-9, 1932
I last saw h— alive on 12-8, 1932: death is said to have occurred on the date stated above, at 3:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Cirrhosis Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. B. Fagan, M. D.
(Address) American Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81880

PLACE OF DEATH
County of Power
City of American Falls

Registration District No. 20
Primary Registration District No. 2072
Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Lesta Anderson

(a) Residence. No. ..... St. American Falls Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Robert H. Anderson

6. DATE OF BIRTH (month, day, and year): June 11, 1882

7. AGE: Years 50 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Shelborn Ind.

FATHER
13. NAME: E. Gray
14. BIRTHPLACE (city or town) (State or country): Shelborn Ind.

MOTHER
15. MAIDEN NAME: Melrose
16. BIRTHPLACE (city or town) (State or country): Elwood, Ind.

17. INFORMENT (Address): Robert H Anderson

18. BURIAL, CREMATION, OR REMOVAL
Place: Lake Channel Date: Dec. 29, 1932

19. UNDERTAKER (Address): H H Davis

20. FILED 12/28, 1932 Genevieve Nott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 25 1932

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1932, to December 25, 1932.
I last saw her alive on December 25 1932: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine carcinoma	

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) American Falls Idaho

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81881

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 78
Primary Registration District No. 1011
Local Registrar's No. 11
(No Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Geo B. Evans

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) Dec 1932
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Annapolis,
(State or country) Indiana

FATHER
13. NAME Calvin C Evans
14. BIRTHPLACE (city or town) N. C.
(State or country)

MOTHER
15. MAIDEN NAME Lavina Tucker
16. BIRTHPLACE (city or town) N. J.
(State or country)

17. INFORMENT Robert B Evans
(Address) Seattle Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Mallard Ida Date Dec 26, 1932

19. UNDERTAKER J. A. Bowers Ward Und Co.
(Address) Wallace Ida.

20. FILED Jan 7th, 1933 C. S. Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 24, 1932
I last saw him alive on Dec 24, 1932: death is said to have occurred on the date stated above, at 1030 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10 days

Other contributory causes of importance:
Arteriosclerosis several years
Influenza a few days

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Dr. H. W. Wilson M.D.
(Address) Wallace, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81882

PLACE OF DEATH
County of Shoshone
City of Wallace — Registration District No. 70
Primary Registration District No. 704 — Local Registrar's No. 106
(No. Providence Hospital) 101a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth McLuallan
(a) Residence. No. Mullan Ida. St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Dennis J. McLuallan
6. DATE OF BIRTH (month, day, and year): May 6 - 1896
7. AGE — Years: 36 — Months: 7 — Days: 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Trenton Mo.

FATHER
13. NAME: Thomas Johnson.
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Dennis J. McLuallan Mullan Ida.
18. BURIAL, CREMATION, OR REMOVAL — Place: Mullan — Date: Dec 14 1932
19. UNDERTAKER (Address): J. A. Burns (Ward Und Co) Wallace, Ida.
20. FILED: Jan 4th, 1933 — C. E. Edson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 9 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7.45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	12/5/32

Other contributory causes of importance:

Myocarditis, Acute	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) D. Fitzgerald, M. D.
(Address)

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81883

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 112

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E. C. Kariden 101a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 69 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Co Hospital Record. Wallace, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Ida Date Dec 31, 1932

19. UNDERTAKER (Address) J. A. Brown (Ward Und Co.) Wallace Ida.

20. FILED Jan 7th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to Dec 28, 1932
I last saw him alive on Dec 28, 1932; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 da

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) James R Dean, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81884

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anne Bishop 101f

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of H. H. Bishop

6. DATE OF BIRTH (month, day, and year) Jan 9, 1884

7. AGE: Years 48 | Months 11 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Robert Bishop
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME No Inf
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) H. H. Bishop Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date Dec 10, 1932

19. UNDERTAKER (Address) Harold Thornhill Kellogg Ida

20. FILED Dec. 31, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd, 1932, to Dec 7th, 1932
I last saw her alive on Dec 7th, 1932; death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows: Pneumonia

Date of onset

Other contributory causes of importance: Pulmonary tuberculosis & Cardiac decompensation

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) W. Lindsay, M. D.
(Address) Kellogg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 9 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81885

PLACE OF DEATH
County of Shoshone
City of Pine Creek
Registration District No. 123
Primary Registration District No. 3201
Local Registrar's No. 70

(No. 5) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Irene Wilbur

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed or divorced
~~HUSBAND of~~
(or) WIFE of Emery Wilbur

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27		5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Gust Lightner
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Ella Chaney
16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) Emery Wilbur

18. BURIAL, CREMATION OR REMOVAL Place Kingston Date Dec 5, 193[illegible]

19. UNDERTAKER (Address) H. Thornhill Kellogg

20. FILED Dec. 31, 193[illegible] Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 193[illegible], to Dec 4, 193[illegible]
I last saw her alive on Dec 4, 193[illegible]; death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	4 hours
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81880

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Seeley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Marysheather

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hotel Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Johns New Brunswick

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) St Johns

MOTHER

15. MAIDEN NAME Galbraith

16. BIRTHPLACE (city or town) (State or country) St Johns New Brunswick

17. INFORMENT (Address) Tom Seeley Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Montreal, Canada Date Jan 3, 1933

19. UNDERTAKER (Address) W. B. Thornhill Kellogg, Idaho.

20. FILED Dec. 31, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1932, to Dec. 30, 1932

I last saw him alive on Dec. 30, 1932; death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	12-30-32
Other contributory causes of importance: Diabetes Mellitus	Unknown
Nephritis	Unknown

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harold Henderson, M.D.

(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81887

County of Shoshone
City of Mullan
Registration District No.
Primary Registration District No.
Local Registrar's No. 13

(No. 2) (If death occurred in a hospital or institution, give its name instead of street and number.)

, 179

2. FULL NAME Joe Leva

(a) Residence No. Mullan, Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2 - 1904

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackbear Ida.

FATHER

13. NAME Joe Leva

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Zopha Carolina.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMENT (Address) Joe Leva Mullan Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Ida. Date Dec 7, 1932

19. UNDERTAKER J. A. Brown (Ward Mullan)
(Address) Wardner, Ida.

20. FILED Jan 9th, 1933 Cesshoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Dec 4, 193.2
I last saw him alive on Dec 4, 193.2; death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
While surgical operation	
Chloroform	

Other contributory causes of importance:

Exploratory Lap. for pelvic	
Pelvic adhesions	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 4 1932
Where did injury occur? Morning Mine (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place. Surface shaft
Manner of injury Falling down shaft
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. Worthy Corony, M. D.
(Address) Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81888

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 72

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Antonio Tranbino

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 86 — Months: — Days: — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Jakoma Tranbino
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Ino Inf
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): Mrs. Tranbino

18. BURIAL, CREMATION, OR REMOVAL
Place: Kellogg Date: 12/19, 1932

19. UNDERTAKER: Harold Thornhill
(Address): Kellogg

20. FILED: Dec. 31, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
old age	
Possible Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) W. F. Lindsay, M. D.

(Address) Kellogg, Idaho

RECEIVED JAN 10 1938

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81889

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 109
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Feldman
(a) Residence. No. Murray, Ida. St. Murray Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Widowed.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widowed.
6. DATE OF BIRTH (month, day, and year)
7. AGE About Years 98 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prospecting.
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Switzerland.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Friends.
18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Dec 17, 1932
19. UNDERTAKER (Address) J. A. Brown (Ward Und Co) Wallace, Ida
20. FILED Jan 7th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932, to Dec 15, 1932
I last saw him alive on Dec 15, 1932: death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
General Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) James R Dean, M. D.
(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81890

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1111 Local Registrar's No. 107
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Amonson 88b

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 19-1866

7. AGE Years 66 Months 7 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) 1922
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Amon Amonson
14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER
15. MAIDEN NAME Patricia —
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Ansel Amonson Wallace, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Ida. Date Dec 15, 1932

19. UNDERTAKER (Address) J. A. Bivar (Ward Und Co) Wallace, Ida.

20. FILED Jan 7th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 1929, 193..., to Dec 12, 1932
I last saw him alive on Dec 10, 1932: death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) James R. Bean, M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81891

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 7 8
Primary Registration District No. 1 0 1 1
Local Registrar's No. 1 0 3

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant McQuillan.

(a) Residence. No. Mullan, Ida St. Mullan, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 7 1932

7. AGE — Years | — Months | — Days | If LESS than 1 day, ___ hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mullan Idaho.

FATHER
13. NAME Dennis J. McQuillan
14. BIRTHPLACE (city or town) (State or country) Bay City Mich.

MOTHER
15. MAIDEN NAME Ruth Johnson
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Dennis J. McQuillan Mullan Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Ida. Date Dec 11, 1932

19. UNDERTAKER (Address) J. A. Bower Ward and Co. Wallace Ida.

20. FILED Jany 7th, 1933 C. R. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Dec 7, 1932
I last saw her alive on Dec 7, 1932: death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity. Jaundice	
Mother also Suffering from Influenza Pneumonia	

Other contributory causes of importance:
Mother Suffering from Influenza Pneumonia

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H W Bolton, M. D.
(Address) Mullan Ida

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81892

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 110
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Richardson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): Jan 2 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. D.

FATHER

13. NAME: Geo Young
14. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER

15. MAIDEN NAME: Pauline Rozley.
16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMENT (Address): J. Jackson Wallace Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Ida Date: Dec 23 1932
19. UNDERTAKER (Address): J. A. Burr (Ward Und Co) Wallace Ida.
20. FILED: Jan 7th, 1933 C. E. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 20 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept, 19.., to Dec 20, 1932
I last saw h.r alive on Dec 20, 1932; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 6 Mos
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) James R Dean, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED JAN 9 1933

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 3201

DO NOT WRITE IN THIS SPACE
State File No. 81893

Local Registrar's No. 69

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virgil Patterson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kellogg Idaho

FATHER

13. NAME: Chas. W. Patterson

14. BIRTHPLACE (city or town) (State or country): Oklahoma

MOTHER

15. MAIDEN NAME: Myrtle Miller

16. BIRTHPLACE (city or town) (State or country): Wyoming

17. INFORMENT (Address): Chas W Patterson Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Kellogg Idaho Date: Nov 12, 1932

19. UNDERTAKER (Address): M. C. Thornhill Kellogg, Idaho

20. FILED Dec. 31, 1932 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932, to Nov 11, 1932

I last saw h. alive on Nov 11, 1932; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	48 hours

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harold T Anderson M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81894

PLACE OF DEATH
County of Shoshone
City of Mullan
Registration District No. 77
Primary Registration District No. 1111
Local Registrar's No. 113
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elma L Staab

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) May 30 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Two Rivers Wisconsin.

FATHER
13. NAME Sam Phillips
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs Martin Hansen Mullan, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Mullan Ida. Date Dec 21, 1932
19. UNDERTAKER (Address) J. A. Brown (Ward and Co.) Wallace Ida.
20. FILED Jan 9th, 1933 C. B. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932 to Dec 18, 1932
I last saw him alive on Dec 18, 1932, death is said to have occurred on the date stated above, at 2 40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown
myocardial degeneration	

Other contributory causes of importance:

Diabetes mellitus	1925
Hypertension, arterio-sclerosis	1

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Paul E. Phillips, M. D.
(Address) Wallace, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 81895

Local Registrar's No. 73

(No. 101a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Monroe Mayer

(a) Residence. No. [redacted] Silverking, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Beryl Mayer

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER

13. NAME: Albert Mayer

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Ida Sandni

16. BIRTHPLACE (city or town) (State or country): Minnesota

17. INFORMENT (Address): Beryl Mayer, Kellogg, Idaho.

18. ~~BURIAL, CREMATION, OR REMOVAL~~
Place Gennessee, Ida. Date 12/21/32

19. UNDERTAKER H. T. Thornhill
(Address) Kellogg, Idaho.

20. FILED Dec. 21, 1932 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/18/32

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1932, to Dec 18, 1932
I last saw him alive on Dec 18, 1932; death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, right	12-12-32
Toxemia	12-12-32
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harold I Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81896

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 701
Local Registrar's No. 104

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME, Farwell Neil Chuck.

(a) Residence. No. Osbourne Ida. St. Osbourne Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Julia E Chuck.
6. DATE OF BIRTH (month, day, and year): July 2 1862
7. AGE: Years 73 | Months 5 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 1926.
11. Total time (years) spent in this occupation: 60 yrs.

12. BIRTHPLACE (city or town) (State or country): Forest Brook Ore

FATHER
13. NAME: W. H. M. Chuck.
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Gladys Chance
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMENT (Address): Chas Chuck Osbourne, Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Ida. Date: Dec 8, 1932
19. UNDERTAKER (Address): J. A. Brown (Ward and Co) Wallace Ida.
20. FILED: Jan 7th, 1933 C. B. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 5 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1932, to Dec 5th, 1932
I last saw h live on Dec 5th, 1932: death is said to have occurred on the date stated above, at 12:40A m.
The principal cause of death and related causes of importance were as follows: Glomerular Nephritis — Date of onset

Other contributory causes of importance: Myocarditis

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas T. Smith M. D.
(Address) Wallace Idaho

RECEIVED JAN 10 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81897

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. ~~401~~ 1011 Local Registrar's No. 108
(No. 424 Bank St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

110

2. FULL NAME Charles Huling Galbraith
(a) Residence. No. 424 Bank St. Wallace Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed or divorced HUSBAND of (or) WIFE of: Ellen Galbraith - deceased

6. DATE OF BIRTH (month, day, and year): Sept 14 1838

7. AGE Years: Ninety-four Months: three Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Danville, Montour Co. Pa.

FATHER
13. NAME: Josiah Galbraith
14. BIRTHPLACE (city or town) (State or country): Milton Pa

MOTHER
15. MAIDEN NAME: Mary Ann Robinson
16. BIRTHPLACE (city or town) (State or country): Huntington Co. Pa.

17. INFORMENT (Address): Stella L Richardson 424 Bank St. Wallace

18. BURIAL, CREMATION, OR REMOVAL - removal
Place: Denison Iowa Date: 12-15, 1932

19. UNDERTAKER (Address): Bruce G. Marstell Wallace Ida

20. FILED: Jan 7th, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 14, 1932
I last saw him alive on Dec 13, 1932; death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial Myocarditis	6-7 dk

Other contributory causes of importance:

Influenza Severe

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W C Mowery Coron
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81898

PLACE OF DEATH
County of Shoshone
City of Gem

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 102

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert B. Wade

(a) Residence. No. Gem, Idaho St. Gem Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 24 1869

7. AGE Years 63 Months 8 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER
13. NAME S H Wade.
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Nancy E McQuarter
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs Elizabeth Wilbur Gem Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Date Dec 3 1932

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace Ida

20. FILED Jan 4th, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1 1932

22. I HEREBY CERTIFY, That I attended deceased from December, 1930, to December 1, 1932
I last saw him alive on Nov. 28, 1932: death is said to have occurred on the date stated above, at 9:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Valvular Heart	years

Other contributory causes of importance:
Arteriosclerosis
Chr Int Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James R Bean, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81899

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Kimberly

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 220
(No. Kimberly Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel May Van Houten 90

(a) Residence. No. Kimberly Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 10-1896

7. AGE: Years 36 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Patterson (State or country) New Jersey

FATHER
13. NAME Wm Van Houten
14. BIRTHPLACE (city or town) Patterson (State or country) New Jersey

MOTHER
15. MAIDEN NAME Sarah Terry
16. BIRTHPLACE (city or town) Brooklyn (State or country) New York

17. INFORMENT Mrs. Wm Van Houten (Address) Kimberly, Ida

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Twin Falls Date Dec 12, 1932

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Ida.

20. FILED 12/12, 1932 George C. Bailey Registrar. acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Dec 10, 1932
I last saw h— alive on Dec 8, 1932; death is said to have occurred on the date stated above, at 3:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	1902

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Davis M. D.
(Address) Kimberly Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81900

PLACE OF DEATH
County of Twin Falls
City of ~~Twin Falls~~ Berger

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 243

(No. Berger - Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugh Dodd 100a

(a) Residence. No. Berger Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida Dodd

6. DATE OF BIRTH (month, day, and year) Dec 2 - 1876

7. AGE Years 56 Months 0 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria Ill

FATHER
13. NAME Amos Dodd
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Sarah Bloomenshine
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Hugh Dodd Jr.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date Dec 23, 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho

20. FILED 12/23, 1932 George C. Halby M.D. acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932, to Dec 21, 1932
I last saw ~~him~~ alive on Dec 21, 1932; death is said to have occurred on the date stated above, at 11 00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary oedema	Dec. 20

Other contributory causes of importance:

Broncho-pneumonia	Dec. 18
Influenza	Dec. 8

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. R. Scott, M. D.
(Address) Twin Falls - Idaho

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81901

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 235

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James L. Hampton

(a) Residence. No. 605-- 2Nd. Ave No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17-1875

7. AGE 57 Years 6 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ten.

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMENT (Address) Mrs Helen Hampton 605--2Nd. Ave No, City

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Dec. 20 1932

19. UNDERTAKER (Address) SS.C. Phillips Twin Falls, Ida.

20. FILED 12/20, 1932 George C. Halley acs Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17Th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932, to Dec 17th, 1932

I last saw him alive on Dec 16, 1932: death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows: Typhoid & Paratyphoid

Date of onset

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Lab Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Sams, M. D.

(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED Dec 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81902

PLACE OF DEATH,
County of Twin Falls
City of Filer
Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 238

(No. Filer R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Clyde Yocum Jr. 100a

(a) Residence. No. R.2.D St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 18-1931

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Filer, Ida.

FATHER

13. NAME William Clyde Yocum Sr.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Thelma Turnpseed

16. BIRTHPLACE (city or town) (State or country) Filer

17. INFORMENT (Address) T. J. Turnpseed Filer, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 12/21, 193 2

19. UNDERTAKER Ernest Johnson (Address) Twin Falls L. D. Johnson

20. FILED 12/20, 193 2 George C. Daley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 193 2

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 193 2, to Dec. 19, 193 2

I last saw him alive on Dec. 18, 193 2; death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-17-32
Other contributory causes of importance:	
Influenza.	12-14-32

Name of operation ——— Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) F. A. Dwight M.D.

(Address) Filer Ida.

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81903

PLACE OF DEATH
County of Twin Falls
City of Buhl. Ida.
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Lucy E. LeFaivre.

(a) Residence. No. 218 - 11 - St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of: Chas Jerome LeFaivre.
6. DATE OF BIRTH (month, day, and year): aug. 30. 1844
7. AGE: Years 88 — Months 3 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cleveland Ohio.

FATHER
13. NAME: James Wylde.
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Mary Hitchcock
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Eulalia Leggett
18. BURIAL, CREMATION, OR REMOVAL: Twin Falls Cemetery Date 12/15 193 2
19. UNDERTAKER (Address): Evans & Johnson - Jas Johnson
20. FILED Dec. 13, 193 2 J. N. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 13 193 2
22. I HEREBY CERTIFY, That I attended deceased from 7-26, 193 2, to Dec 13, 193 2
I last saw h[illegible] alive on Dec 12, 193 2; death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows: Myocarditis of approximately 10 yrs standing — Date of onset

Other contributory causes of importance: Cerebral hemorrhage (2) Coma 7-26-'32

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury [illegible], 193
Where did injury occur? yes
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) G. A. Berry, M. D.
(Address) Buhl Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81904

County of Twin Falls
City of Filer Ida.
Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 232

(No. Filer, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1860

2. FULL NAME Wm. P. Howell

(a) Residence. No. Filer Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Eda Howell

6. DATE OF BIRTH (month, day, and year) June 22Nd-1863

7. AGE			If LESS than 1 day, hrs. or min.
69 Years	5 Months	18 Days	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Dont know
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Cecil Howell Shelly, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Shelly Ida. Date dec. 16 1932

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Ida.

20. FILED 12/14, 1932 George C. Halley M.D. Facs. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/12 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec. 12, 1932, to, 193..
I last saw him alive on Dec 12, 1932: death is said to have occurred on the date stated above, at 10:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	Instant

Other contributory causes of importance:

Auto accident

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-12-1932
Where did injury occur? Filer Twin Falls Co. Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. State highway
Manner of injury Car skidded & overturned
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) F. A. Dwight M. D.
(Address) Filer Ida.
Twin Falls County Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81906

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 31
Primary Registration District No. 7077
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Edwin Manuel

(a) Residence. No. 313-12-St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND of~~ (or) ~~WIFE of~~ Mrs. A. E. Manuel

6. DATE OF BIRTH (month, day, and year) 3/5-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57-	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Little Rock Ark

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) Mrs A. E. Manuel

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date 1/26 1933

19. UNDERTAKER Evans & Johnson
(Address) Buhl Idaho

20. FILED Dec 23, 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 23, 1932

I last saw him alive on Dec 23, 1932; death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) Buhl Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81907

County of Twin Falls,
City of Twin Falls,

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 245

(No. Twin Falls R.F.T.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Iena Cecelia Gibbs

11a

(a) Residence. No. R.2D St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: L.E.Gibbs

6. DATE OF BIRTH (month, day, and year): Oct. 5th. 1880

7. AGE: Years 52, Months 2, Days 17, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sioux Center, Minn.

FATHER
13. NAME: John David
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Margaret Erpenberg
16. BIRTHPLACE (city or town) (State or country): David Wis.

17. INFORMENT (Address): L. E. Gibbs, Twin Falls

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place: Salisbury, Mo. Date 12/26/1932

19. UNDERTAKER (Address): Johnson (Evans & Johnson) Twin Falls

20. FILED 12/24, 1932 Registrar. George C. Halley. M.D. act.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12/22/32

22. I HEREBY CERTIFY, That I attended deceased from 12-8—, 1932, to 12-22, 1932
I last saw her alive on 12-22, 1932 death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza (Respiratory)	12-6-32

Other contributory causes of importance:

Oedema Pulmonary	12-20-32
Dilatation Heart	12-19-32

Name of operation: No. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Duncan L. Alexander M. D.
(Address) Twin Falls, Idaho

RECEIV... 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81908

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 244
(No. 328 - 7th Ave N.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME William Woodbridge Tracy
(a) Residence. No. 328 - 7th Ave N St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Gertrude Tracy

6. DATE OF BIRTH (month, day, and year) May 6 1872

7. AGE: Years 60 Months 7 Days 17 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Associate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horticulturist
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lansing Mich

FATHER
13. NAME Wm Warner Tracy
14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER
15. MAIDEN NAME Mary Bartlett Woodbridge
16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMENT (Address) Mrs. Gertrude Tracy 328 - 7th Ave N.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Ida Date 12/26, 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Idaho

20. FILED 12/28, 1932 George O. Halley M.D. acc Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 22 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/18/32, 193..., to 12/22/32, 193...
I last saw ~~him~~ alive on 12/22/32, 193...: death is said to have occurred on the date stated above, at 1 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Influenza, acute, respiratory.	12/16/32
2. Oedema acute, lungs.	12/19/32

Other contributory causes of importance:
1. Dilatation of heart 4 plus.
2. Aneurysm, fusiform descending aorta.

Name of operation none Date of
What test confirmed diagnosis? blood chemistry x-rays Was there an autopsy? yes or chest.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Duncan L. Alexander, M. D.
(Address) Twin Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81909

Twin Falls
PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 70187
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Mary Hatfield

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Hatfield

6. DATE OF BIRTH (month, day and year) July 29/1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	4	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rushville, Ill.

PARENTS

10. NAME OF FATHER Wm. Rittenhouse
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penna.
12. MAIDEN NAME OF MOTHER Nancy Jane Kelly
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penna.

14. Informant Ch. A. Hatfield
(Address) Buhl, Ida.

15. Filed Dec. 19, 1933 J. N. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 16 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-24, 1932, to 11-16, 1932
that I last saw her alive on 11-15-, 1932
and that death occurred, on the date stated above, at 1 a.m.
The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilitation

(duration) yrs. mos. 22 ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) E. L. Barry, M. D.
12-19, 1932 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Buhl, Ida.	12/18/1932

20. Undertaker	Address
Evans & Johnson	Buhl, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81910

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 336

(No. Twin Falls Idaho R.F.D.)

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob R. Morgan

(a) Residence. No. Twin Falls Idaho R.F.D. St. 129

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie A. Morgan

6. DATE OF BIRTH (month, day, and year) Aug 30 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Lexington
(State or country) Ohio

FATHER

13. NAME J. R. Morgan

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Martha Hitchcock

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Ralph Morgan
(Address) Twin Falls Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Twin Falls Date 12/21, 193 2

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 12/24, 193 2 George C. Talley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19, 193 2

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 193 2, to Dec 19, 193 2

I last saw h alive on Dec 11, 193 2; death is said to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Other contributory causes of importance: Valvular Heart Disease	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. W. Wilson, M. D.

(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81911

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 237

(No. Twin Falls R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Hochhalter

(a) Residence. No. Twin Falls, R.F.D. St. 161a
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18Th. 1932

7. AGE Years Months 1 Days If LESS than 1 day, 14 hrs. or 3 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida

FATHER

13. NAME Rudolph Hochhalter

14. BIRTHPLACE (city or town) (State or country) No. Dak

MOTHER

15. MAIDEN NAME Bertha Stepper

16. BIRTHPLACE (city or town) (State or country) SO. Dak.

17. INFORMENT (Address) Rudolph Hochhalter, Twin Falls, Ida R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Dec. 21s 1932

19. UNDERTAKER (Address) S.C. Phillips Twin Falls, Ida.

20. FILED 12/21, 1932 George C. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18Th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1932, to Dec 18, 1932

I last saw her alive on Dec 18, 1932: death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity
(one of twins
and 8 mo gestation
weighing 4 #

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. N. Davis, M. D.

(Address) Kimberly Ida

RECEIVED JAN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81912

PLACE OF DEATH

County of Twin Falls

City of Twin Falls,

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 249

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Hochhalter

(a) Residence. No. Twin Falls, Ida. R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18Th, 1932

7. AGE -- Years -- Months 10 Days If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls Ida.
(State or country)

FATHER
13. NAME Rudalph Hochhalter
14. BIRTHPLACE (city or town) North Dak.
(State or country)

MOTHER
15. MAIDEN NAME Bertha Stepper,
16. BIRTHPLACE (city or town) South Dak.
(State or country)

17. INFORMENT Rudalph Hochhalter
(Address) Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Ida Date Dec. 30 1932

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida

20. FILED 12/30, 1932 George C. Halley M.D. Acts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 28Th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1932 to Dec 28, 1932

I last saw h— alive on Dec 28, 1932; death is said to have occurred on the date stated above, at 6PM m.

The principal cause of death and related causes of importance were as follows:

Premature 1 month one of twins and poorly developed for period of gestation

Date of onset

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J M Davis, M. D.

(Address) Kimberly, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81913

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 233

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Billy Ray Toothman

161a

(a) Residence. No. 519 J-5th Ave W.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 29-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME John D. Toothman

14. BIRTHPLACE (city or town) Montrose
(State or country) Colo.

MOTHER

15. MAIDEN NAME Eileen Crumpine

16. BIRTHPLACE (city or town) Galesburg
(State or country) Kansas

17. INFORMENT (Address) John D. Toothman

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date Dec 16 1932

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls, Ida

20. FILED 12/16, 1932 George C. Dailey Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1932 to Dec 15th, 1932
I last saw h[illegible] alive on Dec 14th, 1932; death is said to have occurred on the date stated above, at 12 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Lamb, M. D.
(Address) Twin Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1-150

RECEIVED JAN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81914

PLACE OF DEATH

County of Twin Falls Registration District No. .....

City of Twin Falls Primary Registration District No. ..... Local Registrar's No. 205

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.) No 1

2. FULL NAME Baby Boyd, Twins

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Males
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Dec 28/32

7. AGE: Years — Months — Days 1 If LESS than 1 day, ~~2~~ hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Idaho

PARENTS

10. NAME OF FATHER: Carl Boyd

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Neb

12. MAIDEN NAME OF MOTHER: Inez Sebring

13. BIRTHPLACE OF MOTHER (city or town) (State or County): S. D.

14. Informant (Address): Carl Boyd, Twin Falls

15. Filed 1/3 1933 George C. Halley M.D. Act. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. 29 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ① Dec 28th, 1932 to Dec 29, 1932 ~~② Dec 28, 1932 to Dec 29~~ that I last saw him alive on Dec 29, 1932 and that death occurred, on the date stated above, at ① 2 A m. ~~② 9 A~~

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
① Hypo Static Congestion Lungs Bilateral

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Immature Development (Lemo gestation) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Duncan L. Alexander M. D.

....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal: Twin Falls — Date of Burial: Dec 30 1932

20. Undertaker: F. E. Drake — Address: Twin Falls

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81915

PLACE OF DEATH

County of Twin Falls Registration District No. .....

City of Twin Falls Primary Registration District No. ..... Local Registrar's No. 254

(No. Monteith Maternity Home) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Boyd

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 28/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) ..... (State or country) Idaho

PARENTS

10. NAME OF FATHER Carl Boyd

11. BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Inez Debney

13. BIRTHPLACE OF MOTHER (city or town) ..... (State or Country) Idaho

14. Informant Carl L. Boyd
(Address) Twin Falls.

15. Filed Jan 3, 1933 Ida C. Hadley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 29 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Dec. 28, 1932, to Dec. 29/32, 19....
that I last saw him alive on Dec. 29, 1932
and that death occurred, on the date stated above, at 9 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hypo Static congestion of the lungs, bilateral.

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Immature development (6 months gestation)

.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? clinical.

(Signed) Duncan K. Stevens M. D.
....., 19.... (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Dec 30 1932
20. Undertaker	**Address**
J. E. Drake	Twin Falls

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81916

PLACE OF DEATH

County of Twin Falls Registration District No. .....

City of Twin Falls Primary Registration District No. ..... Local Registrar's No. 234

(No. Goode Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1615

2. FULL NAME Raymond Elsmore Holloway

(a) Residence. No. Twin Falls St. unnamed

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 12 32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	—	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER R. R. Holloway

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill.

12. MAIDEN NAME OF MOTHER Gertrude Berlin

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iowa

14. Informant R. R. Holloway (Address) Twin Falls

15. Filed 12/21 1932 George C. Dalley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 17 (Month) (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1932 to Dec. 17 1932 that I last saw him alive on Dec. 16 1932 and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

.....(duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Instrumental delivery

.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. D. Weaver M. D.

12/20, 1932 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Dec 19 1932

20. Undertaker F. E. Drake Address Twin Falls

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81917

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. ____
Primary Registration District No. ____ Local Registrar's No. 251
(No. Hospital, Co. Genl)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Patrick

(a) Residence. No. 421 Second West St. Twin Falls
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 10 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 8 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	87	1	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ____
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer ____

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER Patrick

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant E. L. Patrick
(Address) Twin Falls

15. Filed 1/3, 1933 George C. Dalley Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 29th, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1932, to Dec 29th, 1932
that I last saw him alive on Dec 29th, 1932
and that death occurred, on the date stated above, at 11:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia Lobular R Lung.

(duration) ____ yrs. ____ mos. 12 ds.
CONTRIBUTORY (Secondary) Infection Acute Skin Lymphatics Both Legs —
(duration) ____ yrs. ____ mos. 12 ds.

18. Where was disease contracted if not at place of death? 428 2nd Ave. West
Did an operation precede death? None Date of ____
Was there an autopsy? No.
What test confirmed diagnosis? Laboratory
(Signed) Duncan L Alexander M. D.
____, 19____ (Address) ____

19. Place of Burial, Cremation, or Removal: Twin Falls — Date of Burial: Dec 31 1932

20. Undertaker: F. J. Drake — Address: Twin Falls

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 81919

Local Registrar's No. 225

(No. 173 Adams Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel M. Barrickman

1012

(a) Residence. No. 173 Adams Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs May Barrickman

6. DATE OF BIRTH (month, day, and year) Feb 9Th 1882

7. AGE					
50 Years	9 Months	22 Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Eli Barrickman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Nancy Beckman

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) H.B. Barrickman Rexberg, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Filer Cemetery Date Dec. 2, 1932

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED 12/2, 1932 George C. Talley Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 1St 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932, to Dec 1, 1932.

I last saw him alive on Nov 30, 1932; death is said to have occurred on the date stated above, at 1245AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify? .....

(Signed) J. E. Langenwalter, M. D.

(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81920

County of Twin Falls
City of Twin Falls
Registration District No. 27
Primary Registration District No. 2085
Local Registrar's No. 252

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James M. Shaw

(a) Residence. No. Tourist Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ widowed

6. DATE OF BIRTH (month, day, and year) Dec 17-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Service Station
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mars Hill
(State or country) Maine

FATHER
13. NAME Weyman Shaw
14. BIRTHPLACE (city or town) Mars Hill
(State or country) Maine

MOTHER
15. MAIDEN NAME Betsy McClintock
16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMENT Ray W. Shaw
(Address) Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date 1-4, 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 1/4, 1933 George C. Talley
Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932, to Dec. 31, 1932

I last saw him alive on Dec 31, 1932; death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonic Condition	

Other contributory causes of importance:
Trauma -
Broken bone in leg -
Internal Injuries to chest & head -

Name of operation None Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Date of injury 12/29, 1932

Where did injury occur? Twin Falls Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Streets of Twin Falls -

Manner of injury Ran into by Automobile

Nature of injury Internal & Chest & head & broken leg

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No duty.

M D (Signed) John A Morgan M. D.

(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81921

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 250

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

7 1/2

2. FULL NAME Mary McCormick

(a) Residence. No. 512 S. Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Thomas McCormick

6. DATE OF BIRTH (month, day, and year): Jan 17 - 1859

7. AGE: Years 73 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Belmont Co Ohio

FATHER
13. NAME: John Miller
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Elizabeth Kidd
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Chas E. McCormel Twin Falls

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place: Hopkins, Mo. Date: Dec 31, 1932

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Ida

20. FILED 12/30, 1932 George C. Halley MD Acts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 29 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to Dec 29, 1932
I last saw her alive on Dec 28, 1932; death is said to have occurred on the date stated above, at 9 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and Chronic myocarditis	June 25-1932

Other contributory causes of importance:

Name of operation: none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Hw Cloudek, M. D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81922

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 226

(No. 137 - Lincoln St)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willis J. Young

(a) Residence. No. 137 - Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Laura Young

6. DATE OF BIRTH (month, day, and year) Mar 21 1858

7. AGE Years 74 Months 8 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kendoville Ind

FATHER

13. NAME S. H. Young

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Laura Bassford

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMENT (Address) Earl S. Young Boise Ida

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Schram, Neb. Date 12-5-1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Ida

20. FILED 12/5, 1932 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1932, to 12-3, 1932

I last saw him alive on 12-3, 1932; death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial sclerosis (Several yrs standing)	
Cerebral hemorrhage	
P.M. 12-2-32	

Other contributory causes of importance:

Arterial sclerosis.

Eye.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) C. A. Emes M. D.

(Address) Twin Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81923

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 228
(No. 245 - 7th Ave E)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lela M. Spafford

(a) Residence. No. 245 - 7th Ave E St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of R. R. Spafford

6. DATE OF BIRTH (month, day, and year) Apr. 17 - 1879

7. AGE Years 53 Months 7 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morrison Ill

FATHER
13. NAME Fred J. Benzeville
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Maria T. Evans
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) R. R. Spafford 245 - 7th Ave E

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Morrison, Ill Date 12-6, 1932

19. UNDERTAKER (Address) White Mortuary Twin Falls, Idaho

20. FILED 12/5, 1932 George C. Holley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932, to Dec 4, 1932
I last saw her alive on Dec. 4, 1932; death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy with paralysis — Hemorrhage base brain	

Other contributory causes of importance:

Hypertension

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓ ~~home~~
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) Dr John C Morgan, M. D.
(Address) Twin Falls, Idaho
MD 12/4/32

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Clausbach

DO NOT WRITE IN THIS SPACE
State File No. 81924

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No.
Primary Registration District No.
Local Registrar's No. 240
(No. 835 Main So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jana Keim

(a) Residence. No. 835 Main So St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 31 / 1859

7. AGE Years 73 Months 8 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10. NAME OF FATHER N. Keim
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) J. Keim 835 Main E Twin Falls

15. Filed 12/22 1932 George C. Hally MD acc Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 20 (Month) (Day) 4 P.m. 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932, to Dec 20, 1932, that I last saw him alive on Dec 20 1932 and that death occurred, on the date stated above, at 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic valvular heart disease aortic and mitral insufficiency.
number of years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? Clinical
(Signed) H. W. Clausbach M. D.
Dec 20, 1932 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal Marion Ida
Date of Burial Dec 22 1932

20. Undertaker F E Drake
Address Twin Falls

RECEIVED ... 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81925

PLACE OF DEATH

County of Twin Falls

City of Kimberly Ida.

Registration District No. 37

Primary Registration District No. 2081 Local Registrar's No. 247

(No. Kimberly Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

69

2. FULL NAME Mary A. Tate,

(a) Residence. No. Kimbelry, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married,

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of E.M. Tate,

6. DATE OF BIRTH (month, day, and year) June 7 Th 1863

7. AGE 69 Years 6 Months 20 Days If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER
13. NAME J.F. Williams.
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Mary Lockhart
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) I.E. Tate, Kimberly, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Dec. 31, 1932

19. UNDERTAKER (Address) S. C. Phillips Twin Falls, Ida.

20. FILED 12/31, 1932 George C. Halley M.D. acs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1930, to Dec 28, 1932
I last saw her alive on Dec 2, 1932 death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular disease	?
first Symptom	Dec. 1929

Other contributory causes of importance:
Chronic Dental infection many years

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Davis, M. D.
(Address) Kimberly

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED IN 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81926

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 227
(No. 303 - 4th Ave W.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Parrott

(a) Residence. No. 303 - 4th ave W St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced (HUSBAND of) (or) WIFE of: Frank Parrott

6. DATE OF BIRTH (month, day, and year): April 24-1860

7. AGE: Years 72 | Months 7 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fulton County Ill.

FATHER
13. NAME: Joshua Banks
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Caroline Johnson
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Frank Parrott

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Twin Falls Date 12 - 4, 1932

19. UNDERTAKER: White Mortuary Inc
(Address) Twin Falls Ida

20. FILED 12/3, 1932 George C. Talley acd Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 st, 1932, to Dec 2nd, 1932
I last saw her alive on Dec 1, 1932; death is said to have occurred on the date stated above, at 5-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1915
Last Acute Attack	May 1932
Other contributory causes of importance: Pericarditis Chronic	Jany 1932
Dilation Heart Acute	1 day Dec 2-1932

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Duncan C. Alexander M. D.
(Address) Twin Falls Ida
111 Shoshone St. N.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81927

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 229

(No. R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Neila Munson 43

(a) Residence. No. R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Peter Munson

6. DATE OF BIRTH (month, day, and year) Aug 20-1837

7. AGE Years 95 Months 3 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fostorp Sweden

FATHER

13. NAME — Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Dant Knaw

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Otto Johnson Twin Falls

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~ Place Twin Falls Date 11/6, 1932

19. UNDERTAKER (Address) Evans & Johnson Twin Falls — L. J. Johnson

20. FILED 12/5, 1932 George C. Halley M.D. act Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Dec. 4, 1932

I last saw h.....alive on Dec. 4, 1932: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Visited only ~~Called~~ at time of death.

Had cancer of innerside of right cheek —

Other contributory causes of importance:

Cancer

Date of onset

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no —

(Signed) Dr John R Morgan, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED Jan 9

PLACE OF DEATH

County of Twin Falls,

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81928

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 2422

(No. 719 --3Rd ave. East)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Sarah E. Gettys

(a) Residence. No. 719-3Rd. Ave. North St.

(Usual place of abode)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9-1840

7. AGE					
92	Years	8	Months	2	Days

If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) ,,

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) ,,,

17. INFORMENT (Address) F.R. Gettys 644-2Nd Wset City

18. BURIAL, CREMATION, OR REMOVAL Place Morril Kans Date dec. 26, 1932

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Ida.

20. FILED 12/22, 1932 George C. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Dec 21, 1932

I last saw h[illegible] alive on Dec 20, 1932 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines	about 1 year
Other contributory causes of importance:	

Name of operation none Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H.C. Crockett M. D.

(Address) Twin Falls, Idaho

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81929

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 248

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. H. Wakley Died at Buhl (County Hospital)

(a) Residence. No. St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 17

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10. NAME OF FATHER Wakley

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Mary Wakley
(Address) Buhl

15. Filed 1/3 1933 George C. Bailey M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 28 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1932 to Dec. 28 1932
that I last saw him alive on Dec. 28 1932
and that death occurred, on the date stated above, at 9:15 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pernicious anaemia

(duration) (2) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. D. Weaver M. D.
12/30 1932 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal	Date of Burial
Filer	Dec 30 1932

20. Undertaker F E Drake Address Twin Falls

Exact statement of OCCUPATION is very important. See instructions on back.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81930

PLACE OF DEATH

County of Twin Falls

City of ~~Twin Falls~~ Kimberly

Registration District No. 37

Primary Registration District No. 2081 Local Registrar's No. 246

(No. Kimberly Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pete Plessas

(a) Residence. No. Kimberly Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If ~~married,~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 44 Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. F. E. Wilson Kimberly Ida.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Butte Mont Date Dec 28 1932

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Ida.

20. FILED 12/28, 1932 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932, to Dec. 27, 1932

I last saw him alive on Dec. 22, 1932; death is said to have occurred on the date stated above, at 12 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	(2)
Chronic nephritis	(2)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls

RECEIVED JAN 4 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81931

County of Washington

City of Midvale

Registration District No. 88

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William C. Wiggins

(a) Residence. No. Midvale Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 15-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME William Wiggins

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Nancy Mosley

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) E. W. Wiggins Midvale Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Midvale Idaho Date 12-14-1932

19. UNDERTAKER (Address) L. C. Hartman Weiser Idaho

20. FILED 1-2-33 193.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 12 - 1932

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1932, to Dec. 12-, 1932

I last saw him alive on 12-11-32, 193.. : death is said to have occurred on the date stated above, at 6:A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis Regurgitation	?

Other contributory causes of importance: Hardening of arteries

Pulmonary Edema.

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. W. Hyman M. D.

(Address) Cambridge, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81932

PLACE OF DEATH
County of Washington
City of Midvale

Registration District No. 88
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Noah Vicent Newman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widdower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
82	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murser Co Mo

FATHER
13. NAME Russel Newman
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Delilla Evens
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) B V Newman Midvale Ida

18. BURIAL, CREMATION, OR REMOVAL Place Midvale Date Dec 2, 1932

19. UNDERTAKER (Address) J A Hudelson Cambridge Ida

20. FILED 1-2-33, 193 DR. R. T. WHITEMAN CAMBRIDGE, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20-32, 193..., to 12-20-32, 193...
I last saw him alive on 12-13-32, 193...: death is said to have occurred on the date stated above, at ? m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:
Liver Metastases.

Name of operation None Date of None
What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) R T Whiteman, M. D.
(Address) Cambridge Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81933
State File No.

PLACE OF DEATH
County of Washington.
City or Cambridge.

Registration District No. 88
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Loe Gillette.

(a) Residence. No. Cambridge - Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Chas. M. Gillette

6. DATE OF BIRTH (month, day, and year) Oct. 10-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Cloud Minnesota

FATHER

13. NAME Ezra Conway

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMENT (Address) Margaret Gillette Cambridge Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Burley Ida. Date Jan 3, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser, Ida.

20. FILED 1-31-, 1933 E. T. WHITEMAN Registrar. CAMBRIDGE, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-29-1932.

22. I HEREBY CERTIFY, That I attended deceased from 12-25-32, 193, to 12-29-32, 193.

I last saw her alive on 12-29-32, 193: death is said to have occurred on the date stated above, 9 A.M. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Acute Cardiac Dilatation	12-29-32

Other contributory causes of importance:

Influenza.	
Bronchitis.	

Name of operation None Date of None

What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) W. H. Hickman M. D.

(Address) Cambridge - Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REC 2 JAN 7 1933

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81934

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary W. McDowell 29 or 30

(a) Residence. No. Park st St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7

4. COLOR OR RACE Wht

5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of W. S. McDowell

6. DATE OF BIRTH (month, day, and year)

7. AGE Years about 75 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs George Montgomery Pocatello. Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date 1-4-, 1933

19. UNDERTAKER (Address) L. L. Northam Weiser. Idaho

20. FILED Jan 6, 1933 W. R. Hamilton C.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-30- 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-12-, 1932, to 12-30-, 1932

I last saw her alive on 12-29, 1932: death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Herpes Zoster	12-10-32

Other contributory causes of importance:

Senility.

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fakhmeyer, M.D.

(Address) Weiser Idaho

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81936

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 28
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Solomon W Taylor

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	Wht	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 14 - 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	2	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Stockman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Franklin Co
(State or country) Illinois

PARENTS

10. NAME OF FATHER Chester G Taylor
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois
12. MAIDEN NAME OF MOTHER Cincinnatti Cooley
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Illinois

14. Informant Chester G. Taylor
(Address) Weiser, Idaho

15. Filed Jan 6, 1933 A. R. Hamilton Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 26 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Dec 26, 1932
that I last saw h[illegible] alive on Dec 26, 1932
and that death occurred, on the date stated above, at 2 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY "Flu"
(Secondary)
(duration) yrs. mos. 2 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [illegible], M. D.
Dec 26 1932 (Address) Weiser

19. Place of Burial, Cremation, or Removal: Galloway Cemetery — Date of Burial: 12-28-1932
20. Undertaker: L. B. Northam — Address: Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

GAN 20 1955

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Carrson

DO NOT WRITE IN THIS SPACE

State File No. 8/81940

Registration District No. 9 6

Primary Registration District No. 1009

Local Registrar's No.

(No. 1437 Idaho Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leah Bessie Bellmore.

131

(a) Residence. No. 1437 Idaho Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of P. H. Bellmore.

6. DATE OF BIRTH (month, day, and year) Jan. 27th, 1888.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44.	10.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kings Mountain. North Carolina.

FATHER

13. NAME L. V. Warlick.

14. BIRTHPLACE (city or town) (State or country) Alabama.

MOTHER

15. MAIDEN NAME Lanie Smith.

16. BIRTHPLACE (city or town) (State or country) Kings Mountain. North Carolina.

17. INFORMENT (Address) P. H. Bellmore. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Dec. 13th, 1932.

19. UNDERTAKER (Address) Brower-Vann Company, Lewiston, Idaho.

20. FILED 12/15, 1932 J. M. Lyle Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 4th, 1932, to Dec 10th, 1932

I last saw h[illegible] alive on Dec 10th, 1932; death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	

Other contributory causes of importance:

Chr Parenchymatous Nephritis	

Name of operation [illegible] Date of

What test confirmed diagnosis? Labora[illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible], 193

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. L. Carrson, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81953

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 5

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Stephen Lee Mueller.

(a) Residence. No. 2 Miles South West of Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 21. 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Carl. R. Mueller.

14. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

MOTHER

15. MAIDEN NAME Lois May Barker.

16. BIRTHPLACE (city or town) (State or country) Grand Junction. Colorado.

17. INFORMENT (Address) Carl. R. Mueller. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Dec. 22. 1932

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 1-4, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1932, to Dec 20, 1932

I last saw h[im] alive on Dec 19, 1932: death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hemorrhage	11-30-32
Traumatic pneumonia	
Hemoplegia	
Multiple fractures	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 30 1932
Where did injury occur? Boise Ada Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury Ran over by auto
Nature of injury Body badly crushed.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. Bench, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81954

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 2

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Mc Intosh

(a) Residence. No. St. Alphonsus Hospital Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80+			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St Johns Cemetery Date 12-24 193 2

19. UNDERTAKER McCann
(Address) Boise Ida

20. FILED 1-3 193 3 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to Dec-19, 1932

I last saw him alive on Dec. 19, 1932; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	1917

Other contributory causes of importance:

Name of operation Castration Date of 11/26/27
What test confirmed diagnosis? Ulcerated Bladder Was there an autopsy? 4/27/29

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81967

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 3
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Daniel Cotter

(a) Residence. No. St. Valley View District
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1857

7. AGE Years 75 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) Island

MOTHER
15. MAIDEN NAME Miss Curnan
16. BIRTHPLACE (city or town) (State or country) Island

17. INFORMENT (Address) John G. Turner Boise

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Cem Date 12-27, 1932

19. UNDERTAKER (Address) Schreiber McCann Boise Ida

20. FILED 1-3, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to Dec 24, 1932
I last saw him alive on Dec 24, 1932: death is said to have occurred on the date stated above, at 10.55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and Myocarditis	?

Other contributory causes of importance: Left Femoral Thrombosis Dec 23 1932

Name of operation No Date of
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. N. Braxton, M. D.
(Address) Boise Idaho

Braxton

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81971

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Nancy Eulyne Garrett

(a) Residence. No. 30th and Stewart Ave
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thos H Garrett

6. DATE OF BIRTH (month, day, and year) Sept 18 - 1856

7. AGE: Years 76 | Months 3 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Knoxville Tenn
(State or country)

FATHER
13. NAME H Halsell
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Nancy Willicks
16. BIRTHPLACE (city or town) Knoxville Tenn
(State or country)

17. INFORMENT (Address) C. B. Garrett Boise Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Star Date 1-2, 1933

19. UNDERTAKER (Address) Schuber + McCann Boise Idaho

20. FILED 1-4, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/29/, 1932, to 12-30, 1932
I last saw her alive on 12/30, 1932 death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/27/32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) W. B. Evans Lamb, M. D.
(Address) 405 Adams Bldg
Boise Ida.

RECEIVED JAN 16 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81981

PLACE OF DEATH

County of Ada

City of Boise — Registration District No. 2-3

Primary Registration District No. ~~2005~~ Local Registrar's No. E 23

(No. 200 Broad 1004)

(If death occurred in a hospital or institution, give its name instead of street and number.)

74A

2. FULL NAME Elmer E. Ruddock

(a) Residence. No. R.D. St. Heston, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East Pharsalia Chenango co. N.Y.

FATHER

13. NAME Rev. Edward Ruddock

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Mariah Biddlebaugh

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) H. M. Ruddock Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Dec. 30, 1932

19. UNDERTAKER (Address) C. V. Bostwick Caldwell Ida

20. FILED 1-9, 1933 ~~John E. Mayo~~ Registrar
1-17 1933 W H Rhodes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20th, 1932; to Dec. 28th, 1932

I last saw her alive on Dec. 20th, 1932; death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, Frontal	
and Temporo Basal	
Had had Appendectomy 9/3	
Practice at Boise, Idaho	
Other contributory causes of importance:	
Asthma - Chronic with	
Hypertension for	
about 4 years	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. M. Taylor, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

nov. 13

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81990

PLACE OF DEATH

County of Bannock Registration District No. 83

City of Downey Primary Registration District No. 2160 Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Sanders

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) nov.-13 - 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	1	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Garfield Idaho

PARENTS

10. NAME OF FATHER Chris Sanders

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark

12. MAIDEN NAME OF MOTHER Freaney Lowe

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Pittsburg Ohio

14. Informant (Address)

15. Filed Feb 8, 1933 Mary C. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 14 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12 - 5 - 1932, to 12 - 14 - 1932

that I last saw her alive on 12 - 14 - 1932

and that death occurred, on the date stated above, at 7.30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis?

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. J. Hartigsen, M. D.

, 19 (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial
Grant Idaho	Dec. 17 1932
20. Undertaker none	Address

N. B.—Every item of information should be carefully [illegible] IGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82003

PLACE OF DEATH
County of Montpelier Bear Lake
City of Montpelier

CERTIFICATE OF DEATH
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Armetta W. Dalton
(a) Residence. No. Montpelier Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of F H Dalton

6. DATE OF BIRTH (month, day and year) Dec 10 - 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	10	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) New York

PARENTS
10. NAME OF FATHER Isaac Nelson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Hila Daly
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant (Address) Mrs Hila Brookshire MONTPELIER, IDAHO

15. Filed 12/31/ 1934 H H King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 6 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-1, 1932, to Nov 6, 1932
that I last saw her alive on Nov 6, 1932
and that death occurred, on the date stated above, at 6:45A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cancer

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) age
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) [signature], M. D.
Nov 7 - 1932 (Address) MONTPELIER, IDAHO

19. Place of Burial, Cremation, or Removal MONTPELIER, IDAHO
Date of Burial Nov 9 1932

20. Undertaker [signature]
Address MONTPELIER, IDAHO

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82004

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 A

2. **FULL NAME** John L. Stewart

(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 3 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	8	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ry. Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) (retired)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER Robert Stewart
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Mary Ann Drake
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New Jersey

14. Informant Mrs. W. E. Chapman
(Address) MONTPELIER, IDAHO

15. Filed 12/31/, 1932 N. M. Kemp Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 6 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 1925, to Nov 6 1932
that I last saw h..... alive on Nov 6 1932
and that death occurred, on the date stated above, at 11:45 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) C. P. Galshaw M. D.
Nov 7, 1932 (Address)

19. Place of Burial, Cremation, or Removal Montpelier Idaho — Date of Burial Nov 8 1932

20. Undertaker J. M. Blain — Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JAN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82005

PLACE OF DEATH
County of Bear Lake
City of MONTPELIER, IDAHO

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harrett Emma Frye 117
(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Frye

6. DATE OF BIRTH (month, day and year) Sept 28- 1860

7. AGE 72 Years | Months 1 | Days 17 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS
10. NAME OF FATHER Robert Stewart
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland.
12. MAIDEN NAME OF MOTHER Mary Ann Drake
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New Jersey

14. Informant (Address) Mrs W. E. Christman MONTPELIER, IDAHO

15. Filed Dec 31, 1932 N N Ring Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1932 to Nov 14, 1932
that I last saw her alive on Nov 14, 1932
and that death occurred, on the date stated above, at 2 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Appendicitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Nov 9
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) G. P. Galbraith M. D.
Nov 15, 1932 (Address) Montpelier

19. Place of Burial, Cremation, or Removal MONTPELIER, IDAHO | Date of Burial Nov 17 1932

20. Undertaker [illegible] | Address MONTPELIER, IDA

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82007

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME William H. Bird
(a) Residence. No. Dingle Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 22 1847.

7. AGE Years 85 Months 4 Days 9. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER John Bird
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Not known.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Richard Bird Dingle Idaho

15. Filed Dec 31, 1932 N. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 1 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——, 1932 to ——, 19..
that I last saw h—— alive on ——, 19..
and that death occurred, on the date stated above, at 9:10 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Died without medical attendance. Death due to natural causes from complication due to Old age (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. M. Williams County Coroner
Dec 2, 1932 (Address) Montpelier Idaho

19. Place of Burial, Cremation, or Removal Dingle Idaho
Date of Burial Dec 3 1932

20. Undertaker J. M. Williams
Address Montpelier Idaho

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82009

PLACE OF DEATH

County of Bear Lake
City of Montpelier

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie B. Snyder
(a) Residence. No. Caldwell, Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

740

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J Snyder

6. DATE OF BIRTH (month, day and year) June 19, 1851

7. AGE Years 71 Months 6 Days 12 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Illinois

PARENTS
10. NAME OF FATHER (?) Bale
11. BIRTHPLACE OF FATHER (city or town) (State or Country) U. S.
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) U. S.

14. Informant (Address) Mrs B. V. Littlefield Montpelier, Idaho

15. Filed 12/31/, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 31st, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932, to Dec 31st, 1932
that I last saw her alive on Dec 31st, 1932
and that death occurred, on the date stated above, at 7 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) [signature], M. D.
Dec 31, 1932 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Caldwell, Idaho
Date of Burial Jan 3 1933

20. Undertaker [signature]
Address Montpelier Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82010

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Beatrice L. Lowe
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April-20-1891

7. AGE Years 41 Months 8 Days 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

PARENTS
10. NAME OF FATHER Robt Gardiner
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Margaret Stewart
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland

14. Informant (Address) Morris Lowe Montpelier Idaho

15. Filed 12/31/1932 N. N. King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 24 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-21 1932 to 12-24 1932
that I last saw her alive on 12-24 1932
and that death occurred, on the date stated above, at 10.00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Unassessed

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza and strep to do cus Injection
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Leo F. Lichty, M. D.
Dec 26, 1932 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Paris Idaho
Date of Burial Dec 28 1932

20. Undertaker [illegible] Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 18 1933

DO NOT WRITE IN THIS SPACE
State File No. 82011

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bear Lake
City of Georgetown
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Kathryn E. Rasmussen
(a) Residence. No. Georgetown Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 11 - 1846

7. AGE 86 Years | Months 6 | Days 28 | If LESS than 1 day, hrs, or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark

PARENTS
10. NAME OF FATHER Hans Markeson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant (Address) James Rasmussen Montpelier Idaho

15. Filed 12/31/1932 N. N. King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 9 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Dec, 1932
that I last saw her alive on Nov 28, 1932
and that death occurred, on the date stated above, at 3 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Old Age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Russell Trout M. D.
Dec 10, 1932 by Martha (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal Georgetown Idaho | Date of Burial Dec 11 1932

20. Undertaker J. H. Williams | Address Montpelier, Idaho

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82012

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 5
Primary Registration District No. 2136
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clobell Hayward

117

(a) Residence. No. Randolph Utah St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 3 1921

7. AGE Years 7 Months 10 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At School.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Cumberland
(State or country) Wyo.

PARENTS

10. NAME OF FATHER Lew Hayward.
11. BIRTHPLACE OF FATHER (city or town) Iowa.
(State or Country)
12. MAIDEN NAME OF MOTHER Angeline Seeley
13. BIRTHPLACE OF MOTHER (city or town) Castle Dale
(State or County) Utah

14. Informant (Address) Lew Hayward Randolph Utah

15. Filed Dec 31, 1932 N H Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 7 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-6, 1932, to 12-7, 1932
that I last saw her alive on 12-7, 1932
and that death occurred, on the date stated above, at 6:40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pus Appendicitis
weakened heart

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Operations
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of 12-6-32
Was there an autopsy? No
What test confirmed diagnosis? Probes
(Signed) [signature], M. D.
Dec 7, 1932 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Randolph Utah — Date of Burial Dec 9 1932

20. Undertaker [signature] — Address Montpelier Idaho

RECEIVED FEB 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82015

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 28

(No. St Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

43

2. FULL NAME William Elens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 2 or 4 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tinsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Windsor Nova Scotia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) O.E. Hailey St. Maries

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Maries Date Dec. 1, 1932

19. UNDERTAKER (Address) Geo. E. Mitchell St. Maries. Ida.

20. FILED Dec 10, 1932 Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1930, to Nov 28, 1932

I last saw him alive on Nov 27, 1932; death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left Maxillary region	Winter 31
Other contributory causes of importance: Leukoplakia buccalis	Many years
Coronary sclerosis	2 years

Name of operation None Date of

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Robuns, M.D.
(Address) St. Maries. Ida

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82019

PLACE OF DEATH
County of Bannock
City of Plummer Ida.
Registration District No. 46.
Primary Registration District No. 2123.
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Bertholf

(a) Residence. No. Plummer R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Dorr Bertholf

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 34 | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) So Dakota

FATHER
13. NAME Wm Zurcher
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Dave Bertholf Plummer Ida R.F.D.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Plummer Ida Date Dec 31 1932

19. UNDERTAKER (Address) D. G. Jaeger Blanford, Wn

20. FILED Jan 12, 1933 Fred A. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1932, to Nov 20th, 1932.
I last saw her alive on Nov 20th, 1932; death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Nov 1931
Other contributory causes of importance: Infection following confinement	Oct 12th 32

Name of operation Physical Symptoms Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Sanitary Surrounding Bad.
(Signed) J. J. Herrington, M. D.
(Address) Woolley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

PLACE OF DEATH

County of Blaine

City of Carey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82041

Registration District No. 57

Primary Registration District No. 2025 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline - Eldredge 149

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 5 - 1932

7. AGE Years Months Days If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carey Ida.

FATHER

13. NAME Kenneth Eldredge

14. BIRTHPLACE (city or town) (State or country) Carey Ida.

MOTHER

15. MAIDEN NAME Zella Baldwin

16. BIRTHPLACE (city or town) (State or country) Pueblo Ida

17. INFORMENT (Address) Kenneth Eldredge - Carey, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Pueblo Date Nov 6, 1932

19. UNDERTAKER (Address) L J Harris Hailey Ida.

20. FILED 1 - 6, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 - 5 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Had no Doctor

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Robert H. Wright, M.D.

(Address) Coroner Blaine County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1933

PLACE OF DEATH
County of Bonneville
City of Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82076

Registration District No. 73
Primary Registration District No. 2116
Local Registrar's No. 7

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Cunningham 11a

(a) Residence. No. Sandstone apts - 11 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 83 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice Cunningham

6. DATE OF BIRTH (month, day, and year) Dec 15 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	no	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. P. R. Emp. X.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.

10. Date deceased last worked at this occupation (month and year) Retired 10 years.

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Thomas Cunningham

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McNulty.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Mrs Jessie Ernst. Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL. Place Idaho Falls Ida. Date 1/7, 1933

19. UNDERTAKER V. F. McHale (Address) Idaho Falls Ida

20. FILED 1/4, 1933 W. Summers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1933, to Jan. 3, 1933

I last saw him alive on Jan. 3, 1933.: death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Pneumonia (Bronchial)	Dec. 1, 1933

Other contributory causes of importance:

Senility	
Myocarditis.	uncertain

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193.

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Mary L. Willson, M. D.

(Address) Idaho Falls, Ida.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82077

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-D
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Jeannie Musgrave Bybee.
(a) Residence. No. 151-4th. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None
6. DATE OF BIRTH (month, day, and year): Nov 5 1931
7. AGE: Years 1, Months 1, Days 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho.

FATHER
13. NAME: Arden Bybee
14. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

MOTHER
15. MAIDEN NAME: Ruby May Musgrave
16. BIRTHPLACE (city or town) (State or country): Menan Idaho

17. INFORMENT (Address): Arden Bybee Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Ida. 12/20 1932
19. UNDERTAKER (Address): V. F. McHan Idaho Falls Idaho
20. FILED 1/4, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 18 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1931, to Nov. 8, 1932
I last saw him alive on Nov. 8, 1932; death is said to have occurred on the date stated above, at 810 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant (6½ mos)	
Never normal from birth	

Other contributory causes of importance:
Gastro-enteritis

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. L. Willson, M. D.
(Address) Idaho Falls Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82078

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 4 0 Local Registrar's No. 5
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Barbara Niederkorn
(a) Residence. No. 178 - 9th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Niederkorn
6. DATE OF BIRTH (month, day, and year) June 5 1862
7. AGE Years 70 Months 6 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME William Faber
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna M Gietzen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Bud Frew Idaho Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 1/3, 1933
19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida
20. FILED 1/4, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1931, to Dec 31, 1932
I last saw her alive on Dec 10, 1932: death is said to have occurred on the date stated above, at 255 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1926

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
State File No. 82084

Local Registrar's No. 183

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Dempsey Hamilton

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hamilton

6. DATE OF BIRTH (month, day, and year) May 2, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Building

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Grant County Wisconsin

FATHER

13. NAME Robert Hamilton

14. BIRTHPLACE (city or town) (State or country) Springfield Missouri

MOTHER

15. MAIDEN NAME Lucy Guthrie

16. BIRTHPLACE (city or town) (State or country) Springfield Missouri

17. INFORMENT (Address) Mrs. Emma Hamilton Bonners Ferry, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Ida. Nov. 21 1932

19. UNDERTAKER H. R. Crouch, (Address) Bonners Ferry, Idaho.

20. FILED Nov. 20, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death	
Gunshot wound of head	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/19, 1932

Where did injury occur? Moyie Springs Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Gunshot wound while hunting

Nature of injury Compound Comminuted Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) R. M. Bonner Coroner M. D.

(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82085

Registration District No. 79

Primary Registration District No. 2154 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Thomas Nicholson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 27 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Butcher 25 years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service Station Operator 6 years

10. Date deceased last worked at this occupation (month and year) Mar. 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tockwith England

FATHER

13. NAME Robert Nicholson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Frank Linhart Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Dec 1, 1932

19. UNDERTAKER (Address) H. W. Couch Bonners Ferry, Ida

20. FILED Nov. 29, 1932 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1930, to Nov. 28, 1932.

I last saw him alive on Nov. 28, 1932: death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov. 28-1932

Other contributory causes of importance:

Arteriosclerosis
Hypertension.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. E. Fry, M.D.

(Address) Bonners Ferry, Ida.

RECEIVED FEB 3 1933

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82086

Registration District No. 79
Primary Registration District No. 5156 Local Registrar's No.

(No. 125)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Julie Hewitt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: W. J. Hewitt.

6. DATE OF BIRTH (month, day, and year): Oct 6-1883

7. AGE: Years 49 | Months | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Oct. 20-32

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Black River Falls Wis.

FATHER

13. NAME: Stevenson

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Frank Hewitt Bonners Ferry, Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Bonners Ferry, Ida Date Oct 24, 1932

19. UNDERTAKER (Address): Bonners Ferry, Ida

20. FILED Oct. 25, 1932. S. E. Tom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21-, 1932, to Oct. 24-, 1932.

I last saw h[illegible] alive on Oct. 23, 1932; death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of the Ovaries	Oct. 21 1932

Other contributory causes of importance:

Name of operation Laparotomy Date of Oct. 23-1932

What test confirmed diagnosis? A Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) S. E. Tom, M. D.

(Address) Bonners Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 3 1933

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82087

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1184

2. FULL NAME Fred Papineau

(a) Residence. No. St. Troy Montana
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) ~~Oct 25 1932~~ 1870

7. AGE Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Hall

10. Date deceased last worked at this occupation (month and year) Oct 12-32

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Chitlon Wisconsin

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pat Keenan Troy mont.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Troy Cem. Date Oct 29, 1932

19. UNDERTAKER (Address) Mrs. Lura Hell Gompf Libby mont.

20. FILED Oct. 26, 1932. S E Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1932, to Oct 25, 1932

I last saw him alive on Oct 25, 1932: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal	about
Obstruction	Oct 18 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R M Bowell M. D.

(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 8 1933

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82088

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No. 11b

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anson H. Orr

(a) Residence. No. St. Naples, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Amanda M. Orr

6. DATE OF BIRTH (month, day, and year): Nov. 7-1880

7. AGE: Years 51 Months 11 Days 33 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Woodsworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Logging

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Robert Orr.

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Mary McKinley

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMENT (Address): Mrs. Amanda Orr Naples Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Bonners Ferry Idaho Date: Nov. 1, 1932

19. UNDERTAKER (Address): H. R. Crough Bonners Ferry Idaho

20. FILED: Oct. 31, 1932. S. E. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1932 to Oct. 30, 1932

I last saw him alive on Oct. 30, 1932: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Oct. 17-1932
Appendicial Abscess	Oct. 28-1932

Other contributory causes of importance:

Name of operation: Appendectomy Date of: Oct. 29-32

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) S. E. Kay, M. D.

(Address) Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82089

PLACE OF DEATH

County of Boundary
City of Bonners Ferry
Registration District No. 29
Primary Registration District No. 2956
Local Registrar's No.
(No.) 127
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME B. Nels. Peterson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anna Peterson.

6. DATE OF BIRTH (month, day, and year): June 7-1857

7. AGE: Years 71 | Months 6 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: B. Peterson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Bert Peterson, Bonners Ferry, Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Sandpoint Ida Date: Dec. 10 1932
19. UNDERTAKER (Address): A. P. Crouch, Bonners Ferry
20. FILED Dec. 9-, 1932 E. E. Fuller, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 8 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 6th., 1932, to Dec. 8th., 1932.
I last saw him alive on Dec. 8, 1932: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
gall stone colic.	Dec 6-1932

Other contributory causes of importance:
Shock.
Myocardial degeneration.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. E. Fuller, M.D.
(Address) Bonners Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 3 1933

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
State File No. 82090

Local Registrar's No. 156

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah E. Welch

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Welch

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Robert Mills

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Armstrong

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) James A. Welch, Bonners Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Paradise Valley Date Oct. 13, 1932

19. UNDERTAKER H. R. Crouch, (Address) Bonners Ferry, Idaho.

20. FILED Oct. 12, 1932. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932, to Oct 11, 1932

I last saw her alive on Oct 10, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arthritis	about 1920
Myocardial degeneration	6 mos.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. M. Powell, M. D.

(Address) Bonners Ferry, Idaho.

RECEIVED FEB 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82091

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George C. Andrews 155 —

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed or divorced HUSBAND of (or) WIFE of: Margaret Andrews

6. DATE OF BIRTH (month, day, and year): Sept 1 - 1868

7. AGE: Years 64 Months 6 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Oct 15 - 32
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Bangor Maine

FATHER
13. NAME: Alkena Andrews
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Whittier
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): James Andrews Copeland Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Bonners Ferry Date: Oct 19 1932

19. UNDERTAKER (Address): H. R. Crouch Bonners Ferry Ida

20. FILED: Oct 17, 1932. E. E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1930, to Oct 16, 1932
I last saw him alive on Oct 16, 1932: death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1930
Cerebral hemorrhage	Oct 16 - 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. M. Bowell M. D.
(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

PLACE OF DEATH

County of Boundary

City of Eastport

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82092

Registration District No. 79

Primary Registration District No. 2154. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jean Roberts. 11a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2 - 1932

7. AGE Years Months 6 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monroe Wash.

FATHER

13. NAME William D. Roberts

14. BIRTHPLACE (city or town) (State or country) Battle Grounds Wash

MOTHER

15. MAIDEN NAME Mary Dean

16. BIRTHPLACE (city or town) (State or country) Ryder Ind.

17. INFORMENT (Address) W. D. Roberts Eastport Ida

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Dec 20 1932

19. UNDERTAKER (Address) H. R. Crouch Bonners Ferry

20. FILED Dec. 19 - 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 18, 1932

I last saw her alive on Dec 17, 1932 death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Pneumonia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I L Gould, M. D.

(Address) East Port Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82093

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ebon O. Lannigan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Velma Lannigan

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1900

7. AGE: Years 32 | Months 4 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. U.S. Immigration Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Smith Center Kansas

FATHER
13. NAME T.F. Lannigan
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Sarah Weltmer
16. BIRTHPLACE (city or town) (State or country) Smith Center Kansas

17. INFORMENT (Address) M.D. Lannigan Curlew, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Date Dec. 31, 1932

19. UNDERTAKER (Address) H.R. Crouch Bonners Ferry, Idaho.

20. FILED 12/30, 1932. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31st, 1932, to Dec. 30, 1932
I last saw him alive on Dec. 30, 1932; death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular disease of heart	1914
Other contributory causes of importance: Influenza	Dec. 24

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) [signature] M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 27 1933

PLACE OF DEATH

County of Canas

City of Grass Field

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82094

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Daisy Thompson Jones

(a) Residence. No. Grass Field Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Wm Thompson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Wanless

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) B F D 2 Nr. Sand

18. BURIAL, CREMATION, OR REMOVAL Place Dunbeath Date 1-21 1933

19. UNDERTAKER (Address) Mrs P Harper

20. FILED Dec 14, 1932 W B Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932, to Dec 13, 1932

I last saw her alive on Dec 13, 1932: death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis,	Dec 10 1932 12-10 32
Other contributory causes of importance:	
Appendicitis	12-9-32

Name of operation Appen & Drain Date of Dec 12-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W B Parkinson, M. D.

(Address) Grangeld Idaho

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82099

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Jacob Labon Vanscoy

(a) Residence. No. Wilder St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13" 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
79	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER
13. NAME John Vanscoy
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Emlie Stagel
16. BIRTHPLACE (city or town) (State or country) W. Virginia

17. INFORMENT (Address) Mrs. H. W. Stume Wilder, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Date 1-20", 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 1-20, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Dec 19, 1932
I last saw h.....alive on ....., 1933: death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	6 Mo Dec 1931

Other contributory causes of importance:
Chronic Valvular Heart Disease

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) Robert E. Talbot, M. D.
(Address) Wilder

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82109

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 158

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Lillie Irene Lees

(a) Residence. No. Parma St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 30 1888

7. AGE Years 45 Months 11 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grand Co Colorado

FATHER

13. NAME Thos. W. Monson

14. BIRTHPLACE (city or town) (State or country) Coles Co Illinois

MOTHER

15. MAIDEN NAME Enola A. Helm

16. BIRTHPLACE (city or town) (State or country) Monroe Co Missouri

17. INFORMENT (Address) Mrs T W Monson Parma Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pampa Cem Date 1-1, 1933

19. UNDERTAKER (Address) V. Peckham Caldwell Ida

20. FILED 1-17, 1933 ~~John S. Mann~~ Registrar. Lyda Rodgers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1932, to Dec. 29, 1932

I last saw her alive on Dec. 29, 1932; death is said to have occurred on the date stated above, at 8-40 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - from frequent to lungs & fouls

Date of onset

Other contributory causes of importance:

Name of operation no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos E. Mann M.D.

(Address) Nampa, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82121

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

153

2. FULL NAME Eleanor Marie Story

(a) Residence. No. 801 Diamond St. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-17-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Star, Ida.

FATHER

13. NAME Ernest V. Story

14. BIRTHPLACE (city or town) (State or country) Colo.

MOTHER

15. MAIDEN NAME Mary Daney Gillstrap

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Ernest V. Story Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date Jan. 1, 1933

19. UNDERTAKER F.K. Robinson (Address) Nampa, Ida.

20. FILED Feb. 2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1932, to Dec. 30, 1932

I last saw her alive on Dec. 30, 1932; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess Ileum & Intestinal Stenosis, Toxemia, Dehydration, from Infected Scabies (Streptococcus)	Dec 22 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. Conwell M. D.

(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82131

RECEIVED FEB 9 1933

PLACE OF DEATH
County of Cassia
City of Albion

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Joseph Hepworth
(a) Residence. No. Albion Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE Years 62 Months 7 Days 9 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) Meat Market
(c) Name of employer Partner
9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

PARENTS
10. NAME OF FATHER Thomas Hepworth
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Mary Fletcher
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Mr. James Hepworth Albion Idaho
15. Filed Feb. 1, 1933 C. F. Sater M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 31 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from No, 1933, to No, 1933
that I last saw him alive on No, 1933
and that death occurred, on the date stated above, at 4 A.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Valvular Heart Diseases
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) D. E. Johnson M. D.
....., 1933 (Address) Coroner Burley Ida

19. Place of Burial, Cremation, or Removal Albion Idaho Date of Burial 1/3 1933
20. Undertaker D. E. Johnson Address Burley.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82135

PLACE OF DEATH
County of Cassia
City of Delco

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 371
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan Penelope Judd
(a) Residence. No. Delco. Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Alfred Judd

6. DATE OF BIRTH (month, day and year) Jan 5. 1858

7. AGE Years 74 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) Keeping House
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Grantsville Utah

PARENTS
10. NAME OF FATHER John. W. Cooley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Joan Hunt
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mr. Alfred Judd Delco Idaho

15. Filed Jan 9, 1933 F. H. Cutler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 25 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932, to Dec 25, 1932
that I last saw her alive on Dec 25, 1932
and that death occurred, on the date stated above, at 7 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gastric haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric ulcer

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F. G. Espe, M. D.
12/28, 1932 (Address)

19. Place of Burial, Cremation, or Removal Delco. City Cemetery
Date of Burial 12/29 1932

20. Undertaker Vern B. McCulloch
Address Burley

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82140

PLACE OF DEATH
County of Cassia
City of Dieu-x-Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Charles H. Stanger

(a) Residence. No. — — — St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Martha B. Stanger

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 5-8 | Months 6 | Days 5- | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Agriculturist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Statesville

FATHER
13. NAME: Wm Stanger
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Mary C. Burch
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Martha B. Stanger Burley

18. BURIAL, CREMATION, OR REMOVAL Place: Am Falls Ida Date 30, 1932

19. UNDERTAKER (Address): Jos. S. Payne Burley

20. FILED Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932, to Dec 23, 1932
I last saw him alive on Dec 23, 1932: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	

Other contributory causes of importance: Mitral Regurgitation

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. H. Cutler, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

V. S. No. 3—6M 10-31. Original Record for State Registrar

82151

RECEIVED JAN 16 1933

STATE OF MONTANA
Bureau of Vital Statistics
Standard Certificate of Death

Bvd. Do not write in this space ~~180~~

1. PLACE OF DEATH

County Clarke Idaho Registered No. 87 Reg. Dist 125

Township ..... or Village ..... or

City Monida Mont, No. ..... St., ... Ward

Humphrey Idaho (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... days. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... days

2. FULL NAME Ernest P Halverson 205 b

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 2 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc. Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hyrum Utah.

FATHER

13. NAME Knute Halverson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Ellen Halverson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Edwin Halverson Monida Mont.

18. BURIAL, CREMATION, OR REMOVAL
Place Hyrum Utah Date Dec 11, 1932

19. UNDERTAKER (Address) H M Brundage Dillon Mont

20. FILED Dec 10, 1932 F. M. Poindexter Registrar
Jan 20, 1933 C. E. Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 8, 1932

22. **I HEREBY CERTIFY,** That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance in order of onset were as follows:

	Date of onset
Unknown —	
Natural causes —	

Contributory causes of importance not related to principal cause:

Name of operation ....., Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry,** in **home,** or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. M. Poindexter M.D. Registrar

(Address) Dillon Montana

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 e
V. S. No. 98

1932
1852
80

JAN 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82160

PLACE OF DEATH
County of Elmore
City of Glens Ferry
Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME James B. Knott
(a) Residence. No. Glens Ferry Ida St.
(Usual place of abode) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Knott
6. DATE OF BIRTH (month, day and year) 2-11-1852
7. AGE Years 80 Months 11 Days 22 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 5 years ago.
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Penn.
PARENTS
10. NAME OF FATHER Knott.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.
12. MAIDEN NAME OF MOTHER Eiler
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland.
14. Informant (Address) W. G. Knott Tacoma Wash.
15. Filed 12-3-, 1932 Mrs Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12- (Month) 2 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1932, to Dec. 2nd, 1932
that I last saw him alive on Dec. 1st, 1932
and that death occurred, on the date stated above, at 7.30 A.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma abdomen
(duration) 1 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Senility
— (duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) J. W. Davis, M. D.
Dec. 2nd, 1932 (Address) Glenns Ferry Idaho
19. Place of Burial, Cremation, or Removal Jasper Mo Date of Burial 19
20. Undertaker G. S. Zocher. Address Mt. Home

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82169

PLACE OF DEATH
County of Fremont
City of Ashton

Registration District No. 102
Primary Registration District No. 6

Local Registrar's No.

(No.) 161
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Hubbard

(a) Residence. No. / St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 15/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			12 hrs.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ashton

PARENTS

10. NAME OF FATHER Walter Hubbard

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Hubbard Idaho

12. MAIDEN NAME OF MOTHER Alice Jones

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Hubbard Idaho

14. Informant Walter Hubbard
(Address) Ashton Idaho

15. Filed 12/30, 1932 Lewis Kerr
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 15 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-15-'32, 19, to 12-15-'32, 19
that I last saw him alive on 12-15-'32, 19
and that death occurred, on the date stated above, at 3:00 PM m.

The CAUSE OF DEATH* was as follows:

Premature Infant.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Precipitate birth.

(duration) yrs. mos. ds.

18. Where ~~was disease contracted~~ if not at place of death? XXXXXXXXXXXX

Did an operation XXXXXXXXXXXX

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) N. W. Daty M. D., M. D.

12-17-'32, 19 (Address) Ashton, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Sugar City Cemetery	12/18 1932
20. Undertaker	Address
Eva F. Eubanks	Rexburg Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AN 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82170

PLACE OF DEATH
County of Fremont
City of ASHTON

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry, Edgar Dean

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Margret Dean

6. DATE OF BIRTH (month, day, and year): Oct 17th 1861

7. AGE: Years 71, Months 11, Days 5, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER
13. NAME: David Dean
14. BIRTHPLACE (city or town) (State or country): Winchester England.

MOTHER
15. MAIDEN NAME: Bessie Thorn
16. BIRTHPLACE (city or town) (State or country): Forset England

17. INFORMENT (Address): Mrs Chas Rosecomb Ashton Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Ashton Dept Date: 24th, 1932

19. UNDERTAKER (Address): Lewis Kiser

20. FILED 10/23, 1932 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows: Died without medical attention

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Lewis Kiser, M.D.

(Address) Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82188

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Idaho
City of Cottonwood

Registration District No. 47
Primary Registration District No. ..... Local Registrar's No. 169
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Patrick Andre
(a) Residence. No. Kenterville St. 182
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 12th 1915

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	8	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kenterville Idaho

PARENTS

10. NAME OF FATHER Martin P. Andre
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Cecelia Winkler
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Heron Lake Minn.

14. Informant (Address) Delmer Johnson

15. Filed Feb 1, 1933 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 27th (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Went in swimming at mouth of deep creek on Samo[illegible] River drowned in treach[illegible] water (duration) [illegible] mos.

CONTRIBUTORY (Secondary) County Coroner
Received Jan ~~24~~ 17 1933 (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) ....., M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal: Kenterville, Idaho
Date of Burial: 1/20 1933

20. Undertaker: Ailor Mortuary
Address

JAN 23 1933

PLACE OF DEATH

County of Idaho

City of Stites

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82190

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 342

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Mary Smith Burney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Beasley Burney

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 72 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: 1

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Hawkesbury - Canada

PARENTS

10. NAME OF FATHER: John E. Graham

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Jane Smith

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Canada

14. Informant: Violet Burney Anderson
(Address) Stite Idaho

15. Filed Dec 15, 1932. J M Verberkmoes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 14 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1932, to Dec 14, 1932

that I last saw her alive on Dec 14, 19..

and that death occurred, on the date stated above, at 6 40 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J M Verberkmoes, M. D.

Dec 15, 1932 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kooskia - ~~Stite~~ Cemetery | Date of Burial: Dec 16 1932

20. Undertaker: Ed Lenney | Address: Kooskia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JAN 23 1933

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82191

Registration District No. 106

Primary Registration District No. 218

Local Registrar's No. 343

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Minerva Jane Shaw

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Franklin Shaw

6. DATE OF BIRTH (month, day, and year): Sept 19 1850

7. AGE: Years 80 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: James Madison Liewallen

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Martha Kilgore

16. BIRTHPLACE (city or town) (State or country): not obtainable

17. INFORMENT (Address): J. M. Shaw, Kooskia - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Kenwood Cemetery Date: Dec 30, 1933

19. UNDERTAKER (Address): Geo. Tierney, Kooskia

20. FILED Dec 30, 1932 J M Veeberkeuns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw her alive on Dec 28, 1932: death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart - disease	
Arterio sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J M Veeberkeuns, M. D.

(Address) Kooskia - Idaho

RECEIVED DEC 1 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82193

PLACE OF DEATH
County of Idaho
City of Stites

Registration District No. 106
Primary Registration District No. 284
Local Registrar's No. 340

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Norman Allison

(a) Residence. No. ..... St. Lowell Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ~~yrs.~~ mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) Sept 13th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stites Idaho

FATHER
13. NAME Wm Henry Allison
14. BIRTHPLACE (city or town) (State or country) Hampton Idaho

MOTHER
15. MAIDEN NAME Bertha Ann Paul
16. BIRTHPLACE (city or town) (State or country) Morrow Co Ohio

17. INFORMENT (Address) Wm Henry Allison

18. BURIAL, CREMATION, OR REMOVAL Place Lowell Idaho Date Oct 11th, 1932

19. UNDERTAKER None
(Address)

20. FILED Dec 1, 1932 J M Verbeck Coroner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932, to Oct 11, 1932
I last saw him alive on Sept 27, 1932: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure due to acidosis inherited	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A W Wentworth, M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82194

PLACE OF DEATH
County of Idaho
City of Stites or Clearwater
Registration District No.
Primary Registration District No.
Local Registrar's No. 339

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dan Cameron

(a) Residence. No. St. Clearwater Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Margaret Cameron

6. DATE OF BIRTH (month, day, and year) Apr 18 - 1860

7. AGE Years 72 Months 7 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dunvegan
(State or country) Ontario Canada

FATHER
13. NAME Roderick Cameron
14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER
15. MAIDEN NAME Mary McLennan
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMENT (Address) Catherine Margaret Cameron

18. BURIAL, CREMATION, OR REMOVAL Place Clearwater Ida. Date Nov 30th, 1932

19. UNDERTAKER (Address) None

20. FILED Dec 1, 1932 J M Verbeekmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1930, to Nov 28, 1932
I last saw him alive on Nov 28, 1932: death is said to have occurred on the date stated above, at 7:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic dilatation of right ventricle	

Other contributory causes of importance:
None

Name of operation — Date of
What test confirmed diagnosis? Percussion Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Probably
(Signed) H W Wentworth, M. D.
(Address) Stites Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 24

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 10 6

Primary Registration District No. 2184

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 82195

Local Registrar's No. 341

74d

2. FULL NAME James Elsberry Murphy.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Tada A. Baker

6. DATE OF BIRTH (month, day and year) Sept 25- 1855

7. AGE	Years	Months	Days	If LESS than 1 day,
	77	2	18	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10. NAME OF FATHER Miles T. Murphy.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland.

12. MAIDEN NAME OF MOTHER Sibby O Hara

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland.

14. Informant Mrs A. G. Farris
(Address) Clearwater - Idaho

15. Filed Dec 15, 1932 Jm Verbeke Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 13 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 1932, to December 13, 1932
that I last saw him alive on , 19
and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J.M. Verbeke M. D.

Dec 15, 1932 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Jaksol Cemetery	Dec 15 1932
20. Undertaker	Address
Family.	

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82198

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74b

2. FULL NAME Mary Catherine Coram

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24 - 1854

7. AGE: Years 78 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Belmont
(State or country) Ontario, Canada

FATHER
13. NAME Michael Carrothers
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Eliza Groucher
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Maude Violet Ayers
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Date Jan 3, 1933

19. UNDERTAKER C. A. Hancock
(Address) Grangeville Idaho

20. FILED 2-1-, 1933 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-31-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932 to Dec 31, 1932
I last saw her alive on Dec 31, 1932: death is said to have occurred on the date stated above, at 10.52 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemmorrhage	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. P. Weber, M.D.
(Address) Grangeville Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82199

PLACE OF DEATH

County of Idaho

City of Grangeville

Registration District No. 101

Primary Registration District No. 2181

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME George Patterson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/6/1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville Date Jan 2, 1933

19. UNDERTAKER C. A. Hancock (Address) Grangeville

20. FILED 2-1, 1933 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-31-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22-, 1930, to 12-30-, 1932

I last saw him alive on 12-30-, 1932: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-15-32.
Other contributory causes of importance:	
Arterio Sclerosis	1930.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) B. Chipman, M. D.

(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82201

PLACE OF DEATH

County of Idaho
City of Grangeville
Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Gloria Parks

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 28 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grangeville

FATHER

13. NAME Earle Parks

14. BIRTHPLACE (city or town) (State or country) Grangeville

MOTHER

15. MAIDEN NAME Bessie Ryan

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) W J Ryan Grangeville Ida

18. BURIAL, CREMATION, OR REMOVAL Place Ant. Idaho Date Feb 13, 1933

19. UNDERTAKER Chamberlain
(Address)

20. FILED 2-1-, 1933 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-11- 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1- , 1932, to Dec. 11 , 1932
I last saw her alive on Dec. 10- , 1932; death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	12-9-32.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) J. Chapman, M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 13 1933

TE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82202

PLACE OF DEATH
County of Idaho
City of Cottonwood
Our Lady of Consolation Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number.)

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 10
(No.)

88

2. FULL NAME Mrs. J. W. Widmeyer (Lorena)
(a) Residence. No. Elk City Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day and year) Aug. 6, 1868 ~~Dec. 24 - 1864~~

7. AGE ~~64~~ Years Months 2 Days ~~19~~ 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) State Ill.

PARENTS
10. NAME OF FATHER Dobbins
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs. V. I. Perry Elk city, Idaho

15. Filed Jan. 30, 1933 W. F. Orr per I. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 12 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1932, to Oct. 10, 1932
that I last saw her alive on Oct. 10, 1932
and that death occurred, on the date stated above, at 10:00 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis With Valvular Leakage.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) unknown yrs. mos. ds.

18. Where was disease contracted if not at place of death? Elk City, Idaho.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? none.
(Signed) Wesley F. Orr, M. D.
Oct. 14, 1932 (Address) Idaho.

19. Place of Burial, ~~Cremation, or Removal~~ Elk City, Idaho Date of Burial Oct. 14 1932

20. Undertaker Ailor, Grangeville, Ida. Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82204

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Effie Taylor

(a) Residence. No. Our Lady of Consolation Hosp. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1875 March 31

7. AGE Years 58 Months 7 ~~34~~ March Days 22 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Post Master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) March 15, 1932
11. Total time (years) spent in this occupation Most of her life

12. BIRTHPLACE (city or town) (State or country) Amity Oregon

FATHER
13. NAME Frank Taylor
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Merrie M Thompson
16. BIRTHPLACE (city or town) (State or country) Neb

17. INFORMENT (Address) Loris Foskett

18. BURIAL, CREMATION, OR REMOVAL Place Whitebird Date Oct 24, 1932

19. UNDERTAKER (Address) L. A. Hancock Grangeville Idaho

20. FILED Jan. 31, 1933 W. F. Orr J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to Oct. 10, 1932.
I last saw her alive on Oct. 10, 1932: death is said to have occurred on the date stated above, at 10:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	Jan-1932
Other contributory causes of importance:	
Operation	Sept. 5

Name of operation Pass Gastro Enterostomy Date of .....
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82205

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Joe Jewett 1 (a)

(a) Residence. No. Our Lady of Consolation St. Hosp.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If ~~married, widowed,~~ or divorced ~~HUSBAND of (or) WIFE of~~

6. DATE OF BIRTH (month, day, and year) 1911 Jan. 25

7. AGE Years 21 Months Jan 25 Days 1 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Bird

FATHER
13. NAME P A Jewett
14. BIRTHPLACE (city or town) (State or country) Main

MOTHER
15. MAIDEN NAME Mrs. Rose
16. BIRTHPLACE (city or town) (State or country) Calf

17. INFORMENT (Address) Eula S Cain. White Bird Ida.

18. BURIAL, CREMATION, OR REMOVAL Place White Bird Date Oct. 25, 1932

19. UNDERTAKER (Address) C A Hancock Grangeville Idaho

20. FILED Jan. 31, 1933 W. F. Orr J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1932, to Oct 24, 1932, I last saw him alive on Oct 24, 1932: death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Oct. 10
	.32

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Vital Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Contracted during labor.
(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82206

PLACE OF DEATH
County of Idaho
City of Lapwai
Grangeville

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Ruzicka

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Ruzicka

6. DATE OF BIRTH (month, day, and year) April 23 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Last Harvest
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER
13. NAME Anton Ruzicka
14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER
15. MAIDEN NAME Bohacek
16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMENT (Address) Louis G. Ruzicka Grangeville Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Prairie View (Grangeville) Date Nov. 26, 1932

19. UNDERTAKER C. A. Hancock (Address) Grangeville, Ida.

20. FILED Jan. 30, 1933 W. F. Orr Jan. 2. 3. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1932, to Nov. 22, 1932
I last saw him alive on Nov. 22, 1932; death is said to have occurred on the date stated above, at 1:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Chronic Nephritis

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Perley F. Orr M.D.
(Address) Cottonwood Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

RECEIVED FEB 9 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Jefferson

City of Roberts

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 98

Primary Registration District No. 2176

(No. ..... St.)

File No. 82213

Registered No. 1

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Earl Wood

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Cau

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Oct (Month) 14 (Day) 1932 (Year)

7. AGE: ..... Yrs. 2 Mos. 17 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Roberts Ida

10. NAME OF FATHER: George Loyal Wood

11. BIRTHPLACE OF FATHER (State or Country): Logan Utah

12. MAIDEN NAME OF MOTHER: Mary Ethel Massengale

13. BIRTHPLACE OF MOTHER (State or Country): Oklahoma

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo L Wood

(Address) Roberts Ida

15.

Filed 1 - 2 1933

A B Edwards
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 31 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on ..... 19.....,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Saw baby after death. From history consider cause as virulent influenza, toxic type

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Earl D Jones M. D.

..... 19..... (Address) Roberts

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? Home

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Jones Ida

DATE OF BURIAL: 1 - 2 1933

20. UNDERTAKER: None

ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Wood

DO NOT WRITE IN THIS SPACE

State File No. 82220

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 4

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Charles Johnson

(a) Residence. No. Squaw Bay Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Leonore

6. DATE OF BIRTH (month, day, and year) 1858-11-8

7. AGE Years 74 Months 1 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 11, 1932.

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Cambell Co. Missouri

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMENT (Address) Mrs. L. Johnson Squaw Bay

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 12-28, 1932

19. UNDERTAKER (Address) Moony Montuan CDA.

20. FILED 1-29, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-25 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1932 to Dec. 25, 1932

I last saw him alive on Dec. 25, 1932: death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Don't know
Other contributory causes of importance:	
Influenza	Dec. 18. 32

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No

(Signed) John O. Wood, M. D.

(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1933

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82222

Registration District No. 45

Primary Registration District No.

Local Registrar's No. 11

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

193

2. FULL NAME Bird ~~Bosye~~ Bayse

(a) Residence. No. ~~Spirit Lake~~ Rathdrum St. (Twin Lakes) Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Edna Bayse

6. DATE OF BIRTH (month, day, and year): April 6-1881

7. AGE: Years 51 ~~49~~ | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year): do not know

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ola Idaho

FATHER

13. NAME: David Bayse

14. BIRTHPLACE (city or town) (State or country): Do not know

MOTHER

15. MAIDEN NAME: Martha Smith

16. BIRTHPLACE (city or town) (State or country): Portland Ore ~~Do not know~~

17. INFORMENT (Address): Edna Bayse Rathdrum Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Rathdrum Ida Date: 11-20, 1932

19. UNDERTAKER (Address): Cassedy Funeral Home Rathdrum Ida

20. FILED: Nov 17, 1932 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11/15 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead	
Exposure & Exhaustion	
1 While Deer Hunting	
9 Miles North Spirit Lake	

Other contributory causes of importance: 2 day

Name of operation ——— Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Pocus & Olive Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82234

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 14

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Peter Pederson Mark

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single (Divorced)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) 1878 - 7 - 13

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Peter Pederson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Georgine

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) L Nelson Rathdrum Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place Spirit Lake Ida. Date 1-11, 1933

19. UNDERTAKER Coeur d'Alene Funeral Home
(Address) Rathdrum Ida.

20. FILED Dec 14, 1933 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) did not die Dec 12 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from ____, 193..., to ____, 193...

I last saw h... alive on found dead, 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Presumably Heart disease. Found dead about a month after death.	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) C A Reed, M. D.

(Address) Coeur d Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82235

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 13
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME George E Grunert
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word.): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day and year): March 25, 1910
7. AGE: Years 22, Months 8, Days 14; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Worked in woods
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Vergas Minnesota

PARENTS
10. NAME OF FATHER: Henry Grunert
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Chicago Illinois
12. MAIDEN NAME OF MOTHER: Laura Weise
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Vergas Minnesota

14. Informant (Address): Mrs Laura Waddell Spirit Lake Idaho
15. Filed Dec 9, 1932 C C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 8 (Day), 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932, to Dec. 8, 1932
that I last saw him alive on Dec. 7, 1932
and that death occurred, on the date stated above, at 2 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia - left lower lobe + right lower lobe.
..... (duration) ..... yrs. ..... mos. 9 ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical findings.
(Signed) John W. Schori, M. D.
....., 19..... (Address) Spirit Lake, Ida.

19. Place of Burial, Cremation, or Removal: Pine Grove Cemetery - Rathdrum
Date of Burial: 12-11 1932
20. Undertaker: Cassady Funeral Home
Address: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82239

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

Registration District No.

Primary Registration District No.

Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Ole Stromberg

(a) Residence. No. Spirit Lake, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gunnild Stromberg

6. DATE OF BIRTH (month, day and year) June 24 1857

7. AGE 75 Years Months 5 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Pan Handle Ltr Co. Spirit Lake Ida.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Vermland Sweden

PARENTS

10. NAME OF FATHER Nils Stromberg

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Not Obt.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Obt.

14. Informant Mrs Gunnild Stromberg
(Address) Spirit Lake, Idaho.

15. Filed Dec 3, 1932 A C Spooner Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 2 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 5:50 a. m.

The CAUSE OF DEATH* was as follows:

Ch. endocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. 5 mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. C. Spooner M. D.

Dec 3, 1932 (Address) Spirit Lake, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Spokane Wash | Date of Burial Dec 7 1932

20. Undertaker Smith & Co | Address Spokane

RECEIVED JAN 18 1933

STATE OF IDA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82241

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Elizabeth J. Martin

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Julian James Martin

6. DATE OF BIRTH (month, day, and year) May 21, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Henery Hampton

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Stockton

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Julian James Martin Moscow, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moscow Date Dec. 31, 1932

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 1-5-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1932, to Dec 29th, 1932
I last saw her alive on Dec 29th, 1932: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Dec 28
Cerebrol hemorrhage	
Other contributory causes of importance:	
Arterio sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) ....., M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82242

PLACE OF DEATH

County of Latah

City of Moscow (Rural)

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME William Smith Neil

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Isabelle Neil

6. DATE OF BIRTH (month, day, and year) Mar. 18, 1847

7. AGE: Years 85 | Months 9 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Belfont, Pa.

FATHER

13. NAME William Neil

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) C. A. Neil Moscow, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pullman, Wash. Date Dec. 31, 1932

19. UNDERTAKER (Address) H. R. Short Moscow, Ida.

20. FILED 1-5-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH ~~Dec. 28~~

21. DATE OF DEATH (month, day, and year) Dec. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1932, to Dec 28, 1932

I last saw him alive on ....., 193..: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma.

Date of onset

Other contributory causes of importance:

Slow gastric hemorrhage.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ....., 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Moscow Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 18 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82243

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Frank W. Gano

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Warren Gano

6. DATE OF BIRTH (month, day, and year): Oct. 27, 1849

7. AGE: Years 83; Months 2; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1914

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Daniel Gano

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Loraine Streator

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Ward Gano, Moscow, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow Date: Dec. 30, 1932

19. UNDERTAKER (Address): H.R.Short, Moscow, Idaho

20. FILED 1-5-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932, to Dec 19, 1932

I last saw him alive on Dec 19, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Unused. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 18 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82244

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tommy Pete Wakefield

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER
13. NAME Darwin E. Wakefield
14. BIRTHPLACE (city or town) Kingfish
(State or country) Okla.

MOTHER
15. MAIDEN NAME Nellie Steensma
16. BIRTHPLACE (city or town) Juliaetta
(State or country) Idaho

17. INFORMENT D. E. Wakefield
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 12/29, 1932

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 1-5-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) 12/27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932, to 27 (2 hours), 1932
I last saw him alive on Dec 26th, 1932; death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1 wk
Pneumonia bilateral	Dec 26 ?
Other contributory causes of importance: Extreme youth & immaturity	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature], M. D.
(Address) Latah Emp Hosp.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82245

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 81

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Annie Carlson Edwin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Charles Edwin

6. DATE OF BIRTH (month, day, and year) Apr. 15, 1853

7. AGE: Years 79; Months 8; Days 9; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Peter Carlson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Nellie Sweeney, Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moscow Date Dec. 27, 1932

19. UNDERTAKER (Address) H. R. Short, Moscow, Idaho

20. FILED 1-5-, 1933 Harry Enhorst, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932, to Dec 24, 1932

I last saw her alive on Dec 24, 1932; death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 20
Pneumonia	Dec 22

Other contributory causes of importance:
Senility - Malnutrition
Anaemia

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. Magee, M. D.
(Address) Idaho Imp Hosp

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Mager
RECEIVED JAN 1 2 1933

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82246

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 80

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jean Elmo Wood

11a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: SWhite
5. Single, Married, Widowed, or Divorced (write the word)
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Nov. 17, 1928
7. AGE: Years 4, Months 1, Days 6, If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow Idaho

FATHER
13. NAME J. Elmer Wood
14. BIRTHPLACE (city or town) (State or country) Wash.

MOTHER
15. MAIDEN NAME Mary Reichel
16. BIRTHPLACE (city or town) (State or country) Wash.

17. INFORMENT (Address) J. Elmer Wood Moscow
18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 12/26, 1932
19. UNDERTAKER (Address) H.R. Short Moscow, Idaho
20. FILED 1-5-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/23/32 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932, to Dec 23, 1932
I last saw her alive on Dec 23, 1932; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1 wk
Pneumonia	2 days

Other contributory causes of importance:
Birth Palsy — Permanent paralytic — Aphasia &c

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Inland Emp Hosp

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82247

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 79

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Fred Campbell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ida Campbell

6. DATE OF BIRTH (month, day, and year): Oct. 15, 1874

7. AGE: Years 58 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Teamster for self

10. Date deceased last worked at this occupation (month and year): Aug. 1932

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): Elmer Campbell, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow Date: 12/26, 1932

19. UNDERTAKER (Address): H. R. Short, Moscow, Idaho

20. FILED 1-5-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932, to Dec 22, 1932

I last saw ~~him~~ alive on Dec 15, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardosis	Dont Know

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. W. Adair, M. D.

(Address) Moscow Idaho

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82248

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adolph Kulkhanek

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katherine Kulkhanek

6. DATE OF BIRTH (month, day, and year) July 9, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	77	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cobbler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11/31
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) #

MOTHER
15. MAIDEN NAME #
16. BIRTHPLACE (city or town) (State or country) #

17. INFORMENT (Address) Mrs. Katherine Kulkhanek Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 12/19/32 193

19. UNDERTAKER (Address) H.R. Short Moscow

20. FILED 1-5-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/15/32 193

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1932, to December 3, 1932
I last saw him alive on December 3, 1932 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Influenza~~	
~~with~~	
Acute myocarditis	

Other contributory causes of importance:
Influenza

Name of operation None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82249

PLACE OF DEATH
County of Latah
City of Moscow (rural)
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 77

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Engstrom

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of John Engstrum

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Gunerson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Earnest Engstrum, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 12/10, 1932

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 1-5-, 1933 Henry Enbom
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1929, to Dec. 8, 1932

I last saw her alive on Oct. 29, 1929; death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown.
Chronic Myocarditis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Enbom, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82250

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 76
(No. ## Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Dorthea Nelson

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth 41 yrs. ____ mos. ____ ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of OLIVER K. NELSON

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
60	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Larik, Norway

FATHER

13. NAME Hans Jacobson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT Emma Nelson (Address) Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 12/4/32 193

19. UNDERTAKER W. R. Short (Address) Moscow

20. FILED 1-5-, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/2/32 193

22. I HEREBY CERTIFY, That I attended deceased from ____, 1932 to ____, 1932

I last saw her alive on Dec 2, 1932; death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brights Disease	1925

Other contributory causes of importance:

Uraemic Poisoning & Convulsions	days Dec 1st
Pulm. Edema	Dec 1st

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) [signature], M. D.

(Address) Moscow

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82251

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Clarence Lee Trail

(a) Residence. No. ..... St. Southwick, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Nettie Trail

6. DATE OF BIRTH (month, day, and year): Mar. 20, 1868

7. AGE: Years 64 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 10/32
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Harpersferry W. Va.

FATHER
13. NAME: Thos. H. Trail
14. BIRTHPLACE (city or town) (State or country): W. Va.

MOTHER
15. MAIDEN NAME: Mary Lennox
16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMENT (Address): Mrs. Nettie Trail Southwick, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow Date: 12/4/, 1932

19. UNDERTAKER (Address): H.R. Short Moscow

20. FILED 1-5-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12/1/32 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932, to Dec. 1, 1932

I last saw him alive on Nov. 26, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Angina Pectoris. | Date of onset

Other contributory causes of importance: Hypertension

Name of operation None Date of .....

What test confirmed diagnosis Clinical only Was there an autopsy No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Moscow Idaho

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED FEB 0 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 47

Primary Registration District No.

(No. ..... St.)

Rout 2 Box 18

File No. 82255

Registered No. 170

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Brash

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Widowed

6. DATE OF BIRTH. Feb 25 1842 (Month) (Day) (Year)

7. AGE: 90 Yrs. 5 Mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... Farming

(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Germany

10. NAME OF FATHER Chris John Brash.

11. BIRTHPLACE OF FATHER (State or Country) Germany.

12. MAIDEN NAME OF MOTHER L.

13. BIRTHPLACE OF MOTHER (State or Country) Germany.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred M Brush

(Address) Nezperce Idaho

15. Filed Feb. 1 1933 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH 164

16. DATE OF DEATH about 6:30 P.M.

Aug. 20 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I last saw h..... alive on ..... 191...,

and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: Heart failure + old age following long illness No. Dr. Albert Huff Coroner

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery

DATE OF BURIAL: Aug 22 1932

20. UNDERTAKER: Albert Huff

ADDRESS: Nezperce Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BRRS. 24658

Dr Mc Crea.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 20 1933

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82270

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

887

2. FULL NAME David L. Cooper

(a) Residence. No. Hatwai St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laboerer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Stock raiser

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Obtainable

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) Not Obtainable

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Not Obtaianble

17. INFORMENT (Address) John L. Phillips Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 12/25/32 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho

20. FILED 12/14, 1932 J. M. Lytle Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/5/32 193

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1932, to 12-5, 1932

I last saw h.im alive on 12-3, 1932; death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown

Other contributory causes of importance:

Chronic Nephritis and Influenza	—

Name of operation None performed Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. McRae, M. D.

(Address) Lewiston Idaho

JAN 20 1933

Clark

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82271

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester Alvin Ayers.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22nd, 1926.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6.	9.	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME Lester Ayers.

14. BIRTHPLACE (city or town) (State or country) Grand Junction, Iowa.

MOTHER

15. MAIDEN NAME Alice Pearson,

16. BIRTHPLACE (city or town) (State or country) Minnesota.

17. INFORMENT (Address) Lester Ayers Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Dec. 13th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 12/12, 1932 J. M. Lyle Registrar.
By A. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 9th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1932, to Dec 9, 1932
I last saw h[illegible] alive on Dec 8, 1932: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis	

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W O Clark, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 20 1932

Lyl.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82275

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob A. Peterson.

11 b

(a) Residence. No. Somerville Home. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12th, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44.	9.	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Patient Somerville home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gilroy, California.

FATHER

13. NAME Andrew Peterson.

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Annie Lawson.

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMENT (Address) Virgil Peterson Lenore, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Dec. 14th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 12/15, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan -, 1931, to Dec. 11, 1932

I last saw him alive on Dec. 10, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Influenza -

Date of onset

Other contributory causes of importance:

Chronic encephalitis

Name of operation No. 1 Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Scott

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82276

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

206

2. FULL NAME Baby Moody.

(a) Residence. No. 1225 G St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 12th, 1932.

7. AGE Years ----. Months ----. Days ----. If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston.
(State or country) Idaho.

FATHER
13. NAME Earl Moody.
14. BIRTHPLACE (city or town) Montley.
(State or country) Minnesota.

MOTHER
15. MAIDEN NAME Helma Schnabel.
16. BIRTHPLACE (city or town)
(State or country) Not known.

17. INFORMENT Earl Moody
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Dec. 13th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 12/15, 1932 J. M. Lyle Registrar.
By B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 12th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 11:30 Dec 12, 1932, to 3:20 P.M. Dec 12, 1932 9 P.M.
I last saw her alive on Dec 12, 1932: death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) R. T. Scott, M.D.
(Address) Lewiston, Idaho.

JAN 20 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82277

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. 924 15th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Henry C. Knoll.

(a) Residence. No. 924 15th, Avenue. ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 10th, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61.	3.	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mill right.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minneapolis, Minnesota.

FATHER

13. NAME August, Knoll.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Bertha Hempel.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Mrs. H. C. Knoll Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Dec. 16th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 12/15, 1932 J. M. Lyle by A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 14th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1932, to December 13 1932

I last saw h alive on Dec. 13, 1932: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Stroke	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) La Fayette Inman M. D.

(Address) Lewiston, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82278

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11A

2. FULL NAME Edward Washington Le Francis.

(a) Residence. No. 327 Adams St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 26th, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79.	1.	18.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont.

FATHER
13. NAME ------ Le Francis.
14. BIRTHPLACE (city or town) (State or country) France.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Quebec, Canada.

17. INFORMENT (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Dec. 16th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 12/15, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 14th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec-10, 1932, to Dec-14, 1932.
I last saw h. alive on Dec-14, 1932. Death is said to have occurred on the date stated above, at 5-30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Pneumonia.	

Other contributory causes of importance:

Endarteritis Obliterans	

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JAN 20 1933

PLACE OF DEATH

County of NezPerce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82279

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. 1002-9th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmour O.Hibbard

(a) Residence. No. 1002 -9th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/29/1884

7. AGE Years 48 Months 7 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mill

10. Date deceased last worked at this occupation (month and year) Nov10 1932

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Samuel Hibbard

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Mary Ann Cudney

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT Mrs E.O.Hibbard
(Address) Lewiston Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Idaho Date 12/21/32 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Iaho

20. FILED 12/18, 1932 J. M. Lyle by A.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/17/32 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Brower, ~~M.D.~~ Coroner

(Address) Lewiston Idaho

Nez Perce Idaho

JAN 20 1933

Carson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82280

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. Lewiston orchards.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Mary Frances Gano.

(a) Residence. No. Lewiston orchards (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of F. B. Gano.

6. DATE OF BIRTH (month, day, and year) July 7th, 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56.	5.	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stevens Point, Wisconsin.

FATHER

13. NAME T. F. Fuller.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Mary Eaton.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) F. B. Gano, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Dec. 30th, 1932.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Dec 31, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 27th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to Dec 27, 1932

I last saw her alive on Dec 27, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast Left	Nov 1930

Other contributory causes of importance:

Name of operation Radical Breast Date of Jan 7 1931

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Carson, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 27 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82281

PLACE OF DEATH
County of Nez Perce
City of Lapwai Idaho

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

56

2. FULL NAME Joseph Ambrose

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-18-32

7. AGE Years | Months 5 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

FATHER
13. NAME Michel Ambrose
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Martha Stevens
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Martha Stevens Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address)

20. FILED Dec., 1932 George Gaignard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-9- 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1932, to Dec 9-, 1932
I last saw him alive on Dec. 8-, 1932 death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Suppurating Cervical Glands	9-24-32

Other contributory causes of importance:

Tuberculosis-Pneumonia	12-3-32

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Culdesac Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82282
State File No.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry C. Hartshorn.

(a) Residence. No. 0130 26th, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3rd, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
70.	5.	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc R. R. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Claude Merideth Spokane, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Jan. 4th, 1932.

19. UNDERTAKER Brower-Wann Company, (Address) Lewiston, Idaho.

20. FILED 1/3, 1933 J. M. Lysle By A.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

33

21. DATE OF DEATH (month, day, and year) Jan. 2nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 12-26—, 1932, to 1—2, 1933

I last saw h. alive on 1—2, 1933: death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary carcinoma of stomach	?
Other contributory causes of importance:	
Chronic Nephritis	?

Name of operation Gastro enterostomy Date of 1-2-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify —

(Signed) M. J. McRae, M. D.

(Address) Lewiston, Idaho.

JAN 20 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82286

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.

(No. 1342 7th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME Mary J. Holt.

(a) Residence. No. 1342 7th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Indian (1/2)	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1843.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon.

FATHER

13. NAME Charles Adams.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Louise Craig.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Irvin Holt. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Orofino, Idaho. Date Dec. 4th, 1932.

19. UNDERTAKER Brower-Vann Company, (Address) Lewiston, Idaho.

20. FILED Dec. 3, 1932 J. M. Lyle Registrar. By A. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 2nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
do to old age	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Emil Brower Coroner M.D.

(Address) Lewiston, Idaho. My Records.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 20 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82287

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St. Josephs)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Inez Lorane Prater

(a) Residence. No. 1314 W Cortland St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Floyd Prater

6. DATE OF BIRTH (month, day, and year) May 25th, 1907

7. AGE Years 25 Months 6 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culdesac, Idaho.

FATHER

13. NAME D R Barnes

14. BIRTHPLACE (city or town) (State or country) Marr Co. Oregon

MOTHER

15. MAIDEN NAME Reta Reynolds

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) Mrs D R Barnes Culdesac, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Ida. Date ....., 193..

19. UNDERTAKER (Address) H. R. Merchant Clarkston, Wash.

20. FILED 12/6, 1932 J. M. Lyle Chy R.N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1931, to Dec 4th, 1932

I last saw her alive on Dec 4th, 1932: death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	+ years

Other contributory causes of importance:

Dont know

Name of operation none Date of —

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Carssow, M. D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 27 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82288

PLACE OF DEATH
County of Nez Perce
near City of Spalding Idaho
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ella Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE 3/4 Indian
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 25-1900

7. AGE 32 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Namiah Idaho

FATHER
13. NAME Francis McFarland
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Black Eagle
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Alex Pinkham Spalding Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spalding Idaho Date ....., 193..

19. UNDERTAKER (Address)

20. FILED Nov., 1932 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1932, to Nov 22, 1932
I last saw her alive on Nov 22, 1932: death is said to have occurred on the date stated above, at 5:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	9-9-32
General anasarca	

Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Culdesac Idaho

JAN 20 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 82291

(No. 918 N Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Donald William Pease.

(a) Residence. No. 918 N. Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 2nd, 1931.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1.	1.	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER

13. NAME W. C. Pease,

14. BIRTHPLACE (city or town) Genesee,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Marie Gilbert,

16. BIRTHPLACE (city or town) Lenore,
(State or country) Idaho.

17. INFORMENT W. C. Pease.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Dec. 28th, 1932.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED 12/30, 1932. J. M. Lyle Registrar.
By B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 26th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 9th, 1932, to Dec 26th, 1932

I last saw h alive on, 193: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Spinal Cord	about April 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Carson, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82295

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Dorothy Marian Johnson.

(a) Residence. No. St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 24th, 1924.

7. AGE Years 8. Months 4. Days 29. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School girl.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER
13. NAME Ben J. Johnson.
14. BIRTHPLACE (city or town) (State or country) Arlington. South Dakota.

MOTHER
15. MAIDEN NAME Josephine Botts,
16. BIRTHPLACE (city or town) (State or country) Moweaqua, Illinois.

17. INFORMENT (Address) Ben J. Johnson Clarkston, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wash. Date Jan. 3rd, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 1/3, 1933 J. M. Lyle by H. Registrar.

MEDICAL CERTIFICATE OF DEATH 33

21. DATE OF DEATH (month, day, and year) Jan. 1st, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to Jan 1, 1933
I last saw her alive on Jan 1, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Dec 24
Gangrenous	1932

Other contributory causes of importance:

Name of operation Appendectomy Date of Dec 27-32
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) E G Broddock, M. D.
(Address) Lewiston, Idaho.

JAN. 20 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82298

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. Upper Yammany.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Wilbur Austin Lewis.

(a) Residence. No. Upper Tammany. ~~SX~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. COLOR OR RACE White.

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 11th, 1891.

7. AGE Years 41. Months 10. Days 6. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Foreman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pomeroy, Washington.

FATHER

13. NAME David R. Lewist

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Margaret L. Shearer.

16. BIRTHPLACE (city or town) (State or country) Oregon.

17. INFORMENT (Address) Mr W. A. Lewis Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pomeroy, Wash. Date Dec. 19th 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 12/19, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 17, 1932

I last saw him alive on Dec 17, 1932: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Dec 17 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. G. Broadock, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JAN 20 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Johnson

DO NOT WRITE IN THIS SPACE

State File No. 82299

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. 703 18th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Edwin Doty.

(a) Residence. No. 703 18th, Avenue. ~~XXX~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ~~XXXXX~~.

6. DATE OF BIRTH (month, day, and year) Nov. 15th, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77.	1.	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria, Illinois.

FATHER

13. NAME Charles H. Doty.

14. BIRTHPLACE (city or town) (State or country) So. Weatherford, Vermont.

MOTHER

15. MAIDEN NAME Elizabeth Clough,

16. BIRTHPLACE (city or town) (State or country) West Cumberland, Maine.

17. INFORMENT (Address) Mrs. W. H. Bristol. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Dec. 29th, 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 12/31, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 27th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932, to Dec 27, 1932

I last saw ~~him~~ alive on Dec 26, 1932 death is said to have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Donothing

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical only Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Paul W. Johnson, M. D.

(Address) Lewiston, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

OCT 1 7 2016

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

AUG 3 1 1954

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

JAN 20 1933

PLACE OF DEATH

County of Nezperce

City of Lewiston,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82301

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Caroline D Shunk

(a) Residence. No. St. Kooskia, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Shunk

6. DATE OF BIRTH (month, day, and year) Sept 10, 1862

7. AGE Years 70 Months 2 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Porte Co. Indiana

FATHER

13. NAME Wm. Brades

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frederika Lock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Shirley Fenn (Daughter) Kooskia, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Missoula, Mont Date, 193

19. UNDERTAKER (Address) H. R. Merchant Clarkston, Wash.

20. FILED 12/7, 1933 J. M. Lyle Cty. A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 - 27, 1932, to 12 - 5, 1932

I last saw her alive on 12 - 5, 1932: death is said to have occurred on the date stated above, at 8 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the descending colon (inoperable)	Unknown

Other contributory causes of importance:

Name of operation Explor Laparotomy Date of 11-1-32

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. G. Braddock per M. J. McRae M. D.

(Address) Brier Bldg Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JAN 20 193

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82302

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Walter Tuttle. 129

(a) Residence. No. 407 St. Delsol St
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. 9 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white.

5. Single, Married, Widowed, or Divorced (write the word) widower.

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of Lorinda Hitchcock. Jennie Tuttle

6. DATE OF BIRTH (month, day, and year) Jan 31-1850

7. AGE 82 Years 9 Months 11 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer, retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1924 - Oct.

11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) (State or country) Cass County, Iowa

FATHER

13. NAME Clement Dutton Tuttle

14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER

15. MAIDEN NAME Lorinda Hitchcock.

16. BIRTHPLACE (city or town) (State or country) Massachusetts

17. INFORMENT (Address) Ralph Tuttle, Lewiston

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Pomeroy Wash Date Nov 12, 1932

19. UNDERTAKER (Address) Vasey and Mortuary at Pomeroy, Wn.

20. FILED Nov. 12, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 12 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19 - 1930, to Nov 12, 1932

I last saw him alive on Nov 11, 1932; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	years
Organic heart disease	years

Other contributory causes of importance: —

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Paul W. Johnson, M.D.

(Address) Lewiston Idaho

JAN 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82303

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME George Williard Beloit.

(a) Residence. No. Somerville Home. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19th, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68.	4.	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Pat Beloit, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Dec. 2nd, 1932.

19. UNDERTAKER Brower-Wann Company, (Address) Lewiston, Idaho.

20. FILED Nov. 30, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1932, to Nov. 28, 1932

I last saw him alive on Nov. 26, 1932, death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Surgeon was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 27 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82304
State File No.

PLACE OF DEATH

County of Nez Perce
City of Spalding Idaho near

Registration District No. 128
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Johnson Green

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	3/4 Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME James Green

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ____ Date ____, 193

19. UNDERTAKER
(Address)

20. FILED Dec, 1932 George Gaismard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22- 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-9-, 1932, to 12-22-, 1932
I last saw him alive on 12-21-, 1932; death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal-Pneumonia	12-7-32
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) George Gaismard, M. D.
(Address) Culdesac Idaho

JAN 20 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82306

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.

(No. 1902½ Main Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mary Ellen Cameron.

(a) Residence. No. 1902½ Main Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William Cameron.

6. DATE OF BIRTH (month, day, and year) July 21st, 1884.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48.	4.	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston, (State or country) Mass.

FATHER

13. NAME Daniel Shea.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Annie --------.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT Wm Cameron, (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 12/6/32. 193

19. UNDERTAKER Brower-Wann Company, (Address) Lewiston, Idaho.

20. FILED 12/15, 1932 J. M. Lyle Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 2nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1932 to Dec 2, 1932
I last saw h[illegible] alive on Dec 1, 1932; death is said to have occurred on the date stated above, at 1:00A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis —	
Other contributory causes of importance:	
apoplexy	Nov-30-32

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Paul W. Johnson M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 27 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82307

PLACE OF DEATH
County of Nez Perce
City of Culdesac Idaho
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME William Lewis Ruddell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hattie G. Ruddell

6. DATE OF BIRTH (month, day, and year) Oct. 18. 1864

7. AGE 68 Years | Months 2 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME John D. Ruddell
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Harry L. Ruddell Gifford Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date ....., 193...

19. UNDERTAKER (Address) H. A. Merchant Clarkston Wash.

20. FILED Dec ....., 1932 George Goignard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Stroke	Dec 27-1930
No Medical Attendance	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Goignard, M. D.
(Address) Culdesac Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82308

PLACE OF DEATH
County of Nez Perce
City of Gifford

Registration District No. ~~50~~ 92
Primary Registration District No. 2170
Local Registrar's No. ~~15~~

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Johnson Ruckman. 103

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nettie B Ruckman

6. DATE OF BIRTH (month, day, and year) Mar 16 1866

7. AGE Years 66 Months 8 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Hardy County West Virginia

FATHER
13. NAME Valentine Ruckman
14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER
15. MAIDEN NAME Nancy Tharp
16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMENT (Address) Val. Ruckman Reubens

18. BURIAL, CREMATION, OR REMOVAL Place Reubens Date 12/9, 1932

19. UNDERTAKER (Address) C. E. Clous Craigmont Ida

20. FILED 12/8, 1932 ~~R. E. Dunlop~~ E. E. Watts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1930, to Dec. 7, 1932

I last saw him alive on Dec. 6, 1932; death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema lungs	Dec. 5

Other contributory causes of importance:

Cerebral Apoplexy	aug 2 1930

Name of operation -- Date of .....

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury --, 193

Where did injury occur? -- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. --

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. E. Dunlop, M. D.
(Address) Craigmont Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED JAN 9 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 50
Primary Registration District No. 2179
(No. ..... St.)

File No. 82310
Registered No. 1

1. **PLACE OF DEATH**

County of Nez Perce

City of Salmon River

If death occurs away from usual residence, give facts called for under special information.

2. **FULL NAME** Wm Edward Clytch

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Single

6. **DATE OF BIRTH** April 29 (Month) (Day) 1858 (Year)

7. **AGE** 74 Yrs. 10 Mos. — ds. IF LESS than 1 day how many ..... hrs. or — min.?

8. **OCCUPATION**
(a) Trade, profession or particular kind of work Cattle
(b) General nature of industry, business or establishment in which employed (or employer) Horse Riding

9. **BIRTHPLACE** (State or Country) Stockton Cal

10. **NAME OF FATHER** Don't Know

11. **BIRTHPLACE OF FATHER** (State or Country) Don't Know USA

12. **MAIDEN NAME OF MOTHER** Don't Know USA

13. **BIRTHPLACE OF MOTHER** (State or Country) Don't Know USA

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) Ford Rudolph Jr
(Address) Ford Ida

15. Filed 1/12 1933 E Edwards Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. **DATE OF DEATH** Dec (Month) 9 (Day) 1932 (Year)

17. **I HEREBY CERTIFY**, That I attended deceased from July 10 1932 to Nov 26 1932 that I last saw him alive on Nov 26 1932 and that death occurred on the date stated above, at 9:00 A.M.

The CAUSE OF DEATH* was as follows:
Cirrhosis of Liver

(Duration) Few Yrs. — mos. — ds.

Contributory (Secondary) Carcinoma Liver

(Duration) One yrs. mos. ds.

(Signed) Wm Laughlin M. D.

12/10 1932 (Address) Winchester, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? On River

Former or usual residence On River Near Ford Ida

19. **PLACE OF BURIAL OR REMOVAL** Craigmont, Ida — **DATE OF BURIAL** 12/11 1932

20. **UNDERTAKER** Clyde Clovis — **ADDRESS** Craigmont Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82317

PLACE OF DEATH
County of Owyhee
City of Marsing

Registration District No. ~~[illegible]~~ 107
Primary Registration District No. ~~[illegible]~~ 2185
Local Registrar's No. 3 ~~[illegible]~~

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ben H. Sweep

(a) Residence. No. Marsing Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Cassie Sweep

6. DATE OF BIRTH (month, day, and year) Oct-22-1874

7. AGE Years 58 Months 2 Days 9 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Henry Sweep
14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER
15. MAIDEN NAME Ella Ritz
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) Henry B. Sweep Marsing Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 1-3, 1933

19. UNDERTAKER (Address) R. V. Peckham Caldwell Ida

20. FILED ~~[illegible]~~ 193 ~~[illegible]~~ Registrar.
Feb 13 1933 F. A. March

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193..

I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Suicide
Wound in head
with 12 guage
shot gun

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Dec 30, 1932
Where did injury occur? Marsing Idaho Owyhee Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At his home
Manner of injury Gun shot wound
Nature of injury in head

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. H. Sangford Deputy Sheriff M. D.
(Address) Homedale Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82321

PLACE OF DEATH
County of Payette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Bell Stetler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of A. A. Stetler

6. DATE OF BIRTH (month, day, and year) Sept 9. 1867

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bucyrus Ohio

FATHER
13. NAME Charles G. Rupp
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Margaret B. Rubel
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) A. A. Stetler Payette Ida

18. BURIAL, CREMATION, OR REMOVAL Place Payette Ida Date Jan 2, 1933

19. UNDERTAKER (Address) C. C. Adkins Payette

20. FILED Jan. 7, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932, to Dec 30, 1932

I last saw her alive on Dec 30, 1932: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensated mitral regurgitation, & tricuspid regurgitation - duration	

Other contributory causes of importance:
unknown - but has present bcyst age.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Chas E. Palmer, M. D.
(Address) Ontario Ore

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82322

PLACE OF DEATH
County of Payette
City of Payette
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 1

(No. 1 [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George K. Steigerwalt.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Steigerwalt

6. DATE OF BIRTH (month, day, and year): March 7 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Franklyn Steigerwalt
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Elizabeth Dreher
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): F. D. Steigerwalt, Payette Idaho
18. BURIAL, CREMATION, OR REMOVAL. Place: Emmett Idaho Date: Dec. 30, 1932
19. UNDERTAKER: C. C. Watkins
(Address) Payette Idaho
20. FILED Jan 6 1933 J. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to Dec 26, 1932
I last saw him alive on Dec 26, 1932; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov 15-32
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas E. Palmer, M. D.
(Address) Ontario, Ore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82330

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME George M. Thair

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 2 - 1843

7. AGE: Years 89 | Months 10 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stratton N. H.

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Smart
16. BIRTHPLACE (city or town) (State or country) C. S. A.

17. INFORMENT (Address) Mrs Reedy Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date Dec. 28, 1932

19. UNDERTAKER (Address) Kellogg Ida

20. FILED Feb. 2, 1933 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/24 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 26, 1932
I last saw him alive on Dec 21, 1932: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart trouble	
General debility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. R. Mason, M. D.
(Address) Kellogg, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82375

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1810 Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John S. Shepperd

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	Wht	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Sheppard

6. DATE OF BIRTH (month, day and year) Oct-15-1849

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	2	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Muscatine
(State or country) Iowa

PARENTS

10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Don't Know

14. Informant Mrs A D. Hunt
(Address) Weiser Idaho

15. Filed Jan 11th, 1933 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 27 (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932, to Dec 27, 1932
that I last saw him alive on Dec 27, 1932
and that death occurred, on the date stated above, at 2:15 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Unknown (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Hyden Hamilton, M. D.
Jan 6, 1933 (Address) Weiser-Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	12-29-1932
20. Undertaker L. B. Northam	Address Weiser Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED FEB 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82429

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Adams.
City of Council.

Registration District No. 71
Primary Registration District No. .....
Local Registrar's No. 33.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. **FULL NAME** Minnie Jane Zink.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 33 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. ~~If married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Samuel J. Zink.

6. DATE OF BIRTH (month, day and year) March 6, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	9	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Slate Creek Pennsylvania

PARENTS

10. NAME OF FATHER Levi Schaeffer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown
12. MAIDEN NAME OF MOTHER Mary Jane Beat
13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown.

14. Informant (Address) Valley Zink. Council.

15. Filed Feb 10, 1933 Glenn S. Thurston M D Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 26 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1932, to Dec 26, 1932, that I last saw her alive on Dec 26, 1932, and that death occurred, on the date stated above, at 7:15 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
Pneumonitis. since 1926
(duration) 6 yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Influenza
(duration) ... yrs. ... mos. 7 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Glenn S. Thurston, M. D.
Dec. 26, 1932 (Address) Council

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Council Idaho	Dec 28 1932
20. Undertaker Robt Young.	Address Council

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82542

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Custer
City of Mackay

Registration District No. 76
Primary Registration District No. 2153
(No. ....)
Local Registrar's No. 167

(If death occurred in a hospital or institution, give its name instead of street and number.)

1612

2. **FULL NAME** ....

(a) Residence. No. .... St. ....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured .... yrs. .... mos. .... ds. How long in U. S. if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 11-23-32

7. AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or .... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant - Premature (6 months)
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mackay, Idaho

PARENTS

10. NAME OF FATHER Warren Cole Thompson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Boise, Ida
12. MAIDEN NAME OF MOTHER Metha Virginia Petersen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mackay, Ida

14. Informant (Address) Warren Cole Thompson Mackay - Ida

15. Filed Feb 15 1933 Rose Nowell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/23/32, 19.., to 11/23, 1932 that I last saw him alive on 11/23, 1932 and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature birth
6 months gestation
.... (duration) .... yrs. .... mos. .... ds.
CONTRIBUTORY (Secondary) Influenza
.... (duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....
(Signed) C A Swanson M. D.
...., 19.. (Address) Mackay Ida

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Mackay, Ida.	
20. Undertaker	Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82544

PLACE OF DEATH
County of Elmore
City of Atlanta

Registration District No. 34
Primary Registration District No. 2022
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar Davis Slate

(a) Residence. No. Atlanta St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Geraldine Slate

6. DATE OF BIRTH (month, day, and year) 9-20-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	29		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-14-32

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Wm Slate

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Jessie Davis

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J. W. Sherfey Burke Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Burke Ida Date , 193

19. UNDERTAKER (Address) G. S. Zacher Mt Home Ida.

20. FILED Feb 13, 1933 M Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-19 1932

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 10.43 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
crushed chest and back caused by accidental fall of rock in mine	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 10/19 , 1932

Where did injury occur? Atlanta Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. S. Zacher Coroner M. D.

(Address) Mt. Home Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82545

PLACE OF DEATH
County of Elmore
City of Mountain Home
Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Charles P. Neth

(a) Residence. No. Middleton St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9" 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
33	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middleton Idaho

FATHER
13. NAME Peter Neth
14. BIRTHPLACE (city or town) (State or country) Wortenberg Germany

MOTHER
15. MAIDEN NAME Mary Altenberger
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) [illegible] Redmond Neah

18. BURIAL, CREMATION, OR REMOVAL
Place Middleton Ida Date 10-25, 1932

19. UNDERTAKER (Address) ~~C. J. Peckham~~ G. S. Zucker Caldwell Idaho. Mt Home

20. FILED Feb 13, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 7.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck caused by Auto accident	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193....
Where did injury occur? Hammett Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) G. S. Zucker Coroner M.D.
(Address) Mt. Home Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82609

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 1

(No.) 71 a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arnold Granville Strom

(a) Residence. No. St. Troy Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 28 1910

7. AGE Years 22 Months 9 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy Ida

FATHER
13. NAME Albert Strom
14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER
15. MAIDEN NAME Cecilia Larson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Albert Strom Troy Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Westdale Cem Date Dec 11, 1932

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED 2-3-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1932, to Dec 8, 1932

I last saw him alive on Dec 8, 1932: death is said to have occurred on the date stated above, at 7 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic Cerebral	12/7/32
Spinal Meningitis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Meningococcus found in filled spinal Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-23 M. 1-16-13

RECEIVED FEB 23 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho Village

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 47

Primary Registration District No.

(No. ....., ... St.)

File No. 82618

Registered No. 172

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME x Christina Hicks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH. x March (Month) 28 (Day) 1857 (Year)

7. AGE x 75 Yrs. 7 Mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) x Alsace Lorraine

10. NAME OF FATHER x Baker

11. BIRTHPLACE OF FATHER (State or Country) x Alsace Lorraine

12. MAIDEN NAME OF MOTHER x ~~Baker~~

13. BIRTHPLACE OF MOTHER (State or Country) x Alsace Lorraine

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) x B. C. Hicks

(Address) x Nezperce Idaho

15. Filed Feb 20 1933

Albert Huff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

88b

16. DATE OF DEATH x Nov. (Month) 23 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1906 to Nov 23 1932 that I last saw her alive on Nov 22 1932 and that death occured on the date stated above, at 5 6 M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 6 Yrs. ..... mos. ..... ds.

Contributory (Secondary) Hyperthyroidea

(Duration 15 yrs. ..... mos. ..... ds.

(Signed) R. E. Dunlap M. D.

1-27-33 1933 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State?.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery

DATE OF BURIAL: Nov 25 1932

20. UNDERTAKER: Albert Huff

ADDRESS: Nezperce Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 24658

RECEIVED JAN 27 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82653

PLACE OF DEATH
County of Nez Perce
City of Lapwai Idaho

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Allen Wilson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Indian 4/4
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 26 1916

7. AGE Years 15 Months 11 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Michel Wilson
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Lillian Allen
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Lucy Carl Lapwai

18. BURIAL, CREMATION, OR REMOVAL Place Juliaetta Date Nov. 18, 1933

19. UNDERTAKER (Address) Brower-Wann Lewiston, Idaho.

20. FILED Nov., 1933 George Gaignard Registrar. MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1932, to Nov 16, 1932
I last saw her alive on Nov 16, 1932 death is said to have occurred on the date stated above, at 10:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal-Pneumonia	11-14-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Bulldsac Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82681

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37 ~~34~~
Primary Registration District No. 2085
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

90

2. FULL NAME Horace P. Brown
(a) Residence. No. Buhl Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lilly Brown

6. DATE OF BIRTH (month, day and year) Nov 10 - 1869

7. AGE Years 62 Months 9 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Texas

PARENTS
10. NAME OF FATHER L D Brown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ark.
12. MAIDEN NAME OF MOTHER Mary Carson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Texas

14. Informant H A Herrel
(Address) Jan. 1, 1933 Buhl Ida

15. Filed Dec 10 1932 J. H. Wurtzley Registrar
Geo. C. Hadley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 27 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about 19-Oct, 1932, to 27-Oct, 1932
that I last saw him alive on 27-Oct, 1932
and that death occurred, on the date stated above, at 10 a.m.
The CAUSE OF DEATH* was as follows:
Heart failure following amputation of thigh for sarcoma of leg
..... (duration) 3 yrs. 6 mos. ..... ds.
CONTRIBUTORY (Secondary) Nephritis, endocarditis unknown (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of 27-Oct-'32
Was there an autopsy? no
What test confirmed diagnosis? pathologic specimen
(Signed) H. W. MacManus, M. D.
28-Oct, 1932 (Address) Buhl, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery — Date of Burial 10/28 1932

20. Undertaker Newell D Rugg — Address Buhl Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR [illegible] 1933

82705

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82705

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Charles W. Byers

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date Oct. 3, 1932

19. UNDERTAKER Brower Wann (Address) Lewiston, Idaho.

20. FILED Oct 3, 1932 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 2 Sept. 23 2, 193..., to ..., 193...

I last saw him alive on Sept 23 1932, 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Fract. of skull	
caused by auto accident	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/23/ 2

Where did injury occur? Lewiston, Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public street

Manner of injury Struck by automobile

Nature of injury Basal Fract Skull.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. Rouse, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 15 1933

PLACE OF DEATH

County of Idaho

City of New Polick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 83924

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 13

(No. 74a)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Jennie Potter

(a) Residence. No. New Polick St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (~~write the word~~)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of H E J Potter

6. DATE OF BIRTH (month, day, and year) Aug 6

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	61	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1893 Oct 2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Craig

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Wally

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) H J Potter Pollock Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rose Lawn Cem Date Oct 19, 1932

19. UNDERTAKER L A Hancock (Address) Craigmont

20. FILED 4-10, 1933 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 1926 to Oct 18, 1932

I last saw her alive on Oct 17, 1932; death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	
Other contributory causes of importance: Tertiary Syphilis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J P Walker M. D.

(Address) Grangeville

RECEIVED JUN 7 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

1. PLACE OF DEATH

County Bingham, Reg. dist- 121 State Idaho Registered No. 63

Township Pink. Reg. 2194 or Village 84381 or

City Ft. Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Louis Trouchot

(a) Residence: No. Ft. Hall Reservation St., Ward. (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Shoshone Indian 1/2	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 1, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
65	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Bear Lodge, Mont.

FATHER

13. NAME Frank Trouchot

14. BIRTHPLACE (city or town) (State or country) Belmont, France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Frank Trouchot (Address) Ft. Hall, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Episcopal Mission Date Apr. 28, 1932

19. UNDERTAKER Brown & Ellege (Address) Blackfoot, Ida.

20. FILED June 4, 1933 Mrs. Malvina E. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 12:15 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia. (Broncho)	4/23/32

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) W. W. Beck, M. D.

(Address) Blackfoot, Ida

C11—3184

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1933

PLACE OF DEATH

County of Canyon

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84539

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 46
(No. Snake River, boundary Canyon & Owyhee) County
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peder Laht

(a) Residence. No. St. Wilder, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 11, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Peder Laht Pedersen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Anna (unknown)

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT Mrs. Anna Hirshman
(Address) Pendleton, Oregon.

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn
Place Nampa, Date 5/14, 1933

19. UNDERTAKER Wm. D. Talley
(Address) Nampa, Idaho.

20. FILED May 29, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h....alive on ....., 193.....: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Other contributory causes of importance:
unknown (over)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? over Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. D. Talley Coroner, M. D.

(Address) Nampa, Idaho.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Copy

1. PLACE OF DEATH

County Owyhee State Idaho Registered No. 84658

Township _____ or Village Tindall or

City _____ No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles James Thomas 31

(a) Residence: No. Western Shoshone St., Res. Ward. Carson Indian Sch.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE 1/8 Paiute 1/8 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 15 Months — Days — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Shoshone Res. Nevada

FATHER

13. NAME Henry Thomas

14. BIRTHPLACE (city or town) (State or country) Boise, Idaho

MOTHER

15. MAIDEN NAME Rosa Thacker

16. BIRTHPLACE (city or town) (State or country) Golconda, Nev.

17. INFORMANT (Address) E. Jones, Owyhee, Nev.

18. BURIAL, CREMATION, OR REMOVAL Place W. Shos. Res. Date 3-19, 1932

19. UNDERTAKER (Address)

20. FILED June 4, 1933 Wm J Ekenbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7, 1932

22. I HEREBY CERTIFY That I attended deceased from Unattended, 19__

I last saw h____ alive on _____, 19__; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, chronic, pulmonary

Date of onset

Other contributory causes of importance: Acute dilation of stomach

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Frank Mock, M. D.

(Address) Owyhee, Nev.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

RECEIVED JUL 10 1933

duplicate

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84774

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 95
(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Pamboka Ravahroo
(a) Residence. No. Ft Hall Indian Reservation
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Shoshone Indian 4/4
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Pavahroo

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE 65 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Apr 1-1932
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Ft Hall Reservation Idaho

FATHER
13. NAME Joe Yupe
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Jefferson Shank Ft Hal Reservation

18. BURIAL, CREMATION, OR REMOVAL Place Bannock Creek Date Apr 18, 1933

19. UNDERTAKER (Address) unknown Pocatello

20. FILED 6-26, 1933 D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 14 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 28, 1933, to Apr 14, 1932
I last saw her alive on Apr 14, 1932; death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Gall bladder	4-26-32
Chronic interstitial nephritis	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of Mar 28-32
What test confirmed diagnosis operation Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Wm Brothers, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Pocatello, Bannock, State Idaho. Registered No. 95

Township ____ or Village ____ or

City Pocatello, No. Pocatello General Hospital St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 10 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Pamboka Pavahroo

124

(a) Residence: No. Ft. Hall Reserva tion St., ____ Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Shoshone Indian 4/4	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pavahroo

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Apr. 1, 1932

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Ft. Hall Reservation (State or country) Idaho

FATHER

13. NAME Joe Tupe

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Jefferson Shank (Address) Ft. Hall Res.

18. BURIAL, CREMATION, OR REMOVAL Place Bannock Creek Cem. Date Apr 18, 19 32

19. UNDERTAKER Unknown (Address) Pocatello, Ida.

20. FILED 6-26-33 D C Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 14, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1932, to Apr 14, 1932

I last saw her alive on Apr 14 1932; death is said to have occurred on the date stated above, at 10 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pustules Infected Hands on account of gall stones	4-26-32
Other **contributory causes** of importance:	
Chronic interstitial nephritis	4yr
	4yr

Name of operation Cholecystectomy Date of Mar 28-32

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) W. W. Brothers, M. D.

(Address) Pocatello Idaho

C11—3184

8—3091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Pocatello, State Idaho Registered No. 94

Township _____ or Village _____ or 84781

City Pocatello No. General Hospital St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Tahquats 31

(a) Residence: No. Ft. Hall Reservation St., _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Sho. & Bannock

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Indian 4/4 None

6. DATE OF BIRTH (month, day, and year): July 17, 1931

7. AGE: Years | Months 8 | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ft. Hall Res. Idaho

FATHER

13. NAME: Tahquats

14. BIRTHPLACE (city or town) (State or country): Ft. Hall Res. Idaho

MOTHER

15. MAIDEN NAME: Clara Hammer

16. BIRTHPLACE (city or town) (State or country): Ft. Hall Res. Ida

17. INFORMANT (Address): Tahquats

18. BURIAL, CREMATION, OR REMOVAL Place: Butte Cem. Date: 3/18/32, 19__

19. UNDERTAKER (Address): Agency Carpenter Ft. Hall

20. FILED 6-16, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1932, to Mar. 15, 1932

I last saw him alive on Mar. 15, 1932; death is said to have occurred on the date stated above, at 5:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1

Other contributory causes of importance:

malnutrition	Mar 13
acidosis	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify none

(Signed) S C McDougall, M. D.

(Address) Pocatello

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

Ft. Hall Jurisdiction Current Complete January 1932

RECEIVED JUL 10 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

84785

1. PLACE OF DEATH off reservation

County Bannock State Idaho Registered No. 93

Township ——— or Village ——— or

City Pocatello No. General hospital St., ——— Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

49

2. FULL NAME John Good

(a) Residence: No. Ft Hall Reservation St., ——— Ward. ———

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Shoshone Ind 4/4

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of ——— (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1860

7. AGE Years 72 Months — Days — If LESS than 1 day, ——— hrs. or ——— min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 20 yrs Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc own farm

10. Date deceased last worked at this occupation (month and year) Jan 1 1912

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Percy Timsanico (Address) Ft Hall Idaho

18. BURIAL, CREMATION, OR REMOVAL Birch Creek Cem. Place Ft Hall Res Date Jan 14, 1932

19. UNDERTAKER McHan (Address) Pocatello, Idaho

20. FILED Jun 16, 1932 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Treated by Dr Howard, 19—

I last saw h——— alive on Pocatello, Idaho, 19—; death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Cancer of bladder — Date of onset 1/1/30

Other contributory causes of importance:

Name of operation None Date of ———

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ———, 19—

Where did injury occur? ——— (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry R. Wheeler, M. D.

(Address) Ft Hall Idaho

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 f
V. S. No. 98

UNCLASSIFIED

RECEIVED JUL 1933

Delayed

PLACE OF DEATH

County of Ft. Hall

City of Reservation.

No Hospital.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84841

Registration District No. 121-R.

Primary Registration District No. 2194-R.

Local Registrar's No. 76

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Florence Navo

(a) Residence. No. Ft. Hall, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shosh. & Ban. 3/4

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: No.

6. DATE OF BIRTH (month, day, and year): Nov. 26, 1929

7. AGE: Years 3 | Months 0 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ft. Hall Res.

FATHER

13. NAME: Charles Navo

14. BIRTHPLACE (city or town) (State or country): Challis, Idaho.

MOTHER

15. MAIDEN NAME: Zuni Whitebear

16. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

17. INFORMENT (Address): Connaway Navo, Ft. Hall, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Lincoln Date: Nov. 6, 1932

19. UNDERTAKER (Address): None

20. FILED July 1, 1933 Mrs Nature E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ....., 193...

I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 3:P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scald. Fell into tub of boiling water, 11-3-32.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. J. Mittleman, M. D.

(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84948

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gabriel F. Taylor

(a) Residence. No. Mt. Home Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Rose Tio

6. DATE OF BIRTH (month, day, and year): 1-27-1844

7. AGE: Years 88 | Months 9 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Etna Green Indiana

FATHER
13. NAME: Joseph Taylor
14. BIRTHPLACE (city or town) (State or country): North Dakota

MOTHER
15. MAIDEN NAME: Elizabeth Baker
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): O. J. Orton Mt. Home Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Home Date: 11-5, 1932

19. UNDERTAKER (Address): G. S. Zacher Mt. Home Ida.

20. FILED 7/12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 193..., to 11-4, 1933
I last saw him alive on 11-4, 1933: death is said to have occurred on the date stated above, at 6.20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] Evans, M. D.
(Address) Mtn Home Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Kootenai. State Idaho. Registered No. 31

Township ____ or Village ____ 84998 or

City Worley. No. Not in hospital St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Regis Dist 30 N/A

R.R.D. 1050

2 FULL NAME ~~Marlina~~ Marlina Marcell. "Phillip".

(a) Residence. No. ____ St., ____ Ward. Yes.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: C.D.A. Indian.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Spokane Phillip.

6 DATE OF BIRTH (month, day, and year) Don't Know

7 AGE: Years About 70 Yrs. Months Days If LESS than 1 day, ---- hrs. or ---- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife.

(b) General nature of industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer

9 BIRTHPLACE (city or town) Cusic Washington. (State or country)

10 NAME OF FATHER Charley Marcell.

11 BIRTHPLACE OF FATHER (city or town) Cusic. Wash. (State or country)

12 MAIDEN NAME OF MOTHER Alice. "Given".

13 BIRTHPLACE OF MOTHER (city or town) Cusic. Wash. (State or country)

14 Informant Spouse Phillip (Address) Worley. Idaho.

15 Filed 16-8-, 1933 E. L. Spohn M.D. E. REGISTRAR

11—2184 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/1932 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 19/1932, 19__, to Oct 21st/1932, that I last saw her alive on Oct 20th 1932, 19__, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ____ yrs. One mos. ____ ds.

CONTRIBUTORY (SECONDARY) Don't Really know.

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Still.

(Signed) J. J. Hemingway, M. D.

, 19 (Address) Worley. Idaho.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Worley, Indian Cemetery.

DATE OF BURIAL: 10/23/32

20 UNDERTAKER: [signature]

ADDRESS: Fairfield

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—200 d
V. S. No. 96

INDIAN

RECEIVED JUL 14 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

30

Registered No. 30

1050 85001

1 PLACE OF DEATH County Kootenai. State Idaho.
Township 47. or Village Worley.
City Worley R. F. D. No. At Residence. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

31

2 FULL NAME William Francis Silas.
(a) Residence. No. Worley. Idaho. St., Ward. Born Near Worley.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 18 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male.
4 COLOR OR RACE Spokane-Indian.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Youth

6 DATE OF BIRTH (month, day, and year) Dec #8th/1913.

7 AGE 18 Years | Months 9 | Days 12 | If LESS than 1 day, ---- hrs. or ---- min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None "Blind for 2 Years"
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Worley. Idaho. R. F. D.
(State or country)

PARENTS
10 NAME OF FATHER Peter Silas.
11 BIRTHPLACE OF FATHER (city or town) Spokane - Reservation.
(State or country)
12 MAIDEN NAME OF MOTHER Squ Ta.
13 BIRTHPLACE OF MOTHER (city or town) Peter Silas. Worley. Idaho. Spokane Reser Washington. State.
(State or country)

14 Informant Peter Silas
(Address) Worley. Idah

15 Filed 6-8-, 1933 E. L. Spohn M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30th/1932 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 11th, 1932, 19, to Oct 26th/32., 19, that I last saw him alive on Oct 26th/32., 19, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:
Pulmonary T.B.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Failing.
(duration) yrs. 18 mos. ds.

18 Where was disease contracted if not at place of death? Hereditary.
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Sputa Analysis.
(Signed) J. J. Herrington, M. D.
, 19 (Address) Worley. Idaho.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Worley Indian Cemetery
DATE OF BURIAL Nov 1 1932

20 UNDERTAKER H. L. Jaeger
ADDRESS Fairfield Wy

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 98

11—8184 GOVERNMENT PRINTING OFFICE

RECEIVED JUL 14 1933

Registration Dist. # 30
Primary Reg. Dist. # 1050

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

85011 58

1. PLACE OF DEATH

County Kootenai State Idaho Registered No.

Township or Village X On Farm, New Worley or

X City Ice Country No. Not in hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Unnamed Nomee X Should be given a name - Mary Ann.

(a) Residence: No. Kootenai County, Ida. St., Ward. 160

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Indian 1/2 Flathead & C.D.A.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/21/32.

7. AGE Years Months Days 2 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kootenai Co., (State or country) Ida.

13. NAME Louie Nomee

14. BIRTHPLACE (city or town) Unknown (State or country) Mont.

15. MAIDEN NAME Lucy Daniels

16. BIRTHPLACE (city or town) Coeur d' Alene Res. (State or country) Idaho

17. INFORMANT X Lucy Daniels, Nomee (Address) Worley Ida.

18. BURIAL, CREMATION, OR REMOVAL X Place Worley Ida Date X Oct 24, 1932

19. UNDERTAKER None, (Address)

20. FILED 7-10-, 1933 E. L. Spohn M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/23/321, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1932 to Oct. 23, 1932

I last saw her alive on Oct. 23, 1932 death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

Icteona Infantile

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Wash.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

ENVIRONMENT

e11—3484

RECEIVED JUL 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85037

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Herbert Digby Lynch 18
(a) Residence. No. Tenday St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) July 12, 1870
7. AGE Years 61 Months 10 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Digby
(State or country) Nova Scotia

FATHER
13. NAME George Lynch
14. BIRTHPLACE (city or town) Drumsheller
(State or country) County Dangal, Ireland

MOTHER
15. MAIDEN NAME Marie Annie Mills
16. BIRTHPLACE (city or town) New Brunswick
(State or country)

17. INFORMENT Thas. E. J. Lynch
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date 5/22, 1932

19. UNDERTAKER W. C. Doebler
(Address) Salmon

20. FILED July 8, 1933 Clio C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 18, 1932
I last saw him alive on May 18, 193 : death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain	
Spotted Fever	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Chas. F. Hammer, M. D.
(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 14 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 32

County of Benewah

Primary Registration District No. 2049

File No. 85205

City of Near Worley

(No. ....., ... St.)

Registered No. 1

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Fred Wallner

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Single (*Write* the word.)

6. DATE OF BIRTH: June (Month) 16 (Day) 1886 (Year)

7. AGE: 46 yrs. 1 mos. ? ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): Wheat Raising

9. BIRTHPLACE (State or Country): South Dakota

10. NAME OF FATHER: Felix Wallner

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Catherine Lindl

13. BIRTHPLACE OF MOTHER (State or Country): Gemmany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis Wallner

(Address) Tekoa, Washington

15. Filed July 6 1933 Walter Boberg Local Registrar

MEDICAL CERTIFICATE OF DEATH.

205b

16. DATE OF DEATH: Disapeared August 2, 1932 death probibally on that date. 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Exhaustion - Disapeared Aug 2-1932 Body found July 6th 1933 Identified By 2 Brothers Ready and Frank Wallner (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo E Mitchell Coroner ~~M. D.~~

7/7 1933 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Tekoa, Washington

DATE OF BURIAL: July 10 1933

20. UNDERTAKER: L. L. Bruning

ADDRESS: Colfax Washington

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO Delayed. Certificate
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85538

PLACE OF DEATH
County of Bingham
City of Ft. Hall Res.

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 108

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvin-William Edmo

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Sho. & Bann
5. Single, Married, Widowed, or Divorced (write the word): 7/8 Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year) May 26, 1932

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hall, Idaho
(State or country)

FATHER
13. NAME Willie Edmo
14. BIRTHPLACE (city or town) Ft. Hall, Ida.
(State or country)

MOTHER
15. MAIDEN NAME Elsie Mink
16. BIRTHPLACE (city or town) Nevada
(State or country)

17. INFORMENT Willie Edmo
(Address) Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Cemetery Date Oct. 7, 1932

19. UNDERTAKER Agency Carpenter
(Address) Ft. Hall, Idaho

20. FILED Aug. 18, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in, 193..., to Attendance, 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 week

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. J. Whitehouse, M. D.
(Address) Fort Hall Idaho

RECEIVED DEC 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86650

PLACE OF DEATH.
County of Gooding
City of Wendell

Registration District No. 22
Primary Registration District No. 2018
(No.)
Local Registrar's No.

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Samuel Jedidiah Walstra

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Alice Walstra

6 DATE OF BIRTH (month, day and year): May 26 1850

7 AGE: 53 Years | 6 Months | 10 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Holland

PARENTS

10 NAME OF FATHER: Gerrit Walstra
11 BIRTHPLACE OF FATHER (city or town) (State or country): Holland
12 MAIDEN NAME OF MOTHER: Catharine Sonneveld
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Holland

14 Informant: Alice Walstra
(Address): Wendell Ida

15 Filed 12-7, 1933 E. L. Dimmitan
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 6 (Month) (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1933, to Dec 6, 1933
that I last saw him alive on Dec 6, 1933
and that death occurred, on the date stated above, at 7 A. m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) E. L. Dimmitan M. D.
12-7, 1933 (Address) Wendell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Wendell Ida — Date of Burial: Dec 9 1933
20. Undertaker: Jamison Furniture Co — Address: Gooding Ida

INSTRUCTIONS.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19

RECEIVED JAN 16 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Gooding
City of Wendell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2018
(No. ..... St.)

State File No. .....
Local Registrar's No. 86653
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Cora Beldon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed
6. DATE OF BIRTH: August (Month) 29 (Day) 1855 (Year)
7. AGE: 77 Yrs. 3 Mos. ..... ds. 28
IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: School Teaching
(b) General nature of industry, business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Illinois
10. NAME OF Father: James Stone
11. BIRTHPLACE OF FATHER (State or Country): Penn
12. MAIDEN NAME OF MOTHER: Laura Palmer
13. BIRTHPLACE OF MOTHER (State or Country): Ohio
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Frank A. Inlow
(Address) Wendell Idaho
15. Filed 12-28 1932 E. L. Armentrout Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 25 (Day) 1932 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1930 to Dec 25 1932 that I last saw h.. alive on Dec 25 1932 and that death occurred on the date stated above, at 2 A.M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
.....
.....
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Paralysis agitans
Hypertension
(Duration) 6 yrs. ..... mos. ..... ds.
(Signed) E. L. Armentrout M. D.
12-28 1932 (Address) Wendell Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wendell Idaho
DATE OF BURIAL: Dec 29 1932
UNDERTAKER: Thompson Funeral Home
ADDRESS: Wendell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86740

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19 1K
Primary Registration District No. 2015
Local Registrar's No. 46
(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W Yeager

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10. NAME OF FATHER Francis M Yeager
11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Germany
12. MAIDEN NAME OF MOTHER Dent Kemp
13. BIRTHPLACE OF MOTHER (city or town) Pendleton
(State or Country) Oregon

14. Informant Mrs Marjorie Looney
(Address) The Dalles Oregon

15. Filed 12-8, 1933 E A Ehmke
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 1 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Dec. 28, 1929, to Sept 1, 1932
that I last saw him alive on Aug. 26, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy

(duration) 2 yrs. 10 mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Paralysis
(Signed) J B Kenagy, M. D.
Sept 30, 1932 (Address) Rupert Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rupert Cemetery	Sept 7 1932
20. Undertaker	Address
W. A. Goodman	Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JAN 3 1934

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86996

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 41

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Donald Neck

(a) Residence. No. Border Wyo. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12-1923

7. AGE 10 Years | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cokeville Wyoming

FATHER

13. NAME Edward J. Neck

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Edna P. Starbuck

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) E. J. Neck Border Wyo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Montpelier Idaho Date Dec 24, 1933

19. UNDERTAKER (Address) [illegible] Montpelier Idaho

20. FILED Dec 20, 1933 Dr Russell Lyert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to Dec 20, 1933

I last saw her alive on Dec 20, 1933: death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous appendicitis	

Other contributory causes of importance:

Peritonitis

Name of operation appendectomy Date of Dec 15 1933

What test confirmed diagnosis? Peritonitis Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. B. Lindsay, M. D.

(Address) Cokeville, Wyo

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

White

DO NOT WRITE IN THIS SPACE
State File No. 87131

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 314 15th, street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey John Strong.

(a) Residence. No. 314 15th, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11th, 1851.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82.	6.	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER FATHER

13. NAME Joseph S. Strong.

14. BIRTHPLACE (city or town) (State or country) Ohio.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Harvey J. Strong, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Jan. 3rd, 1934.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Jan. 4, 1934 J. M. Tyler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 30th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1933, to Dec 29, 1933

I last saw him alive on Dec 29, 1933: death is said to have occurred on the date stated above, at 6:30P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 28-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Cardiac Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Whittle, M. D.

(Address) Lewiston, Idaho.

87659

PLACE OF DEATH

County of Latah

City of Moscow, (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87659

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

204

2. FULL NAME Mary Gilbertson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: N. G. Gilbertson

6. DATE OF BIRTH (month, day, and year): April 21, 1865

7. AGE: Years 67 | Months 6 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER

13. NAME: Helick Gulickson

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Ingberg

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): H. Gilbertson, Moscow, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Moscow Date: 11/10, 1932

19. UNDERTAKER (Address): H. R. Short, Moscow, Ida.

20. FILED 12-19, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1932, to Nov. 6, 1932

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden death.	
Acute Myocarditis	

Other **contributory causes** of importance:

History of case

Name of operation ..... Date of .....

What test confirmed diagnosis? / ... Was there an autopsy no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~If so, specify~~ .....
(Signed) [signature], M. D.
(Address) Moscow Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 25 1934

PLACE OF DEATH

County of ~~Nez Perce~~ or Latah

City of Genesee, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88734

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

127

2. FULL NAME Cora Anna Ingle

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. E. Ingle

6. DATE OF BIRTH (month, day, and year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Thos Seller

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT W. E. Ingle
(Address) Genesee, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Genesee, Idaho Date 4/4/, 1932

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Apr. 20, 1934 E H Field
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 10, 1932.

I last saw her alive on Jan 10, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronosis of liver	
General atrophy of digestive organs.	
Certainly loss of function	

Other contributory causes of importance:

Constipation

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. H. Field M. D.

(Address) Genesee Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 25 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88750

PLACE OF DEATH
County of Latah
City of Genesee

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pauline Augusta Gehrke

(a) Residence. No. Genesee, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 19th 1862

7. AGE Years 70 Months 7 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Wm Erdman
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Amelia
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Hugo Gehrke Genesee Ida

18. BURIAL, CREMATION, OR REMOVAL Place Genesee Ida Date 10/2, 1932

19. UNDERTAKER (Address) Brower - Wann Co Lewiston Idaho

20. FILED Apr 20, 1934 E H Field Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1932, to Sept 24, 1932
I last saw her alive on Sept 28, 1932: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Larmorhage	

Other contributory causes of importance:
Arteriosclerosis.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A Armstrong, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 25 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88751

PLACE OF DEATH

County of Latah.

City of Genesee. Registration District No.

Primary Registration District No. Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

12 N

2. FULL NAME William Andrew Ingle.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 26th, 1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76.	3.	----.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retiredfarmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas.

FATHER

13. NAME James Ingle.

14. BIRTHPLACE (city or town) (State or country) Tenessee.

MOTHER

15. MAIDEN NAME Nancy Brantley.

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMENT (Address) Thos. Ingle. Genesee, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Genesee, Idaho. Date Aug. 28th, 1932.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Sept. 20, 1934 E. H. Field
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1932, to Aug 26, 1932

I last saw h~~im~~ alive on Aug 26, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 1932
Other contributory causes of importance: General Toxemia	Aug 20 - 32

Name of operation None Date of

What test confirmed diagnosis? By C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Walter A. Burg, M. D.

(Address) Uniontown, Washington.

RECEIVED APR 25 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88752

PLACE OF DEATH
County of Latah.
City of Genesee.

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME William. W. Gray.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14th, 1854.

7. AGE Years: 78. Months: 7. Days: 1. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER
13. NAME John Gray.
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Elizabeth ----------.
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) A. C. Wardrobe Genesee, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Genesee, Idaho. Date Sept. 18th 1932.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Apr. 20, 1934 E H Field Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 15th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sep 1, 1932, to Sep 14, 1932
I last saw him alive on Sep 14, 1932: death is said to have occurred on the date stated above, at 3 35 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronal Hemorrhage (Apoplexy)	Sep 4-32
Following convalescence of a very light attack of influenza of three days duration	Sep 1-32

Other contributory causes of importance:
Arterio sclerosis.
Syst. B. Pressure 240

Name of operation Date of
What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Walter A. Burg, M. D.
(Address) Uniontown, Washington.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91745

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 88

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Elna Hardy

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakley Ida
(State or country)

FATHER
13. NAME Wm G. Hardy
14. BIRTHPLACE (city or town) Colonel Juresy Mex
(State or country)

MOTHER
15. MAIDEN NAME Jennie Lee Puckett
16. BIRTHPLACE (city or town) Tenn
(State or country)

17. INFORMENT Wm G. Hardy
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakley Date 27, 1932

19. UNDERTAKER Jos. P. Parnell
(Address) Burley Ida

20. FILED Nov 26, 1932 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1932, to November 25, 1932
I last saw her alive on Nov. 25, 1932; death is said to have occurred on the date stated above, at 5 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burn – 3rd degree	

Other contributory causes of importance:
Shock

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 11-25 1932
Where did injury occur? Oakley, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury unknown
Nature of injury 3rd degree burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Beymer, M. D.
(Address) Oakley, Idaho

V. S. No. 3—6M 10-31.

Original Record for State Registrar

DEC 10 1932

STATE OF MONTANA
Bureau of Vital Statistics
Standard Certificate of Death

106973
Do not write
~~Msla.~~ in this space

1. PLACE OF DEATH

County Region of Powell Ranger Registered No. 208

~~Township~~ - Station. Idaho. or Village or

City No. Near Powell Ranger station Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... days. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... days

2. FULL NAME George Davis

(a) Residence: No. Missoula Mont St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years about 63 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc. Woods worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) —

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Forestry Records Missoula

18. BURIAL, CREMATION, OR REMOVAL
Place Missoula Cem 9-2, 1932

19. UNDERTAKER (Address) J M Lucy & Sons Missoula

20. FILED Sept. 2, 1932 F. D. Peck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Aug. 28, 1932

I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at 3:00 P m.

The **principal cause of death** and related causes of importance in order of onset were as follows:

	Date of onset
Compound, Comminuted fracture of Cranial vault. Had been dead about one hour when I reached the scene.	

Contributory causes of importance not related to principal cause:
Death undoubtedly due to accident

194

Name of operation ....., Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 28, 1932

Where did injury occur? Region of Powell Ranger Sta. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in **industry, in home,** or in **public place.** Industry.

Manner of injury Struck by rock fragment.

Nature of injury Comp., Comm., fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Employed as road worker. U. S. Forest Service

(Signed) James D Hobson, M. D.

(Address) Missoula. Montana

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 98

RECEIVED
DEC 10 1937

State of Montana

State Board of Health

W. F. COGSWELL, SECRETARY

HELENA, MONTANA

December 8, 1937

Mrs. Pearl Dillingham
Bureau of Vital Statistics
Department of Public Welfare
Boise, Idaho

Dear Mrs. Dillingham:

We are in receipt of your letter of December 6 regarding the place of death of George Davis, who died August 28, 1932.

The body of the deceased was handled by an undertaking firm at Missoula, Montana, and the death record was filed with our local registrar there. It was sent to this office and was placed in our regular files as a Montana death. Some two months later we received a letter from our local registrar who filed the record, stating that he had made an investigation and that the death occurred in the state of Idaho.

We then removed the record from our files and forwarded it to your office, explaining the circumstances. We are again enclosing the record for you to do with as you see fit.

With kindest personal regards and best wishes for a happy holiday season, I am

Yours very truly,

L.L. Benepe
Deputy State Registrar

LLB:FMc

143722

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 143722
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Caribou
(b) City or town Soda Springs, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Kackli Hospital Stayed 6 days
(g) Lived in this county — years — months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Cleveland
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) —

3. (a) **FULL NAME** George Lyman Smith

195E
024a

3. (b) If veteran, name war World war 1 3. (c) Social Security No.
4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Annie L. Smith 6 (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	33	12	1	

9. Exact Occupation Miner Did this work for 4 yrs.
10. Industry or Business Date last worked Nov. 13
11. Birthplace Cleveland (City or town) Idaho (State or foreign country)

Father
12. Name Nathan Smith
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Hanna Hansen
15. Birthplace Denmark (City or town) Europe (State or foreign country)

16. Informant's **OWN** Signature and Address
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1932 (Month) (Day) (Year)
(c) Place: Cleveland
18. Funeral Director's **OWN** Signature M. D. Kendrick and Address Preston Id
19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 21 1932 at 3.00 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 13 1932, to Nov. 21 1932 I last saw him alive on Nov. 21 1932; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Blood poisoning	7 days
Due to accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred Cleveland 1932 City, county, state where violence occurred Idaho
Place of Violence: Home Farm Industry
Public Place While at work? X
Means of injury
23. Attendant's **OWN** Signature Ellis Hockley M.D. (Expired) by J. B. Kackler M.D. (M. D. or other)
and Address Soda Springs Date 5-22 1925
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 153040
Local Reg. No. 21
Reg. Dist. No. 130

MAY 12 1947

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town Plummer
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 6 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Plummer
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state)

3. (a) FULL NAME Edwin Bedford Jackson

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 28, 1914

8. AGE	Years	Months	Days	If less than 1 day
	17	5	17	hrs min.

9. Exact Occupation Student — Did this work for 10 yrs.
10. Industry or Business At school — Date last worked 3-15-47
11. Birthplace Canada (City or town) (State or foreign country)

Father
12. Name John B. Jackson
13. Birthplace Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Maud Bushnell
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature By Maud Bottger
and Address 1835 N.E. 15th Ave. Portland, Ore.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-47 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 5-7-47 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 15, 1932 19
at Unknown o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h... alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probable Suicide by Firearms	
Due to Shot thru' Head	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Yes Homicide?
Occurred Mar. 15, 1932 19 City, county, state where violence occurred Near Plummer, Benewah, Ida.
Place of Violence: Home Farm Industry
Public Place in woods While at work? No
Means of injury 25-20 Rifle
23. Attendant's **OWN** Signature R. E. Wessa Coroner
and Address St. Maries, Ida. Date 4-26- 1947
(For additional space, use reverse side)